

VCHIP CHAMP VDH COVID-19

July 31, 2020 | 12:15-12:45pm Call Questions and Answers*

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

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

AAP Updates

AAP Critical Updates on COVID-19 Clinical Guidance Landing Page: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/>

- New Guidance for Children & Families Involved with Child Welfare System During the COVID-19 Pandemic (7/27/20)
- Updated FAQs (7/22/20): Management of Infants Born to Mothers with Suspected or Confirmed COVID-19
 - Evidence to date suggests risk of newborn acquiring infection low when precautions (against exposure to maternal respiratory secretions) taken & appears no greater risk with rooming
- Responses to 7/27/20 – AAP-VT press release (7/27/20): “AAP Vermont Chapter Calls on Schools To Prioritize In-Person Attendance for Preschool Through Grade 5 and For Students with Special Needs”
 - “Advocate for remote learning until January 2021...understand urgent need to get the kids back in school in-person but not at the expense of the community at large...we don't know exactly what COVID-19 does to children or adults long term...makes no sense to open schools in middle of worst pandemic world has seen & when a vaccine candidate could be ready to distribute in less than 6 mos.”

Safe and Healthy Schools

Wendy Davis, MD, VCHIP: We are working on a return to school after illness algorithm for COVID-19 and other respiratory illnesses with symptoms. Josh Kantrowitz, MD, provided updates via email from northeastern Vermont, indicating schools are open to bringing kids back to school full-time. They are concerned about initial school guidance referencing 6-foot distancing due to the size of their school buildings. Dr. Kantrowitz is helping the schools look for reasonable ways to implement the guidance.

Breana Holmes, MD, VDH: The Agency of Education (AOE) is anticipating a Thursday release for the updated guidance. We should be able to share what's in it on the Wednesday call.

Practice Issues: Vermont Afterschool, the 3rd Space for Learning

Holly Morehouse, Executive Director, Vermont Afterschool

I want to share what programs have been doing and move into our partnership with medical providers and the medical community. Vermont Afterschool is a non-profit organization. We exist to ensure that children and youth are active, engaged, connected, and heard. We want them to be connected to one another and to Vermont role models. To feel heard is really around youth voice, youth decision-making, and, related to COVID-19, youth agency. The graphic I shared is a pre-COVID-19 graphic. We are changing the language around Third Space for Learning of youth. We used to talk about the first space being home, the second space being school, and the third space being every space outside of home and school. We have seen COVID-19 warp this concept of space.

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

There are 450 to 500 programs statewide. This includes traditional after school programs, as well as Boy Scouts, 4H, and others. These programs are all about caring and connection. When we shifted to closing schools in March, we held field calls every day. These open field calls have continued three times per week throughout the summer. It's a field that is about sharing, so if you are doing a great job working with a program somewhere, I guarantee that they're going to bring it up and it'll help spread to others around the state. There's an intense level of sharing of resources that is happening and that connection is really important, because this role can be isolating. They are also really good at looking for partnerships, so I know they will be hungry to partner with many of you if you're not already there. There was some misunderstanding of our role when schools closed in March. I think part of the problem is our name, which implies there has to be school to be after school, but we learned that actually isn't true at all. When schools closed in March, we adjusted and reached out in new ways, such as sending home materials, offering virtual spaces and providing food service delivery. Through our partnership with the Department of Health for youth grants, we saw young people taking some grant money and working with each other to come up with solutions for what would help other youths in their communities. We saw programs meet with school leaders to support outreach to combat absenteeism in the virtual education world. Another pertinent component for you is how we address inequities across communities in our state, including access to programs and resources. One bright spot would be the program out of Bristol that created a video showing how they're operating in the space, because there's a lot of fear around what spaces will look like.

As part of the solution, afterschool programs can take some pressure off teachers and school personnel by connecting with children and families around social emotional learning, hobbies and interests and youth voice and agency. There is a program helping kids who attended summer camps hold a forum for other kids in their community to ask what it will be like going back to school. Bringing these youth advocates into the planning discussions is important, but it's not happening to the same extent across the state. We have forums every week, so if you want to work with a program that is not connected to Vermont Afterschool or is not connected to these resources, please share my name and email, so we can get them into that community. We are also gathering parent and family voices to provide input on our broader conversation about after school as the third space for learning.

Questions/Discussion

Q: Did we ever get clarification on using anterior nares testing on our teens and young adults at our offices?

A: Breana Holmes, MD, VDH: From the testing team at VDH:

1. Pediatrics remain priority for swabs.
2. Pediatricians associated with UVMMC network should request supplies and sample processing through UVMMC.
3. Any pediatrician associated with an FQHC should already have supplies available.
4. Requests from others should come through our regular ordering system:
<https://forms.office.com/Pages/ResponsePage.aspx?id=O500IK26PEOcAnDtzHVZxnYHsES1qh9Hs2EGYmwc2tBURDVPDJDs1hUTzdJMFixVDZHQ1JHS1cxViQIQCN0PWcu>
5. If pediatricians cannot provide testing then patients can be directed to:
<https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid-19>

Q: So is it okay to test our teens and young adults?

A: Breana Holmes, MD, VDH: Yes, as a pediatric patient.

Q: For the dedicated room at schools for a sick child, is the VDH guidance to have a window or an air filter or both?

A: Breena Holmes, MD, VDH: No specifics for isolation rooms to my knowledge. If anyone on my team is on the call, they can check.

A: Alex Bannach, MD, North Country Pediatrics: I think it recommends a door to close and window to open. However, not sure at -30F that's realistic, so I have recommended HEPA air filters to the school nurses I talked to.

A: Ashley Miller, MD, South Royalton Health Center: I thought HEPA was not recommended for rooms.

A: Sharonlee Trefry, RN, VDH: ASHRAE Epidemic Taskforce Schools & Universities for school health rooms: <https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-reopening-schools.pdf>.

A: Wendy Davis, MD, VCHIP: What was in our guidance was a separate space, have a door and allow for ventilation to the outside and serve as an extension to the health office so to accommodate both sick and kids under evaluation. I do believe it was the environmental people in the schools who helped with these specifications.

A: Breena Holmes, MD, VDH: Most kids will not need isolation as they won't come to school sick. If we limit the amount of kids who come sick, we should have very few in isolation. Yes, what Dr. Davis said is true.