Vermont School Nurse Town Meeting ~March 30, 2020

with Sharonlee Trefry MSN, RN, NCSN
State School Nurse Consultant, Vermont Department of Health
Welcome to our first town meeting!

Agenda:

- Address from Sharonlee
- Questions about School Nurse Role in Time of School Closure
- Questions regarding School Based ChildCare Center
- Questions about Covid-19 in General

This meeting is sponsored by the VSSNA in partnership with Sharonlee Trefry MSN, RN, NCSN, State School Nurse Consultant at Vermont Department of Health, to provide a platform for school nurses to ask questions and seek clarity.
Hi there and thank you so much for inviting me to this Town Hall Meeting. We’re all working desperately to keep up with the constant demands of this evolving new world, so I’m grateful for this chance for collaboration. As you know PHNs have been working 24/7 with epidemiology, Emergency Management Systems, and the public.

I don’t know about you but I’ve been a bit overwhelmed and been feeling unconnected with the crucial work of school nurses.

There is no better time to highlight the value of our professional organizations than now.

Coronaviruses are named for the crown-like spikes on their surface. Human coronaviruses were first identified in the mid-1960s, and there are seven coronaviruses that can infect people.

But you know this. What I understand as the behavioral
objective from VSSNA leadership is to make this a platform specifically for you as SNs
So we can try to be together on the same page, to correct mis-info, and share ideas the role of the SN
I have adapted some slides from Dr. Breena Holmes, a pediatrician and my MCH Division Director at the health dept. and added my own.

From my work this summer on the FON-2030 in Town Halls – 3 across the nation- there needs to be adequate time for others So I was hoping… for about a 1/3 of this time… but I think we have facilitators and a preview of high-interest questions or topics for discussion
So I’m not wedded to all of this content, I will send the full ppt. so you can focus on what’s important to you.

Human Coronavirus Types
There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.
Common human coronaviruses
229E (alpha coronavirus)
NL63 (alpha coronavirus)
OC43 (beta coronavirus)
HKU1 (beta coronavirus)
Other human coronaviruses
MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS)
SARS-CoV (the beta coronavirus that causes severe acute respiratory syndrome, or SARS)
SARS-CoV-2 (the novel coronavirus that causes coronavirus disease 2019, or COVID-19)
People around the world commonly get infected with human coronaviruses 229E, NL63, OC43, and HKU1.

Sometimes coronaviruses that infect animals can evolve and make people sick and become a new human coronavirus. Three recent examples of this are 2019-nCoV, SARS-CoV, and MERS-CoV
A great many thanks for all you are doing on behalf of children and families in these complex and uncertain times.

Some of you are now used to the moments that I take at the beginning of presentations, meetings and speaking.

I invite you to take maybe 3 deep breaths;
   In through your nose and out through your mouth
   You’re welcome to close your eyes
   1
   2
   3

Let these breaths bring you back to this space wherever you are
To your spirit and zest for life
To these colleagues
To this topic so you are ready to use your nursing superpowers
Our role as SNs during C-19 leans nicely on our Framework for 21st Century School Nursing Practice

Care Coordination
Leadership
Community and Public Health
Continuous Improvement & Standards of Practice

There have been awesome stories from and about SN in VT and across the nation

**CC- SNs have been ensuring** that medications and supplies for student healthcare needs have been getting back to their homes, e.g. ADHD, diabetes equipment, epinephrine auto-injectors in Kingdom East LEA -SN are doing interdisciplinary collaboration with others to reach out to children and families at home

so much ---that it was heard from some families – this is great
but I need a break from all the calls.

**L- Essex Westford SD – SNs worked with Food Service directors to use the LEAs system for vetting volunteers and set up a system to interview workers using questions to address health and safety and then SNs train the volunteers with 6 slides on handwashing, infection preventions, donning and removing gloves helping them to learn that masks were for frontline HCW in hospitals and ED

** VSSNA Pres. Soph Hall and VSSNA leadership sending a letter to Dr. Levine, Sec. French and Gov. Scott advocating for the use of SN in their full licensed capacity and expertise

** C-PH- reaching out to Am Red Cross to set up self-isolation housing in the school across from the hospital so the HCWs can protect their families while they wait out their 14 day quarantine; and an old story from back during Tropical Strom Irene, one of our VT SNs set up a Red Cross shelter and a health clinic with her APRN skills, becoming the center of recovery for her community.- if someone has a link to this I would appreciate it.

anyone knowing Jeanette would know that Jeanette Toro Linehan was definitely capable of this

** CI- Pres-Elect Rebecca McCray getting SNs together virtually in the Burlington SD to update health policies and procedures, just for example on daily check-ins for the child care sites

** SOP-Some of you have studied the Crisis Standard of Care that is in place during a declaration of emergency but that only means that we really need to know our Scope

but we’ll come back to the message that I got from the VT BOD and the Secretary of State

This is the time where membership in our professional organizations really pays off – those members of the ANA for example are getting great updates, and certainly our NASN!!!

And those of you acting as the trusted HCP you are, from the beginning: NCSU, Dummerston, and Matawee schools on topics of protecting kids from bullying, and one whose
superintendent

is using their SN as the content expert that she is to define contact with VT’s C-19 pt. and to take appropriate action; and SNs who use the VDH /CDC links to provide 

expert advice and summarizing to concerned staff, if you have specific questions about Sx and Ibuprofen for ex, to contact their med. Provider. And just last night from Colchester,

I received a link to an editorial from JAMA about finding new sources of PPE, which I threw in here early this morning.

YOU ARE DOING AN AMAZING JOB ALREADY – SO JUST COMING TOGETHER TO SHARE SOME OF THESE STORIES IS HELPFUL – this is what your profess. Org is for: EVERY DAY – ALL DAY
You are the anti-body bodies we need to fight misinformation

Images are powerful
I love the pretty pink image on the VDH website but in my search for other pretty pictures I found this these great colors! This is a CDC image of the antibodies that people developed in response to the MERS – Middle East Respiratory Syndrome outbreak – yet another coronavirus that caused MERS

This image or ANTIBODIES can serve at another way to look at our role in this mitigation phase of the COVID-19 disease outbreak

YOU can be the anti-bodies OR the bodies we need to mitigate current mis-information, disease, and to develop a response to need
AND you are definitely the boots on the ground that will be needed when we get into the recovery phase we are all looking forward to

https://www.cdc.gov/coronavirus/mers/photos.html
I hope the next slides will guide us towards the same page, to correct mis-info, and to share ideas the role of the SN I will start with a situational update on C-19 in VT

Situational update
Website
maybe a little on the Structure of the state’s response to C-19
Maternal and Child Health Division Goal

Role of the School Nurse
Discussion

I want to remind you to Please keep reaching out
    sharonlee.trefry@Vermont.gov 802-863-7348
    Dr. Breena Holmes
    COVID-19: Dial 2-1-1. If you have trouble reaching 2-1-1 (for other resources for your community and for families), dial 1-866-652-4636
    CONTACT US
COVID-19 in Vermont

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Vermont Department of Health
A situational awareness is part of the structure that government entities use to provide consistent communications to all members of ‘a situation’

That structure has codes, divisions, branches, and acronyms, etc. and can be expanded or contracted quickly depending on need and covers all aspects from legal, policy to logistics, operations, medical, in addition to communication. ICS or Incident Command Systems is something that folks in the military and Emergency Management Systems use.

Thank you to those who have served in the military

Historians can trace links to the need for national preparedness back to 1803 and to Pres. Carter’s FEMA of 1979

As of 3/27 – there are only 17 folks in the hospital c\ COVID-19 meaning the majority are self-treating at home in self-isolation.
Variations in testing across the state causes this picture from the VDH website to perhaps be a bit mis-leading and not a true picture of the disease. But that should change as more testing becomes available and more people can now be tested if they have symptoms.

The first waves of testing really focused on the most ill who needed hospitalization, HCW, and those with Sx who are incarcerated.
9% are testing + for C-19 – this is again, on the VDH webpage and updated daily at 1 pm.
The vast majority are testing + for RSV, the flu and other corona viruses.

Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms.
Most people recover in a week or two, but RSV can be serious, especially for infants and older adults.

A study from S.Korea confirms that children are least likely to get C-19 and we know that because they screened everyone with tests for C-19
Increased Access to Testing as of 3/27/20

- Health care providers are encouraged to proceed to order testing for any symptomatic adult patient for whom infection with SARS-CoV-2 is a reasonable possibility.

- Individuals need to contact their medical provider to obtain a referral for testing and be told which testing site to use.

- The Health Department will be notifying patients of their SARS-CoV-2 results; this is new [to begin contact tracing].

At this critical juncture in our experience with COVID-19, employing the Stay Home, Stay Safe mitigation strategy, the Health Department is pursuing a parallel containment strategy to further “flatten the curve”. This HAN provides updated guidance to clinicians to allow more latitude in ordering COVID-19 testing to enhance our opportunity to test, isolate, contact trace, and when appropriate quarantine. This strategy has been shown elsewhere in the world to slow transmission of the virus. It can be employed now because we have enjoyed recent success in procurement of both specimen collection and test kits. While this risks drawing down our supplies more quickly, the timing is right to expand testing in the short term.

As always, health care providers should use their clinical judgment to determine which of their patients should undergo diagnostic testing. Patients should continue to consult their provider to be considered for testing. Previously, a prioritization
of specimens in terms of the turnaround time has been used. Now, with increased laboratory capacity for diagnostic testing, health care providers are encouraged to proceed to order testing for any symptomatic adult patient for whom infection with SARS-CoV-2 is a reasonable possibility.

Health care providers should continue to refer their patients to the same testing locations (e.g., at the hospital where they usually refer their patients or at a local FQHC). When possible, testing should be referred to centralized centers rather than having each practice attempt to collect their own specimens to preserve PPE. Exceptions to this can be made on a case by case basis with factors including extreme stress on patients and families with use of drive through test centers.
For patients who COVID-19 tests are positive the health department will call the patient directly to:

- Provide education on isolation actions and to notify close contacts
- Elicit information regarding recent high-risk activities, such as exposure to vulnerable populations. The Health Department will follow up on those situations as indicated.

So the next slide is to remind us all about the great work your doing now during THE MITIGATION PHASE but what we really want to be Doing during the RECOVERY PHASE
Close contact means being within six feet, for a long time, of someone who is diagnosed with COVID-19 during their infectious period, which starts one day before any symptoms began and continues until they are recovered.

Close contact does **not** mean: being more than six feet away in the same indoor environment for a long period of time, walking by, or briefly being in the same room.

<table>
<thead>
<tr>
<th>Examples of close contacts</th>
<th>Examples of not close contacts</th>
</tr>
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<tbody>
<tr>
<td>You live in the same home</td>
<td>You were their cashier at the grocery store</td>
</tr>
<tr>
<td>You are intimate partners</td>
<td>You are a pharmacist who gave the person medication</td>
</tr>
<tr>
<td>You rode in the same car while the person was infectious</td>
<td>You were in front of the person in line at the store</td>
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<tr>
<td>You had dinner together while the person was infectious</td>
<td>You’re a coworker who briefly walked by to ask a question</td>
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<td></td>
<td><strong>SELF-ISOLATION</strong></td>
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<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
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<tr>
<td><strong>For Who m?</strong></td>
<td>People with symptoms of COVID-19</td>
</tr>
<tr>
<td></td>
<td>• For people with COVID-19 who aren’t sick enough to be hospitalized, or</td>
</tr>
<tr>
<td></td>
<td>• For people who are waiting for test results</td>
</tr>
<tr>
<td><strong>For How Long?</strong></td>
<td>Until recovery, which happens when all three have happened:</td>
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<tr>
<td></td>
<td>1) It’s been 3 full days of no fever without the use of fever-reducing medication,</td>
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<td>and</td>
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<td></td>
<td>2) Other symptoms have improved, and</td>
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<td></td>
<td>3) At least 7 days have passed since your symptoms first appeared.</td>
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<tr>
<td><strong>What does it mean ?</strong></td>
<td>Staying in a separate room in the house, using a separate bathroom, avoiding</td>
</tr>
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<td>contact with others.</td>
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40 % are expected to be exposed to the C-19
COVID-19 Response

- Health Operations Center
- MCH for Child Care, Schools, and Families
- 2-1-1 and other resources
- MCH work to ensure federal funding continues to flow, our families are served, and programs are ready to support families.

HEALTH OPERATIONS CENTER
ICS – Incident Command System

- Call center support answering questions from Vermonters of every kind – 8-3 daily, 2 pm on Sat. and Sun.
  - ASK ANY QUESTIONS
- Epidemiological team support, contact tracing and data tracking
- School and child care branch:
• Answering calls and developing guidance
• Crisis and Emergency Risk Communications (CERC)
• Back-up technical advisor; liaison to OB and pediatric primary care (Breena)
• Strategic national stockpile logistics support
Ongoing concerns & work ahead on behalf of children & families

- Injury prevention with increased risk of lack of supervision
- Relationship violence
- Child maltreatment
- Need for increased socio-emotional support for children and families
- Basic needs including nutrition
- Mother-baby and COVID

Just as a reminder that RECOVERY FROM C-19 IS IN THE FUTURE – THIS is what the MCH/VHD wants to be focusing on when we get to RECOVERY and now…. we get back to what you might be wanting to focus on During MITIGATION
So you all get this – these five principals that I call DOMAINS

... I think there’s a little bit of a tiny elephant in the room too...
SO.. We will get to this during the Q&A

NOW back to the key pieces of the SN Role during C-19 and this is a great lead into C-PH and real risk reduction
Because mis-information is one of our most dangerous enemies during this fight
Unless we are in the vulnerable populating and a healthcare worker/provider

This is that citation that I just got last night… that you might have questions about
- Risk Reduction
- Health Education
- Population Based Care
- Surveillance

**As SNs are greatest responsibility is RR because by in large we are working with healthy people or trying to protect healthy people**

I know some of you wear multiple hats, and some of you know that I spend several days/mo. caring for my parents in their mid-90s out of state for over a year now

• Risk Reduction
  • Health Education – correct info to the right people, trainings about health check ins
  • Access to care
• Population Based Care – the best effort for the most people
• Surveillance – we can talk about that during Q&A
** Close Contact with COVID-19

** What to Do if Someone May Have Been in Contact with Someone Who May Have COVID-19 – in Vermont

* We encourage you to share guidance with your communities, about people who have been in contact with someone with COVID-19. It is important that we all share this same advice about these increasingly common circumstances. If you meet the definition of a close contact with someone with COVID-19, you self-isolate!

* This information is for people who were in close contact with someone who has COVID-19 disease. Close contact means being closer than six feet apart for a long time while the person was infectious, which starts one day before any symptoms began and continues until they are recovered. Close contact does not mean being more than six feet away in the same indoor environment for a long time, walking by, or briefly being in the same room. Health care workers: please see "COVID-19: What to do if you are a health care worker". If you meet the criteria for a close contact please follow these instructions.

* Understanding of the Contact Tracing Procedures (3/26/20) allows SNs to be better able to help school administrators craft informed messages for the school community.

** read it
Please study this document on Contact Tracing --- and we can talk more about this during Q&A
- Case Management
- Interdisciplinary Collab.
- Motivational interview/counseling
- Student Care Plans
- Family self-empowerment

Vermont Department of Health
• **Medications and supplies** home to students and families
• **Work with your nurses** in the LEA to figure out high priority students with health needs and create a regular system of checks and nurse reporting and problem solving
- Code of Ethics
- Clinical Competence
- Scope and Standards
- Nurse Practice [ACT]

Vermont Department of Health

** then go to note from BON
Board of Nursing
The Vermont Crisis Standards of Care Plan, and particularly its “strategies for scarce resource situations,” may become an important reference for all clinical care providers if the State exhausts critical resources as the COVID emergency plays out.

- **Pursuant to EO 01-20, §§ 15 & 16, Governor Scott has ordered that:**
  - Relevant rules governing medical services shall be suspended to the extent necessary to permit such personnel to provide paramedicine, transportation to destinations including hospitals and places other than hospitals or health care facilities, telemedicine to facilitate treatment of patients in place, and such other services as may be approved by the Commissioner of Health.
  
  - Relevant rules governing nursing services shall be suspended to the extent necessary to permit such personnel to provide medical care, including but not limited to administration of medicine, prescribing of medication, telemedicine to facilitate treatment of patients in place, and such other services as may be approved by the Secretary of State in consultation with the Commissioner of Health.
  
  - ... (Personal Communication to Sharonlee Trefry, SSNC, VT Dept. of Health 3/18/20)
**the focus here, given the time and the questions that you have is on learning**
This is a crucial time that we all expand our learning – new stuff if you happen to have the time
BUT MORE IMPORTANTLY ON REVIEWS OF CURRENT BEST PRACTICE
And disaster mitigation and infectious disease which take us to the next slide with a couple of resources
Most relevant to C-19
Lifelong Learning

- Evidenced-based sources:
  - ANA: Be Confident Protecting Yourself and Providing the Best Care to Your Patients during this COVID-19 Pandemic - On Demand. Here is the [link to the on-demand webinar so you can view it now -- or anytime, anywhere](#).
  - Incident Command Training is recommended for anyone wishing to actively participate in emergency school or community operations: [National Incident Management System (NIMS)](#).
  - The virtual health offices of [NJ certified school nurses are open](#) with their states NEA office.

Always use E-B resources --------------
This is excellent, I highly recommend it- I like the hard science of not just micro-biology but of nursing science; they do a nice job of explaining studies on how decisions are made about the spread of C-19 and past ID studies on under resourced facilities and safe ways to reuse some supplies like the N-95 respirators and what is considered PPEs.

ANA: program---moderated by Cheryl Peterson, VP of Nursing Practice, Ethics, Substance Abuse Prevention, etc. And presented by Dr. Terri Rebmann, PhD, RN, ICI, PAPIC And Kendra McMillian, PHN, RN

Read from slide: ICS and virtual health offices
There is a lot we don’t know!

But we love [school] nurses

Always A Nurse | A Tribute From A Doctor - But She’s Always a Nurse To Me sung by Billy Joel
Almost 4 min.
REFERENCES

• ANA: Be Confident Protecting Yourself and Providing the Best Care to Your Patients during this COVID-19 Pandemic - On Demand.
• National Association of School Nurses
• National association of State School Nurse Consultants
• Vermont COVID-19 webpage
• Vermont
  • Crisis Standards of Care Plan
  • Executive Order: EO 01-20, §§ 15 & 16
Dr. Breena Holmes – for school and childcare C-19 health questions
  802-863-7240 (24/7).
  • Sharonlee Trefry, State School Nurse Consultant
    sharonlee.trefry@Vermont.gov 802-863-7348
  • Nathaniel Waite, PHN
  • Sally Kerschner, PHN
  • Margaret Tarmey, PHN

COVID-19: Dial 2-1-1. If you have trouble reaching 2-1-1, dial
1-866-652-4636

CONTACT US
Live Question from Chat

What is the definition of a "long time"
Question about School Nurse Role

- What is the school nurse role in this time of school closures?
- What tasks should we be focusing on?
Question about School Nurse Role

Should we still be attempting to do health surveillance/ illness tracking of staff/students during this time?

An official statement about our roles/clarification around tele-medicine (license, privacy concerns, etc) would help us all to be having similar contact with families.

Surveillance/Illness Tracking

**What Vermont is doing: Health Department**

- We are working closely with the state’s health care providers and hospitals, local governments, and across state programs and agencies.
- We work to identify people who may have been exposed. We assess their exposure risk and provide them with guidance for their health and recommendations for self-isolation or other measures.
- We keep the public up to date with current information through our website and other communication methods.


**Vermont Statutes Online**

(a) … The Department of Health shall, by rule, require that any person required to report under this section has in place a procedure that ensures confidentiality.

[Title 18, Health Chap 021 Communicable Diseases](https://legislature.vermont.gov/statutes/online/chapter/021)

**Tele-Medicine**

Executive Order 01-20

16. Relevant rules governing nursing services shall be suspended to the extent necessary to permit such personnel to provide medical care, including but not limited to
administration of medicine, prescribing of medication, telemedicine to facilitate treatment of patients in place, and such other services as may be approved by the Secretary of State in consultation with the Commissioner of Health.

EO 01-20 Declaration of State of Emergency in Response to COVID-19 3/15/2020
Question about School Nurse Role

What will happen to the vision and hearing screening that have not been done?
Live Question from Chat

Are teachers defined under the governor's order as an essential function similar to health care workers, food store workers? Should teachers be going on site during the emergency order phase? We are being asked to help with a system to allow teachers limited access to the school property and it is wonderful to be part of the solution, but I am pondering why teachers should have access at this time. When the governor lifts the emergency order it makes more sense. If we do start a process, shouldn't it be similar or structured the same for all schools to ensure we are working in the same direction as public health?
Question about School Nurse Role

What about 504's that are still due for this school year?


Question about School Nurse Role

Is there any possibility that the superintendents could receive a written notice from the dept of health of all the tasks that are appropriate to ask of school nurses while students are not in school physically so they have a better understanding of our role?
Question about School Nurse Role

Does anyone have any examples of how a school nurse might help in the community as an RN, while also fulfilling their role as the school nurse? Have any districts released time for school nurses to accomplish this?
Live Question from Chat

If/when schools open in the fall, and we can assume that COVID-19 will still be active, what guidance can be given to us to provide N95 fit testing for our staff?
Question

What is the best way during this to get medications back to the families?
Question about Child Care Centers

What does the state say about school nurse roles with regard to child care centers?

https://DCF.VERMONT.GOV/CHILD-CARE

Child Care for Essential Persons
Child care for essential persons is an essential service under Addendum 6. The stay at home order, however, will significantly disrupt the ability to operate these services. 
School districts may continue to operate these programs on a voluntary basis based on community need. School districts should work closely with private child care providers in their regions to provide these essential services. We are working on additional guidance with DCF that would support direct access to child care services for school-aged children through private child care providers.

Question about Child Care Centers

Is it correct that people over 60 should not be providing care?

Staff and Child Care Providers
The following individuals should not provide child care during this time:

- **Adults 60 years of age and older**
- People who have serious underlying medical conditions like:
  - Heart disease
  - Diabetes
  - Lung disease
  - Underlying immune disorders/people with compromised immune systems/people taking immune suppressant medications (examples of these disorders include Rheumatoid Arthritis, Crohn’s Disease, recent cancer treatment)

If individuals have specific questions about their own health conditions—they should contact their medical provider before providing child care

- Pregnant women
- People with HIV

Live Question from Chat

When schools open for childcare during the ongoing pandemic, will school exclusion criteria for fever and cough change from 24 hours and is it directed by the CDC or district-based?
Question about Child Care Centers

Will nurses be asked to oversee the health of individuals on a daily basis? Checking temps and health status? If a child is sick and a parent cannot leave work, how do we handle that? If a room volunteer becomes ill and there is no one to cover, how will that work? Will children in the same space be playing with the same toys? Is that advisable? So many questions and concerns.

There is no specific language about School Nurses are required to provide services for Emergency Day Care Centers.

Children Attending Care / Screening

- Conduct a Daily Health Check and ask children and staff:
  1. Have you been in close contact with a person who has COVID-19?
  2. Have you felt unwell with respiratory symptoms in the last few days?
- For example, have you had a cough, high temperature, shortness of breath, or difficulty breathing?
- Consider screening children and employees for fever, cough or shortness of breath upon arrival each day.
- People with a temperature greater than 100.4 F should be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- Anyone diagnosed with COVID-19 should remain isolated until:
  - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath);
  - AND, At least 7 days have passed since symptoms first appeared.
- If symptoms begin while at the child care facility or school the child should be sent home as soon as possible.
- Keep sick children separate from well children and limit staff contact as much as possible, while ensuring the safety and supervision of the child until they
leave.
Live Question from Chat

So should those who are taking care of these students at the daycares, who have not been tested, and are asymptomatic, be wearing masks proactively?
Live Question from Chat

Will there be guidelines from the Health Dept. regarding protocols for COVID19 before schools re-open?
Question about Child Care Centers

When screening is being done for children coming into the centers and we ask the question, "Have you been in close contact with a person who is known to have COVID-19?" if the mother or father is a nurse/doctor/LNA/health care worker who is caring for Covid-19 patients, can we still care for their children?

Does the parent/guardian have COVID-19 or were they in contact with a patient with COVID-19? Since any person in Vermont could be asymptomatic, but have COVID-19, where do we draw the line?

1. Have you been in close contact with a person who has COVID-19?  
Question about Child Care Centers

Should school districts be requiring families to provide documentation from their employer that they are essential workers and are indeed working?

State of Vermont: Stay home, stay safe - Essential Persons for Critical Infrastructure Guidance

Childcare for Essential Persons (March 26, 2020)
https://vem.vermont.gov/essentialpersons
Question about Child Care Centers

- What are our required responsibilities around child care centers?
- Is it mandatory that all nurses in each district participate?
- Should we be keeping track of our hours more carefully?
- What documentation is essential?
- Does our responsibility end at the time screens are done?
Thank you for coming!

A recording as well as typed notes of the town meeting will be available soon at www.vssna.org

Please continue to email your questions to covid19@vssna.org
The following slides were question asked in the Google Form Invitation but not addressed during this presentation. VSSNA did some research to provide some answers.
Question about Child Care Centers

Is the SN responsible for training/delegation? for meds (i.e. Epipen, daily meds, etc)?

CENTER BASED CHILD CARE AND PRESCHOOL PROGRAMS (page 48)

3.4.6.3 The licensee shall maintain records pertaining to all medications administered to children as required in the rule 5.6.7 of these regulations. These may be kept in children’s files or in a separate medication administration log book. Medication records must be kept for a minimum of 365 days from the date the medication was given.

5.6 Administration of Medication
5.6.1 The program director shall develop and consistently implement a written policy and plan regarding the administration of medication to children.
5.6.2 The program director shall ensure that only staff, who have completed a training course approved by the Division, administer medication in the CBCCPP.
5.6.3 Medication or herbal/folk remedies shall not be administered to a child unless the CBCCPP has received written permission from the child’s parents for each medication given.
5.6.4 Written permission from parents to administer medication must include all of the following information for each prescription and non-prescription medication administered to children:
   ● Name of the child;
   ● Child’s date of birth;
   ● Any medication allergies;
   ● Name of medication;
   ● Dosage to be given;
   ● Time when medication is to be given;
• Route of administration (mouth, ear, nose, topical, inhalation);
• Reason for the medication;
• Start and end dates for administration of the medication; and
• Any special instructions.

5.6.7 A record of the administration of all medications shall be made including medication dosage, time of administration, name of staff administering, and any adverse effects observed. These records shall be maintained for 365 days from the start date of medication administration and may be kept in the child’s file or in a medication administration log.

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP_Regulations_FINAL.pdf
Question about Child Care Centers

Is the SN responsible for the health of the children attending the program, or responsible to provide IHCP/ECP and be on-call (similar to summer school), because it's occurring during the school day?
Question about Child Care Centers

Will we be notified of participants so that if they have IHCP's, it can be shared with people providing childcare? Or is this up to parents to notify childcare providers?
Question about Child Care Centers

Is the Dept of Health training those running the child care centers for essential workers? Meaning, if the child care center is in one of our schools, yet we were not asked to help or coordinate, are we responsible in any way for the health and safety of those staff and children?
Question about Child Care Centers

Will school based childcare centers continue through school vacations, including April and summer vacation?

… through April 6, 2020

1. Schools for preK-12 students shall remain dismissed for in-person instruction for the remainder of the 2019-2020 school year, unless otherwise ordered by the Governor if the COVID-19 response should allow.
Question about Covid-19

What is the likelihood of this being an annual illness like the flu?

Will warmer weather mean fewer cases of novel coronavirus?
COVID-19 is a new virus in humans, so it is too early to predict whether it will become seasonal. If it behaves like other respiratory viruses, including flu, it could abate as the weather gets warmer and become part of the usual cold and flu season. But scientists do not yet have enough information to know for certain. That’s why ongoing research to develop vaccines and antiviral drugs that are effective against coronaviruses is so important.

So in summary:
For the novel coronavirus SARS-CoV-2, we have reason to expect that like other betacoronaviruses, it may transmit somewhat more efficiently in winter than summer, though we don’t know the mechanism(s) responsible. The size of the change is expected to be modest, and not enough to stop transmission on its own. Based on the analogy of pandemic flu, we expect that SARS-CoV-2, as a virus new to humans, will face less immunity and thus transmit more readily even outside of the winter season. Changing seasons and school vacation may help, but are unlikely to stop transmission. Urgent for effective policy is to determine if children are important transmitters, in which case school closures may help slow transmission, or not, in which case resources would be wasted in such closures.
https://ccdd.hsph.harvard.edu/will-covid-19-go-away-on-its-own-in-warmer-weather/
How long does virus live on surfaces?

Coronavirus can persist in air for hours and on surfaces for days: study (Reuters)

Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1 (NEJM)
Our results indicate that aerosol and fomite transmission of SARS-CoV-2 is plausible, since the virus can remain viable and infectious in aerosols for hours and on surfaces up to days (depending on the inoculum shed).
Question about Covid-19

Is there any work being done as far as immunity studies (IGG/IGM) through the Vermont State Lab?
Question about Covid-19
Are school nurses considered to be essential workers?
Parents have asked for guidance on cleaning groceries. Any advice?

Should I take additional measures during the COVID-19 pandemic to mitigate the risk of SARS-CoV-2 coming into my home on food and food packaging?

Currently there is no evidence of food or food packaging being associated with transmission of COVID-19. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. CDC notes that in general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging that are shipped over a period of days or weeks at ambient, refrigerated, or frozen temperatures. It is more likely that a person will be exposed by person-to-person transmission involving close contact with someone who is ill or shedding the virus.

Consumers can follow CDC guidelines on how to protect yourself, especially the advice on frequent hand washing with soap and water for at least 20 seconds; and frequent cleaning and disinfecting of surfaces.

If you are concerned about contamination of food and food packaging you have purchased from the grocery store, wash your hands after handling food and food packages when you return from the grocery store and after removing packaging from food. In addition, it’s always critical to follow the 4 key steps of food safety—clean, separate, cook, and chill—to prevent foodborne illness. FDA also has advice about safely selecting and serving raw produce.