

**VSSNA-VDH Town Hall #10 with Breena Holmes, MD
(October 29, 2020)**

Breena:

Gratitude for you all! Last Friday was a wonderful moment for school nurses when Secretary French and Dr. Levine highlighted and appreciated school nurses! We are not learning as much as we learned in the beginning but we are always humble when we say something inaccurate.

ICE sports situation in central Vermont rising - almost 80 cases

That initial outbreak led to the St. Michael's situation and there could be up to 8 public school environments that are related to the initial ice sports.

What has happened in the past two weeks is about adult behavior - relaxing wearing of masks, distancing, hand-washing, etc. Continued message - kids do not transmit this disease like adults. People are working symptomatic and we have to double down on symptom screening of staff.

We need to get tighter on travel. In the early days of the screening we thought it would be complicated, but it turns out people are traveling so there is now added requirement to screening around have you traveled?

Long time spent by the task force - 6 meetings - infectious disease folks provided good science. Treat the isolation area like a health environment - clean right away, doesn't have to sit for hours between use.

Remote learning is an autonomous decision by the school district not by the VDOH.

Learned early from the first few cases in school, learned a lot. Tighter understanding - have seating charts, create clarity around those who might not be able to wear masks. Science has shown this is not a surface spread virus. Link to guidance from National Occupational experts on how to clean and set up plexiglass was included. Lots of time thinking around using plexiglass to shorten the 6 feet between older students and the state leaders decided no, it cannot be in place of distancing and 6 feet should be maintained. From research on surface spread, softened and relaxed shared materials guidance. Science around the age students start transmitting like adults is based on puberty. Not enough scientific difference between 5th and 6th grader, decided to include 6th grade to support some of the schools configurations around the state.

Most proud of conversations around music education. Equity. Sports has a lot of guidance supporting it. Singing and Woodwind instruments indoors has a lot of concerns around that, but there is some support in this new guidance. The Music Education folks asked to speak to the task force again to allow for performing arts for young people.

Drivers Ed instructor has to have 2 students in a car. There is a way to do that safely that is outlined in the guidance.

Allowed specifics around field trips. No other school groups there inside.

Most of the revisions are due to school nurses' great thinking.

Old guidance had time between areas where there were large groups using area, like the cafeteria. Now it is really about making sure groups do not come into contact with other groups in the transition.

Clarity in this guidance around contact tracing because administrators who were using 3 feet between students since beginning of school year were shocked when contact tracers were asking around 6 foot.

What Breena loves about our questions is the level of detail.

Students awaiting COVID-19 test results: Brief Q&A with Dr. Holmes (11/2/2020)

Q1: If a parent receives a phone call from a provider, VDH or Lab that the test result is negative, can the parent notify the school nurse of that conversation and send the child back to school?

A1: Yes, if parents gets negative test result, child may go back to school—UNLESS, they are quarantining due to travel or close contact AND had the test TOO early. (this is happening a bit. To test out of quarantine, must be day 7 or later.

NOTE: School nurses must review with a case by case analysis of the facts.

Q2: The recent UVMMC data breach has delayed COVID-19 test result notification. Is there any guidance that the VDH can provide to school nurses so we can explain how notifications are being done as UVMMC deals with the IT issues? Parents are continuing to follow the guidelines on keeping the child home until the results are received, but they are concerned their children may be out longer than needed with the system down.

A2: The health department is working hard on the test results communication and I am hearing that it is getting better every hour. Yes, a child needs to stay home until results and very sorry about delays.

Question	Slide	Answer
<p>Is there a written source that provides guidance on allowing non symptomatic family members to attend school while another family member is home awaiting a Covid test result (no close contact, test was ordered due to symptoms)</p>	<p>11</p>	<p>Not written for a school lens. If anyone is quarantining, there is no need for household to quarantine.</p> <p>From the Chat Box</p> <p>Do I need to quarantine if someone I had close contact with is under quarantine? <i># Last Updated: Oct 29</i> No. You do not need to quarantine if you had close contact with someone who is under quarantine. That means you can go to school, work, or the grocery store. If you are living with someone who is under quarantine, stay at least 6 feet from them. People under quarantine should wear a mask in common spaces, use a separate bathroom, eat separately, and otherwise not be in close contact with others in the household who are</p>

		<p>not under quarantine. Be sure to disinfect commonly touched surfaces, and check yourself for symptoms for 14 days.</p> <p>https://apps.health.vermont.gov/COVID/faq/</p>
<p>With the increased incidence of positive cases and increased illness in our schools, why are we not using the rapid result Covid tests instead of saving them for January?</p> <p>With the increased incidence of positive cases and increased illness in our schools, why are we not using the rapid result Covid tests instead of saving them for January?</p>	<p>12</p>	<p>We are not saving them. There are meetings every week about how to use the rapid tests that come from the Federal govt. They are antigen tests. These have false positive rates when used with asymptomatic testing. If we are going to go forth with antigen testing of asymptomatic tests, there will be increased fear and confusion when a positive comes back. When used with sick people they work better, but that would not be a school setting.</p> <p>As people on the ground, if you need someone to get a test in your community, how easy is that?</p> <p>Sometime there are urgent care testing and sometimes it's a pediatrician office.</p> <p>Rapid tests are problematic.</p>
<p>The CDC says masks shouldn't be worn when wet. What about kids who are outside in the rain at recess? Or athletes wearing masks during practice or games in the pouring rain?</p>	<p>13</p>	<p>People should have two masks. If it gets wet you come in and should have another one. Athletes are doing the best they can. They are outside - their risk is much lower of spreading the virus outside even with a wet mask.</p>
<p>Does the portion of the guidance that states, "Cleaning and disinfection products should not be used by children or near children," pertain to the wipes provided by the state?</p> <p>Is it safe to assume soap and water solutions are OK for children to use? Could they use a "green" cleaner?</p>	<p>14</p>	<p>It pertains to everything. Environmental folks were clear that there was some risk to students cleaning their own area. Wipes, I'm not worried as much about: Environmental folks were worried about the bottles of cleaning fluid.</p> <p>UPDATE:</p> <p>From Breena- After speaking yesterday, this great resource was shared with me and I stand corrected on the use of wipes in classroom settings.</p> <p>ENV_HS_DisinfectingWipesTeachers.pdf</p> <p>That said, judicious of wipes may be necessary in some schools and I encourage you to discuss with your building teams. Thanks.</p> <p>Soap and water is always safe.</p>

		<p>Safer to say students use soap and water or wipes and everything else is for adults to clean.</p>
<p>If teachers have been cleaning surfaces a couple of times per day, does the custodial staff need to do the cleaning step prior to disinfecting at the end of the day?</p> <p>We are struggling with having enough coverage for the detail that this guidance suggests around cleaning/disinfecting and want to be sure.</p>	15	<p>In guidance we talk about a lot less cleaning. It's up to school staff about who cleans when. Beginning and End of the day. You could talk as a team about how you interpret what is in the guidance. IT certainly doesn't have to be the amount of cleaning done prior to this change. We are recommending less cleaning now so hopefully that means you will have more coverage.</p>
<p>Do PE teachers need to allow for 1 hour between indoor physical education classes? The Note on page 27 appears to override (or take precedence) to the time requirement in the FAQ 7 link on page 26? If the 1 hour between classes is still required, it could also impact transition from PE to lunch if the gym and cafeteria are shared spaces.</p>	16	<p>We are working very hard to align the FAQs that have been out since August to the new guidance that just came out. You do not need the hour in between. One group leaves through one door while another group comes in another.</p>
<p>Is it okay to not wear a mask in school if you are alone in your office/classroom? Does this also apply to food service in the cafeteria as well, if they are preparing food alone?</p>	17	<p>Very clear direction to wear masks in schools.</p>
<p>What's happening with the adult algorithm?</p>	18	<p>All the symptomatology is leading to testing. Adult algorithm is more about who can wait a couple days and who gets a test. Adult doctors and epidemiologist are working on it and giving feedback. It is not going to be as useful as the pediatric algorithm.</p>
<p>Should school districts be accepting quick antigen test results for adults?</p> <p>Does this make sense since adults are known to spread COVID more than children? (Children are required to have PCR tests according to algorithm.)</p>	19	<p>No. They can certainly start to begin the worry of people thinking they are sick, but the PCR is the confirming tests. These rapid antigen testing are not recommend for school setting. Antigen tests are more accurate if you are sick, but the PCR is the confirmatory test. Adults are who spread this disease. We want them to get PCR confirmatory test.</p>
<p>Can you talk about the tests being done at the airport?</p> <p>Are we accepting these as valid if people take them and want to return to school after being ill?</p>	20	<p>Antigen tests are being done at the airport. There is utility for antigen tests in the pandemic but it is really for sick people, but it's in the ER not in public education.</p>
<p>The new guidance says "effective November 16"...can we start making changes before then (ie: not cleaning the playground equipment, library books quarantine, etc.)?</p>	21	<p>Yes as a leader you could start making the changes right now. The Superintendents were clear they wanted a clear date so they had an on ramp to make the changes.</p>

<p>For schools who run instructional school ski programs, can large groups of students across grades ride the same bus to the ski mountain?</p> <p>Can volunteers assist students outside at the mountain?</p>	22	<p>There needs to be a lot of careful thinking around how to do this, but it is possible. Local high schools do different classes all day. We need to know who is on that bus, they have to be well, we need to know where they are sitting on the bus.</p> <p>Volunteers should be thought through at the school level. If you are outside and you are 6 feet apart it should be ok, but the word volunteer is throwing us off because our guidance is that parents and volunteers are not allowed. Are they coaches? Are they workers at the mountain? Are there rules about this anyway?</p> <p>Table this for now.</p>
<p>In cases where a student has a single symptom (for ex. vomiting or diarrhea) is the guidance that the single symptom must not last longer than 24hrs for them to be able to return 24hrs after resolution or is that parameter for lasting not more than 24hrs only related to fever? Ex.: If they have diarrhea for 2 days but no other symptoms, can they return 24hrs after their last episode of diarrhea or because the diarrhea lasted for 2 days should they be advised to contact their healthcare provider for further guidance and possible COVID testing?</p>	23	<p>Use your nursing critical thinking and clinical decision making. Single symptoms can last for several days and resolve and then we can return to school. Sometimes we have to slow down and ask, "What are we asking ourselves?" What we are saying if it is a single system is "this is not covid." How would you regularly have a child return?</p>
<p>Could you provide more clarification on when the use of an isolation room would be appropriate</p>	24	<p>Anytime a child develops symptoms of covid, anything on the long list of symptoms, and you are waiting for them to go home.</p>
<p>Should we allow fully remote students to come into the school for vision screening or encourage them to be screened at their pediatrician?</p>	25	<p>Tell me more about why a student is fully remote. If for fear of the student's health, that student should be screened at their medical home.</p> <p>The same health screening - temp, travel, symptoms - then yes a remote student could come into the building for vision and hearing screening.</p> <p>Your ability to think about what is best for kids in the midst of a pandemic warms Breena's heart.</p>
<p>If plexiglass can't be used to help with the 3 feet of distance, then what exactly is the purpose of using it?</p>	26	<p>Extra layer of protection. Extended period of time people are going to be facing each other. Student needs to be unmasked in short instances like with an SLP for example.</p>
<p>If school sponsored indoor sports are allowed after school why aren't physical education classes allowed during school?</p>	27	<p>Stay tuned. Winter Sports guidance is coming. Physical exertion indoors - if we are going to let kids play sports indoors PE should be allowed as well. Breena and Soph will work with that on the task force guidance team.</p>
<p>Where is the line drawn between educating families of the travel quarantining guidance and policing or enforcing it, especially on the</p>	28	<p>Stay strength based. We don't believe in shaming or stigma. We bring forth the best information for people to make healthy choices. Always folks in the</p>

NH/VT boarder where families cross all the time?		community that do not abide by full societal push - for example those who do not immunize. IT is about education - what do people need to know more about to enforce the ideas we are in big trouble in the states around us and levels of COVID.
Can you clarify the notation that there is no one else in the room with the musician? Are teachers allowed to provide lessons or are we just providing a "practice room"? How can we leave students unattended in a room? Can an adult teacher be in the same room playing a wind instrument to teach one student?	29	That truly means alone. This is about students or adults practicing alone. You cannot have two people in the room. This many not work with every age group. Go outside and teach them - that is always an option.
Are neoprene masks acceptable for students/staff to wear?	30	Being very common sense about masks. Do not want to police masks. Neoprene is very thick. It may have holes. Depends on how the mask is made.
Step II guidance states turn desks to face in the same direction rather than facing each other or have students sit on only one side of tables spaced apart. Step III does not mention this so if students are spaced appropriately (3 or 6 feet) can they face each other in step III?	31	We want people to use common sense the way the desks are set up. The easiest way to keep students distanced is to have desks in rows. We are aware some schools have tables, not desks. They can be side by side, or facing each other but there is no time without a mask.
Can you speak to how the decision to not quarantine library books came about so we can explain it to our concerned librarians?	32	Yes. Comprehensive analysis by epidemiologist about transmission on books. We have the actual citations on this information for you. Scientific decision. From Dr Raszka, As the authors of the Realm Project systematic Review report, multiple studies have reported the presence of SARS-CoV-2 on surfaces in the spaces inhabited by people infected with the virus, but at present, there is little direct evidence of human transmission directly via fomites. Occasional case reports suggest the possibility of fomite transmission but other means could not be excluded. The true risk of contracting the virus through fomites

		<p>remains unknown. A recent review concluded that the levels of viral RNA or live virus transiently remaining on surfaces are unlikely to cause infection, especially outside of settings with known active cases. https://www.acpjournals.org/doi/full/10.7326/M20-5008</p> <p>The authors in the REALM Project use standard inoculation and measurement techniques. As is typical for these types of experiments, the investigators inoculated a small surface area of sample materials with infectious virus at concentrations that are likely much higher than seen in real-life situations, where the amount of virus actually deposited on surfaces is likely to be several orders of magnitude smaller. The likelihood that masked, well-appearing library users all of whom are required to wash their hands frequently, depositing large viral deposits on books is quite low.</p> <p>Even so, the data shows a marked decrease in recovered virus after a single hour (e.g. in the Study Five leather experiment, the amount of virus dropped from approximately 250,000 copies to 794 copies after one hour of drying). That one can recover virus for extended periods of time does not necessarily suggest that significant infectiousness remains.</p>
<p>Pertaining to asthma or allergies population: At what point do you say you must stay/or go home? Looking at the algorithm, if an asthma student comes down to the nurse's office with complaint of cough and has diarrhea, do we follow the algorithm for only the diarrhea, or the cough and diarrhea?</p> <p>How am I to really tell if congestion is due to allergies, a cold, or Covid?</p>	33	<p>Again think about your nursing critical thinking skills. If the child has a chronic cough that has deemed asthma, that means asthma is not well controlled. If primary care is treating the uncontrolled asthma, then a just single symptom of diarrhea. If not, then both symptoms.</p> <p>Use your medical homes to help in these situations.</p> <p>Communication about allergies with medial home.</p>
<p>What is the recommendation on students bringing in food to share? Would prepackaged food be permissible? Would home baked goods be permissible if an adult passed them out?</p>	34	<p>We have been asked this. Tabled for lack of detail. Prepackaged food is permissible. Homebaked goods fall into allergen safety protocols.</p>
<p>Our school district is considering remote only learning following the Thanksgiving break, or 1-2 weeks. Is 1 week enough, or if there is going to be scheduled remote learning, should it be 2 weeks?</p>	35	<p>School districts have automony to think about their calendar regardless of what the state recommends.</p> <p>It's not just travel, it's also the risk of gathering at these holidays.</p> <p>Let's see. Leadership is probably asking about this.</p>