

The purpose of this document is to consolidate the latest COVID-19 guidance for Vermont school nurses, licensed medical professionals, and designated assistive personnel in to one place. It is for those who are adapting and implementing COVID-19 recovery plans and to stay current on best practices for the 2020-2021 school year.

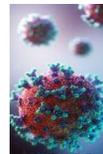
Content is updated weekly or when available, whichever is sooner. It is organized in four sections: 1. Keeping COVID-19 out of schools; 2. Planning for Prevention and, 3. Confirmed COVID-19. Newest text since last release is in **ORANGE** and summarized in **New Resources**.

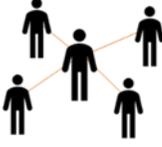
**Table of Contents**

Table of Contents.....	1
New or Updated Resources as of 10/8/20 .....	3
<b>1. KEEPING COVID-19 OUT OF SCHOOL</b> 	<b>4</b>
Cleaning: (see pg. 20 of Strong & Healthy Start) .....	4
Desks and surfaces used for eating: .....	4
Materials that are returned to school: .....	4
Medical (Isolation) Room:.....	4
Daily Health Screenings .....	5
Inclusion and Exclusion Criteria for Students and Staff.....	5
HIPAA and FERPA.....	5
Masks Face Covers, Masks, Eating, Neck Gaiters, Pre-K, & Exemptions .....	6
Mask Exemptions in Vermont.....	8
KN95 Masks (Clarification).....	8
Physical Distancing & Cohorts .....	8
Ventilation/Air Quality Recommendations & Fans (see pg.24 of Strong & Healthy Start) .....	10
Foggers: How safe are they for disinfecting? .....	10



2. PLANNING FOR PREVENTION .....	11
Academic Accommodations and Health .....	11
Ill Students – A Decision Making Algorithm For Clinicians .....	11
Immunizations .....	12
Medical (Isolation) Room.....	12
Setting up the Medical Room .....	13
Managing the Medical Room.....	13
PPE in the Medical Room.....	14
Cleaning the Medical Room .....	15
Mental Health and Medical or Seclusion Rooms.....	16
Personal Protective Equipment (PPE) in These Situations .....	17
For Nurses and Designated Personnel.....	17
Care Coordination for CYSHN .....	17
PPE Conservation or Respiratory Protection Program (RPP) and Infection Control .....	18
Training: .....	18
Where can I get N95 respirators?.....	18
Special Needs and Pregnancy .....	19
Behaviors & PPE for Paraeducators .....	20
Social Emotional Needs .....	21
Sports/Organized Sports Including Youth Leagues, Adult Leagues, Practices, Games, and Tournaments.....	22
Vision & Hearing Screenings.....	22
3. CONFIRMED COVID-19 IN SCHOOL .....	24
Preparing for a Positive Case of COVID-19 .....	24
Frequently Asked Questions .....	24
Algorithm for Testing Students from Schools.....	25



What to Know about Contact Tracing		..... 26
Contact Tracing: Roles		..... 26
Returning Staff to School After COVID-19?		..... 27
Returning to School - Family & Medical Home & School		..... 27
RESOURCES		..... 28
Agency of Education COVID-19 Guidance for Vermont Schools		..... 28
Centers for Disease Control and Prevention		..... 28
Department of Health		..... 29
Medical Reserve Corps (MRC)		..... 29
Signage		..... 29
THANK YOU!		..... 29

**New or Updated Resources as of 10/8/20**

- Airborne transmission, pg. 24, this guide.
- Contact tracing, pg. 26, this guide.
- [Essential Travel FAQ](#): clarification pg. 9, this guide.
- Gaiters again, pg. 8, this guide.
- Immunization Reporting, pg. 12, this guide.
- Suggestions for use of the Parent Guidance for Returning to School document (parent algorithm), pg. 11 this guide.
- Template Pediatric C-19 Communication Tool for SN & Medical Providers [:linked](#). Resources, this guide.
- Which type of COVID test is best for VT children? see pg. 26

**SCHOOL NURSE QUESTIONS OF THE WEEK**

Can students participate in work based learning? pg. 11

Can students hold a dance outside? pg. 11



## 1. KEEPING COVID-19 OUT OF SCHOOL

**Cleaning:** ([see pg. 20 of Strong & Healthy Start](#))

### Desks and surfaces used for eating:

Continue to follow all food safety requirements in the Vermont Food Code. Have food service staff conduct frequent self-audits to ensure that these practices are being followed. Key areas to check include: Correct dishwasher temperatures for sanitization, [Employee handwashing](#), [Cleaning and sanitizing surfaces](#), Procedures for employees to calling in sick or doing non-food related duties when sick.

- The proper procedure for cleaning and sanitizing protects against food allergen contamination with this two-step process. 1) Cleaning with soap and water or other household cleaner removed food particles, oils, and infectious microbes. 2) Sanitizing or disinfecting removes or kills bacteria.

### Materials that are returned to school:

Limit sharing of materials:

- Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas. Used items should be taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high touch materials (art supplies, lab equipment, computer equipment etc. assigned to a single student) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
- Do not share electronic devices, toys, books, musical instruments, games or learning aids.
- NEW Library books may be safely returned to circulation after three (3) days since last use.

### Medical (Isolation) Room:

- Schools must engage in frequent thorough cleaning each day. All staff should be trained in proper cleaning and disinfecting. At a minimum, common spaces and frequently touched surfaces and doors should be cleaned and disinfected at the

beginning, middle and end of each day. Schools shall continue to follow regulations regarding cleaning, sanitizing, and disinfecting. (pg. 18 S&H Start)

### Daily Health Screenings

All students/their families and staff should conduct daily monitoring for COVID-19 exposure and symptoms. We encourage schools to develop processes to receive parental/caregiver and staff reports regarding exposure and symptoms. Schools may choose to ask students/staff to do symptom monitoring at home or upon boarding the bus or prior to entering the school building. **Screening personnel should wear a face cover, eye protection (goggles or face shield) and disposable gloves.**

Schools should conduct temperature screening of students. This should occur at the first point of contact. If it is not feasible on the bus, then it should be conducted on entrance to the school, as determined by the SU/SD or independent school. Schools should use the protocol provided below. If staff conduct temperature screening at home, they should report this information daily.

- (see pg. 8 of [Strong & Healthy Start](#) for complete instructions )

Students and staff with fever greater than 100.4° F and no specific diagnosis should remain at home until they have had no fever for 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol). (pg. 10,11 S&H Start).

### Temperature and Thermometer Questions

Cold weather and confidence in infrared no-touch thermometer reliability continue to come up. This is currently being discussed as we collection national state and American Academy of Pediatrics' (AAP) input. Here is one research study that may be helpful in critically assessing next steps: [Investigation of the Impact of Infrared Sensors on Core Body Temperature Monitoring by Comparing Measurement Sites.](#)

### Inclusion and Exclusion Criteria for Students and Staff

Students and staff will be excluded from in-person school activities if they:

- Show [symptoms of COVID-19 \(pg.8\)](#)
- Have been in close contact with someone with COVID-19 in the last 14 days
- Have a fever (temperature greater than 100.4° F)
- [Safety and Health Guidance FAQ 2: Quarantine and Staying Home When Sick](#) [staff] (8/19)

### HIPAA and FERPA

Annual Student Health Update Forms should be distributed, collected, and entered into the student (preferably) electronic health record or EHR to ensure management and follow up on student health issues. The parent's signed permission to allow the school nurse to speak with the health care provider (HCP) will assist with a rapid response should questions about possible symptoms of COVID-19. Administrative support for this paperwork process allows school nurses to better support student, family, teacher, and administrators.

- New Student Enrollment Forms also have a place to give permission to the school nurse to speak with the student's HCP. These forms can be found under the Health Appraisal section #16 of the [Standards of Practice: School Health Services Manual](#)
- HIPAA allows HCP to speak with school nurses because they are part of the child's health care team though some practices prefer a signed release of information. FERPA allows school nurses to speak with HCP when there is a signed release of information for that purpose.

### HIPAA

The [US Dept. of Health & Human Services issued a HIPAA Waiver](#) in March 2020 that stated... Medical/Health information: "To persons at risk of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv)."

### FERPA

The [US Dept. of Education issued a FERPA & COVID-19 FAQs](#) in March 2020 that stated... School Records: "...educational agencies [districts, charters, coops] and institutions [schools] may disclose to a public health agency PII [personally identifiable information] from student education records, without prior written consent in connection with an emergency if the public health agency's knowledge of the information is necessary to protect the health or safety of students or other individuals."

### **Masks Face Covers, Masks, Eating, Neck Gaiters, Pre-K, & Exemptions**

**Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools** ([CDC, Aug. 11, 2020](#)) Cloth face coverings are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or

October 10, 2020

raises their voice... Cloth face coverings are not personal protective equipment, such as surgical masks or respirators.

**Masks with Exhalation Valves or Vents** The purpose of masks is to keep respiratory droplets from reaching others to aid with source control. However, masks with one-way valves or vents allow air to be exhaled through a hole in the material, which can result in expelled respiratory droplets that can reach others. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. Therefore, CDC does not recommend using masks for source control if they have an exhalation valve or vent. ([CDC, Aug. 7, 2020](#))

**Do not wear a mask when eating, sleeping or if individuals are 2 years old or younger.** When not in use, facial coverings should be stored in individually labeled containers or paper bags. Face coverings should be washed after every day of use and/or before being used again, or if visibly soiled. All Vermont educators received KN95 masks from the Agency of Education. Instructions for reuse are below.

Stigma, discrimination, or bullying may arise due to wearing or not wearing a facial covering. Schools should have a plan to prevent and address harmful or inappropriate behavior.

Do wear a mask any time physical distancing of 6 ft is not possible:

A Strong and Healthy Start: [FAQ 1: Physical Distancing 9/9/20](#)

**Is it safe to wear gaiters instead of masks? Updated: Oct 7**

If you choose to wear a gaiter as a face covering, fold it over so it is two layers. Based on a few experiments in adults, gaiters with one layer trap the least amount of respiratory droplets. Gaiters with two layers trap more droplets than gaiters with one layer. Gaiters folded over into two layers have a similar effectiveness at trapping respiratory droplets as two layers of cotton T-shirt material

- [Back to School: Types of Masks](#) (UVM- Children's Hospital)
- [How to Select, Wear, and Clean Your Mask](#) (CDC: includes neck gaiters)
- [Safety and Health Guidance FAQ 5: Cloth Face Masks and PPE](#) (8/31)
- [Web story based on your masking/PPE guidance](#)

**Helping students with donning and doffing face masks during the mask breaks.**

- [Coronavirus \(COVID-19\): Helping Kids Get Used to Masks](#)
- [Teach and reinforce everyday preventive actions](#)

**PreK: Public, Private, Guidance on Differences, & Masks**

- [Clarification on Health Guidance for Public and Private Prekindergarten](#) (9/11)

October 10, 2020

- [Do kids PreK-Grade 5 who are outside need to be masked if they are between 3 and 6 feet apart?](#) Is it ok for them to not wear masks at a 3-foot distance? (updated 9/9/20)

### Mask Exemptions in Vermont

- [Guidance on Mask Exemptions for Children and Adolescents](#) 9/11/20

### KN95 Masks (Clarification)

KN95 masks provided for school personnel were intended for use if cloth face covers were unavailable. They are not a replacement for N95 respirators needed when providing care for those who have COVID-19.

- [INSTRUCTIONS FOR USE AND WEAR OF A KN95 MASK IN SCHOOLS](#) ( VT-AOE: 7/30/20).
- Clarification on cleaning and reuse guidance of KN95 masks is pending.
- The KN95s are alternative face coverings. They are not alternatives to N95s. As such they can be used in place of procedure masks and cloth facial coverings.
- KN95s that might have “life” left to them after wearing cannot be washed, so sanitizing with time is useful. To keep your mask clean between uses, store your KN95 mask in a paper bag for **72** hours before wearing again.
- KN95s that are soiled beyond pleasant usage should be disposed of in the trash.
- Please be reminded that KN95s are not a substitute for N95 respirators. If you need to provide close contact care with or duties for symptomatic individuals, please consult with your school nurse or medical consultant for more information and training.

### Physical Distancing & Cohorts

#### Rational for 3-6 ft. distancing

How efficiently children transmit the virus is most likely on a continuum. There is little biologic difference between a 9 year old and a 10 year old but there is a considerable difference between a 9 year and an 18 year old. Unfortunately, different governments (State and National) aggregate data in different ways. In Vermont we group children into one of two categories: 0-9 and 10-18. The age of 10 became a common perception of transmission risk based on a S. Korean study that got wide publicity (stating that children 10-19 were as likely as adults to transmit). However, a follow up study that included those same children and a total of 100 index [infected] children showed very little *household* transmission at all in children under 18 (secondary attack rate of .5%). In schools, there was almost no transmission of virus by elementary school aged children (definition of elementary age may differ by

October 10, 2020

region). The American Academy of Pediatrics and the National Academy of Sciences both agree that bringing back children K-5 is most critical for child wellbeing.

- [Safety and Health Guidance FAQ 1: Physical Distancing](#) (9/11)
- [COVID-19 Transmission and Children: The Child Is Not to Blame](#) (Aug.2020)
- [American Academy of Pediatrics Vermont Chapter Calls on Schools To Prioritize In Person Attendance for Preschool Through Grade 5 and For Students With Special Needs](#) 7/27/2020

### Physical distancing in vehicles

<https://accd.vermont.gov/news/update-new-work-safe-additions-stay-home-stay-safe-order>

No more than 3 people shall occupy one vehicle when conducting work. Mass transit, taxis, ridesharing, and public safety are exempt from this rule.

**If an employee or a student travels out of state to any county not considered safe, is a 14-day quarantine mandated?** Yes, unless it is considered essential travel. Travel for funerals is not considered essential travel during this pandemic.

### Traveler Information and SN Role:

- Urge your staff and business office or human resources to become familiar with this site.
- Publish the VT travel resource on every family newsletter and on your website.

Visit our [Travel to Vermont](#) web page for continually updated information and guidance, including about quarantine requirements, testing, and to [sign up with Sara Alert for symptom check reminders](#). Sara Alert does NOT track whereabouts but is a great assist for questions about symptoms and follow up.

Vermont's [travel map](#) is updated each Tuesday.

#### [Essential Travel](#)

People traveling for essential purposes, including work, do not need to quarantine. [Essential travel includes](#) travel for personal safety, medical care, care of others, parental shared custody, for food, beverage, or medicine, to attend K-12 school if commuting daily, or to perform work for businesses that are currently allowed to operate. Businesses and employees must only travel for work related trips when absolutely necessary. Individuals engaged in a daily commute to and from their job are expressly exempt from the need to quarantine by Executive Order.

The exemption to quarantine only applies to the person under essential travel rules. It does not apply to anyone else who travels with you. For example, you travel for work and your child comes with you. Your child will need to quarantine for 14 days when you return to Vermont, but you won't need to.

### **Ventilation/Air Quality Recommendations & Fans ([see pg.24 of Strong & Healthy Start](#))**

Guidance is available in the Strong & Healthy Start guide but here are three key points followed by key resources:

1. Schools need to work with an HVAC Professional
  - Including questions about air purifiers
2. Efficiency Vermont has a Grant Program to assist schools with this
  - Here's a link to their [landing page](#) and phone: 1(888)921-5990
3. ASHRAE and CDC have provided these general overall recommendations
  - Summarized by Efficiency VT and available on page 4 [of this](#).
  - A recently [published article](#) with information about indoor air quality as an adjunct to face covering, handwashing, distancing, and cleaning in consideration of SARS-CoV-2.

Key resources:

- [ASHRAE Epidemic Taskforce Schools & Universities](#)
- [SCHOOLS FOR HEALTH: Risk Reduction Strategies for Reopening Schools \(June 2020\)](#)
- [A Clean Start: Controlling Viruses and Bacteria in Schools with Healthy Cleaning Practices \(Part 3\)](#)

#### **Foggers: How safe are they for disinfecting?**

The most important message is that products used are should be used according to manufacturing instructions and that routine daily cleaning and disinfecting is still needs to happen.

Products that are categorized as disinfectants have an SDS (formerly known as MSDS) [Safety Data Sheet] describing appropriate use and ingredients. You and your facilities manager may want to explore that. The second message is that the surfaces should be dry after use of the fogger and the air is cleared before the space is used.



## 2. PLANNING FOR PREVENTION

### Academic Accommodations and Health

#### Supporting Student Health During COVID-19 Workplace Learning:

VT School Boards Insurance Trust (VSBIT) has issued work-based learning protocols for schools and a waiver form for schools to share with families. You can find them here: [Work Based Learning](#) (scroll to the bottom of the link to the two Work Based Learning links).

#### Can students hold a dance outside?

According to the Agency of Commerce and Community Development, the activity can proceed if it complies with these guidelines: [10.1 Occupancy Limits for Event Venues \(Weddings, Funerals, Parties, Concerts, Large Sporting Events\)](#)

### Ill Students – A Decision Making Algorithm For Clinicians

This document is for medical and nursing clinicians for use in the pediatric population. It is a live document and subject to change: [COVID-19 in Pediatric Patients \(Pre-K – Grade 12\) Triage, Evaluation, Testing and Return to School](#) Version 4 (9/14/20)

[Parent Guidance for Returning to School \(10/6/20\)](#): What, no note is required? You may want to highlight the first page to stress, “...it is strongly encouraged that decisions about when a student may return to school are made with the school nurse, the student’s health care provider, and the family...”. Your LEA and COVID Team may want to remind families that return to school decisions are a team effort to ensure the health and safety of your child’s school and community.

Schools with no school nurse or medical clinician on duty should follow the [Strong and Healthy Start guidance, pages 10 & 11](#) for sending ill individuals home until symptoms resolve. Students and staff should be excluded from school until they are no longer considered contagious. The student’s or staff member’s healthcare provider may be consulted to help determine what medical course to take (e.g. whether or not they think COVID-19 testing may be necessary).

School personnel should work with their own medical home in adult care if they have any questions about illnesses that keep them home. The algorithm for pediatrics really does NOT stand up with adult medicine, recognizing that COVID is a different disease in adults and the symptomatology is different as well.

### **Immunizations**

**Are we sticking to the required schedule for all students?** There is no change to the immunization schedule. School personnel who enroll students should prioritize and manage the collection of current immunization records. This ensures that documentation gets to the school nurse and allows them to focus on pandemic recovery efforts and minimize absenteeism related to or confused by symptoms of vaccine preventable diseases.

**What number do we use on our Immunization and School Nurse Report for Student Enrollment?** With many students attending school in different formats this year, School Nurses are asking what enrollment numbers to use on the IZ and School Nurse reports. You will use the total number of students enrolled in your school at the time you submit your report, **as if everyone were in school full time**. This will include full time and hybrid in-school learners, full time remote learners, and home-schooled students. This is a snapshot in time of current enrollment of students (in person or remote) at the time the report is completed based on the building you would normally be in.

### **What about students who attend 100% virtually?**

Dr. Holmes and the Immunization leadership team have confirmed that all students enrolled in learning through the school need to comply with [VT Immunization requirements for schools](#). The Annual Immunization Report is due on January 1 of each school year.

### **Promoting Influenza Vaccines for All**

Influenza, commonly called “the flu”, is a contagious respiratory illness caused by a virus that affects the nose, throat, and lungs. Influenza spreads from person to person when an infected person coughs or sneezes. Unlike the common cold, the flu can cause serious illness and can be life-threatening. Each year, influenza is estimated to be responsible for at least 9 million cases of disease, 140,000 hospitalizations, and 12,000 deaths.

- [Prevent the Flu](#) work with your Health Department School Liaison to find out about flu vaccine availability in your area.

### **Medical (Isolation) Room**

### Setting up the Medical Room

Individuals who have [symptoms of COVID-19](#) (pg.8 Strong & Healthy Start) should be separated from those who are well in an isolation area. separate from staff and other students, for monitoring and preparation to go home or to a health care facility depending on the severity of their symptoms.

### Options for isolation room or area trolley or table

- Infection Prevention and Control of Epidemic- and Pandemic-Prone Acute Respiratory Infections in Health Care, Geneva: *World Health Organization*; 2014. ISBN-13: 978-92-4-150713-4
- <https://www.ncbi.nlm.nih.gov/books/NBK214341/table/annexe.t1/>
- <https://www.ncbi.nlm.nih.gov/books/NBK214341/>

### SAMPLE PROTOCOL (adapted)

**Isolation rooms** [should] be vented to the outside and ventilation flows so that the air in the room does not flow back into the rest of the building. It is recommended that the school nurse or designated & trained assistive personnel (AP) wear a surgical mask and face shield during all patient care activities unless aerosolizing procedures may be necessary, e.g. airway suctioning.

- Table with gowns, gloves, surgical masks, N95 masks [if necessary], face shields, and sanitizer set up directly outside with a lidded trash can.
- Inside the room: the bed, thermometer, stethoscope, BP cuffs, O2 sat. monitor, and a trash can.
- Don PPE outside of the room as well as doffing.
- Doffing will be a slow pulling forward and turning into itself of the gown and gloves, removal of the face shield then mask and placing them in the lidded trash can. [Face shield will be washed, disinfected and air dried for reuse] Then quickly sanitize hands, place on a new mask [and clean face shield], then wash hands thoroughly.
- The [symptomatic] student or staff member will remain in the room until their ride has arrived then leave immediately by the quickest exit when halls are clear.
- Isolation room should have some way of visually monitoring symptomatic students or staff when the nurse or AP needs to leave the room. [adapted with permission from Deborah Hanson, SN and COVID Coordinator, Slate Valley Union School District, COMMUNICABLE DISEASE-Pandemic Return to School Plan Protocol and Procedure 8/17/20]

### Managing the Medical Room

**Recommend that teachers call the health office to see if there is space available for ill persons. Using a calm and reassuring demeanor will relax concerned personnel and students during a potentially anxious encounter.**

1. Wash hands, ill student is escorted to the space and requested to wear a surgical mask if tolerated.
2. Visually inspect the ill student, invite them to sit/lie down.
  - If they can get themselves to the assessment space, do a quick temp check and listen for lung sounds, if possible, in 5 min., wash hands
  - If full PPE is needed, don proper equipment
  - Separate at least 6 ft. from student for remaining history, details check and complete assessment.
  - Notify family of ill student to arrange for transportation of the student to home or medical facility, if needed.
3. Doff gown and gloves when leaving the isolation space and dispose in regular waste unless dripping wet.
  - WASH HANDS
  - Observe student in isolation space through visible barrier, e.g. plastic, plexiglass
  - Monitor for improvements or decline in health
  - Revise disposition plan if needed

[adapted with permission from Deborah Hanson, SN and COVID Coordinator, Slate Valley Union School District, COMMUNICABLE DISEASE-Pandemic Return to School Plan Protocol and Procedure 8/17/20]

- **Is it a one person only room?** Schools may have 2 individuals, if wearing surgical masks with at least 6ft. separation for brief periods.
- **How do we decide which of the febrile or ill students get that room?** This is where nursing judgement and assessment skills come to play. Separating any student with a temperature over 100.4 F has always been good practice.
- **The other space is supposed to be "clean", meaning first aid or scheduled meds.** Yes, this is the clean space where most health office visitors can be seen.

### **PPE in the Medical Room**

Healthcare providers (school nurses and designated trained assistive personnel in schools) providing direct care (close contact, 3ft. Or less) to individuals with significant symptoms of COVID-19, symptomatic individuals known to have close contact with someone with confirmed COVID-19 or performing aerosolizing procedures should wear:

- Disposable gown, gloves, surgical mask, and full-face shield (if your school has KN95 face masks it may be substituted for surgical mask)
- In rare situations where prolonged contact care is needed, school nurses and trained assistive personnel, e.g. special education teachers and paraprofessionals may need to be trained in and fitted for N95 respirators and wear face shields. This would be based on the health needs of the students and planning with the student's family, medical home provider, and school and IEP team.
- Information is spelled out in these documents:
  - [Guidance for Healthcare Personnel on the Use of PPE in Schools During COVID-19](#) (NASSNC/NASN) [see chart, pg. 4,5]
  - [COVID-19 Personal Protective Equipment Guidance](#) (Vermont Department of Health) [ see Schools, pg. 22]
  - [Considerations for Post COVID Return to School for Students with Disabilities and Special Healthcare Needs](#) (NASN)

### Cleaning the Medical Room

After an ill individual leaves the medical room or space to go home or to medical provider

- Wait one hour and then clean all frequently touched surfaces.
- Develop cleaning processes for the dedicated space at least one hour after use, between uses and as needed. If the space allows for 6 ft. distancing and more than one individual, disinfect the contact surfaces used by that individual and before another individual uses that space.

### If COVID-19 is **confirmed** in a student or staff member (pg. 11 S& H Start)

The person diagnosed with COVID-19 should isolate according to guidelines set forth by the Vermont Department of Health.

- Staff or students that have been identified as a close contact should quarantine.
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Close off areas used by a sick person (e.g. offices, bathrooms, classrooms, and common areas) and keep them closed until disinfected according to the following protocol:
- If possible, wait 24 hours since the person has been in the space before cleaning.
- Focus on frequently touched surfaces and shared electronic equipment.

October 10, 2020

- Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
- Participate in contact tracing as requested by the Health Department.

**Is it safe to vacuum in a school, business, or community facility after someone with suspected or confirmed COVID-19 has been present? ([See CDC. 8/27/20](#))**

After cleaning and disinfection, the following recommendations may help reduce the risk to workers and other individuals when vacuuming:

- Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available.
- Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
- Wear disposable gloves to clean and disinfect. For soft (porous) surfaces, such as carpeted floors or rugs, clean the surface using soap and water or with cleaners appropriate for use on these surfaces, according to the textile's label. After cleaning, disinfect with an appropriate EPA-registered disinfectant on List N: Disinfectants for use against SARS-CoV-2. Soft and porous materials, like carpet, are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials on List N. Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces.
- Temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid contamination of the HVAC units.
- Do NOT deactivate central HVAC systems. These systems tend to provide better filtration capabilities and introduce outdoor air into the areas that they serve.
- Additional Resource: [Microbial Contents of Vacuum Cleaner Bag Dust and Emitted Bioaerosols and Their Implications for Human Exposure Indoors](#)

### **Mental Health and Medical or Seclusion Rooms**

**We serve many students with mental health conditions. What is the guidance specific to cleaning of sensory and seclusion rooms and wait times between uses for children who do not have symptoms of COVID-19? What about ventilation between use?**

**There is a potential for these students to be crying, screaming, and spitting in these spaces.** Shared spaces and items should be cleaned and disinfected between students and when the students have soiled the space or items with body fluids and respiratory droplets. All efforts of staff training, and student management should be

the priority in preventing student behaviors leading to isolation. Sensory and calming spaces, and high touch surfaces should be cleaned and disinfected between uses.

### **Personal Protective Equipment (PPE) in These Situations**

#### **For Nurses and Designated Personnel**

#### [Guidance for Healthcare Personnel on the Use of PPE in Schools During COVID-19](#)

The general guidance for school nurses (SN) and trained designated Assistive Personnel (AP) is to use a surgical mask with face shield (respiratory precautions) for all routine close contact health care. Face shields must be disinfected daily. Gloves will only be needed by SNs and trained APs for standard precautions, (managing bodily fluids). **Training guidance can be found here:**

- [Considerations for Post COVID Return to School for Students with Disabilities and Special Healthcare Needs](#)
- [Standard Precautions for All Patient Care](#)
- [Using Personal Protective Equipment \(PPE\)](#)

SNs and trained designated APs may need to wear a full set of PPE, consisting of surgical mask, face shield, gown, and gloves for high risk activities, e.g. suctioning, managing ventilators, oral care. Plan with student, family, medical, and special education teams for special needs to identify any accommodations specific to infection control. Additional PPE protections for the SN, assistive personnel, and special education may be appropriate.

- See Vermont's [COVID-19 Personal Protective Equipment Guidance](#) (VDH). See also care coordination for *children and youth with special healthcare needs* (CYSHN), below)
- [Guidance for Work Exclusions among Health Care Workers who have been Exposed to COVID-19](#) [Risk Algorithm]

#### **Care Coordination for CYSHN**

School nurses and trained designated personnel may on rare occasions have students who need specialized services where there is an increased or prolonged exposure to respiratory droplets, e.g. suctioning, spitting, unable to control respiratory secretions, where a respirator and face shield may be indicated. If these are recommended by the student's medical provider, the school should procure and be fit tested for appropriate supplies. The school nurse or medical COVID coordinator can train personnel to use them in accordance with the school's Respiratory Protection or Conservation Program.

### PPE Conservation or Respiratory Protection Program (RPP) and Infection Control

[Standard Precautions for All Patient Care](#): precautions for body fluids, whether you are assisting with toileting or direct patient or student healthcare.

[Transmission-Based Precautions](#): Precautions for specific infections, like respiratory infections.

[Surgical Mask and Gown Conservation Strategies - Letter to Health Care Providers](#): supply chain interruptions and worldwide demand means that we all need to practice PPE conservation measures during this pandemic.

Updates on *surgical mask* conservation

- [Instructions for Medical/Surgical Mask Use and Reuse](#)
- Guidelines for Extended Use and Limited Reuse of Surgical Procedure Mask (pdf. avail. upon request)
- [Extended use or re-use of single-use surgical masks and filtering facepiece respirators: A rapid evidence review June 5, 2020](#)
- [Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages Updated July 16, 2020](#)

### Training:

School Nursing Personnel can be found here free and self-paced:

- [COVID-19: Epidemiology, Modes of Transmission and Protecting Yourself with PPE](#)

**Assistive Personnel** who will be carrying out health tasks should be carried out under the guidance of the school nurse or other health care clinician. It will be important to practice several times using the supplies to be able to calmly respond when the need arises:

- [Using Personal Protective Equipment \(PPE\) CDC](#) video and posters

**Where can I get N95 respirators?** The process for school nurses to obtain N95 respirators is being developed by the State Emergency Operations Center as of Oct. 1. More information is pending.

To receive N95 respirators from the state supply and to demonstrate emergency supply stewardship you will need to develop your LEA's Respiratory Protection Plan. That information is found in two places:

- [Guidance for Healthcare Personnel on the Use of PPE in Schools During COVID-19](#)

- [COVID-19 Personal Protective Equipment Guidance](#) (VDH)

Where can I get fit tested? To be announced.

### Special Needs and Pregnancy

CDC recognizes that wearing masks may not be possible in every situation or for some people. In some situations, wearing a mask may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one. For example,

- People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear masks if they rely on lipreading to communicate. In this situation, consider using a clear mask. If a clear mask is not available, consider whether you can use written communication, use closed captioning, or decrease background noise to make communication possible while wearing a mask that blocks your lips.
- Some people, such as people with intellectual and developmental disabilities, mental health conditions or other sensory sensitivities, may have challenges wearing a mask. They should consult with their healthcare provider for advice about wearing masks. ([CDC](#), Aug, 2020)

- [Considerations for Post COVID Return to School for Students with Disabilities and Special Healthcare Needs](#)
- [Guidance for Healthcare Personnel on the Use of PPE in Schools During COVID-19](#)
- [Hygienic and Social Distancing Considerations Regarding COVID-19 for Students with Disabilities Returning to In-Person Education](#) (VT-AOE: 8/27)

### Pregnancy and COVID-19 for Families and Teens

At this time, research studies do not indicate that pregnant patients are at increased risk of becoming infected. However, recently published data from the CDC demonstrate that pregnant women are more likely to be hospitalized and are at increased risk for severe disease when compared with non-pregnant women. There does not appear to be an increased risk of death in pregnant women, compared to non-pregnant women in similar age groups. Given the higher risk of severe disease in pregnant women, measures to reduce the risk of exposure are extremely important, including vigilant hand hygiene, masking, social distancing, avoidance of

crowds, and strategies to limit exposures to other family members who reside in the same household. Further, we recommend that employers follow the current Centers for Disease Control (CDC) guidance for all employees (including pregnant women) to allow for adequate social distancing-including remote working when possible, universal wearing of facial coverings, and frequent handwashing.

“while pregnancy outcome data is limited, there does not appear to be risk of birth defects associated with COVID19 infection in pregnancy, and rates of miscarriage and growth abnormalities are similar to background rates. However, there may be an increased risk of preterm birth”

- [University Obstetrics and Midwifery](#)
- [COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics](#)

### **Behaviors & PPE for Paraeducators**

**School nurses should convene or participate in family centered care coordination teams** and guide the process of enabling all students to access their Free and Appropriate Public Education during this pandemic. Plan and update the student’s Individual Healthcare Plan describing needed student accommodations and staff training. Accommodations may include personnel to wear PPE to protect the staff, transportation, and scheduling arrangements. The AOE and VDH Special Education planning task force met this summer and included parent and student representation, education, nursing, and medical specialists. The consensus is that schools can be made safe for the most vulnerable amongst us and therefore be safe for all of us.

**What if students are unable to control their respiratory secretions?** School personnel may need a higher level of PPE, discuss this with the student’s medical specialist. Reinforce good behavior management practices to minimize behavioral challenges and assess for the amount of PPE potentially needed for close contact or physical restraint. Identify student’s ability to control body secretions and behaviors and potential contact with someone *known* to have COVID-19.

#### **Options:**

- **This is a team decision that may include collaboration with the medical home.**
- Wearing goggles *may* be appropriate if high risk interventions are anticipated, such as for a student whose behavior may result in restraint or if a student will intentionally spit or bite, etc.

**Resources for students who may require behavior management in close contact:**

October 10, 2020

- [COVID-19 Personal Protective Equipment Guidance](#) (Vermont Department of Health) See pages 22 & 17 in the VDH document for guidance specific to schools and to behavioral management.
- [Considerations for Post COVID Return to School for Students with Disabilities and Special Healthcare Needs](#) (NASN)
- [COVID-19 and Autism: Tackling Social Skills for Children with Autism during Social Distancing](#) (Icahn School of Medicine at Mount Sinai )
- [Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak \(March 2020\)](#) (IDEA)
- [COVID-19 Child Restraint Guidance](#) (VT Dept. of Mental Health)
- VT Department of Mental Health: [Prevention Guidance Regarding Restraint Procedures in Community Setting with Children & Adolescents Preparing for COVID-19 in Mental Health Residential Settings](#)

### Social Emotional Needs

Ensuring that the health implications and risks related to COVID-19 are addressed, is part of addressing the mental, social, and emotional health of educators, students, and their families. See Vermont's Agency of Education and Department of Mental Health Resource: [Social, Emotional and Mental Health Supports During COVID-19](#) (8/14)

Stay informed about COVID-19 to build a culture of respect and responsibility for the rights and protection of others, and to follow school policies around bullying and harassment. See [Reducing Stigma](#) and [A guide to preventing and addressing social stigma associated with COVID-19.pdf](#). [Emergency Services](#) via VT's DMH.

Additional resources:

- [Administrator Tips: Caring for Yourself and Staff in the Time of COVID-19](#)
- [Department of Mental Health](#)
- [Vermont Employee Assistance Program](#).

### Take Care of Your Emotional and Mental Health

If you or someone you know is in crisis or needs emotional support, help is available 24/7:

- Call your [local mental health crisis line](#).
- Call the [National Suicide Prevention Lifeline](#) at 1-800-273-8255.
- Text VT to 741741 to talk with someone at the [Crisis Text Line](#).
- For more information visit [healthvermont.gov/suicide](http://healthvermont.gov/suicide).

## **Sports/Organized Sports Including Youth Leagues, Adult Leagues, Practices, Games, and Tournaments**

Guidance for all youth sports can be [found here](#).

## **Vision & Hearing Screenings**

**Will Vision and Hearing Screenings be waived this school year?** Schools are encouraged to partner with their medical community and School Liaison to promote annual vision and hearing screenings in the medical home during annual well child visits. Since good vision and hearing are crucial to learning the screening is one way to mitigate barriers to learning.

*As time allows, prioritize students for vision and hearing screenings or follow up with these considerations:*

- Students who are on 504 and/or IEPs
- Collaborate with your administration, teachers, and Student Support Team to identify a list of students on support or education plans that could be added to the priority list.
- Take it slowly: priority students first when they are in school and then state mandated starting with your youngest age group so that any vision or hearing barriers to learning are identified at the earliest possible stage of learning.
- If classes are grouped by cohort, then attempt to perform vision screen at a location closer to the classroom taking only a handful of students at a time to limit exposure or congregate time.

*Standard Precautions:*

- Plan for physical distancing, hand washing or sanitizing before and after for the student and the screener, cleaning and disinfecting of equipment and high touch surfaces between students.
- A surgical mask and face shield is recommended for the screener. **NEW** Screeners should not conduct vision screening if they cannot wear a mask for a medical reason.
- Keep a list of your students and when safe to do so, perform the screening.
- Face covers should be adequate for students; if you anticipate prolonged contact over 10-15 min. of close contact then the student should wear a surgical mask.
- Any hand washing opportunity is a great way to sneak in a quick teaching moment.
- You can set the example of calm interactions during screenings and building your relationship as a trusted healthcare provider for the student.

### *Planning:*

- For virtual students request that families provide an exam report from the eye doctor on students who are seen in the medical home or are referred for evaluation after the screening. Document your referral and any follow up efforts.
- Partner with teachers to identify screening schedule
- Use face covering for students, surgical masks and face shields for the screener, hand sanitizer or hand washing for each student before screening and for the screener between each student.
- Screen as few students at a time as needed to promote physical distancing
- Plan your space, process for screening, timing, and equipment needed to allow for sanitizing between students.
- When you cannot safely perform a state mandated task you can document, "not performed due to COVID19 safety parameters".

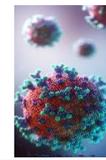
### *Hearing Screening:*

- If cords from headphones to machine are long enough, make use of that distance to allow for more physical distancing.
- Disinfect headphones between students and high touch surfaces, e.g. desk top, chair rail.
- **For additional guidance:**
  - **H.E.A.R. Checklist [prioritizing students] [English](#) / [Spanish](#) [birth – 5yrs.]**
  - **[Infection Prevention and Control for Audiology Equipment](#)**  
**The intent is to provide guidance to disinfect equipment used in audiology.**

### *Vision Screening:*

- Use evidence based screening tools for the appropriate age, e.g. 10 ft. wall charts to screen for distance visual acuity. Optic vision screeners do not measure acuity and are not recommended beyond age 6 yr.
- It is recommended that near vision screening be discontinued this year due to SARs-CoV2 pandemic.
- Disinfect high touch surfaces between students and use disposable occluders.
- For additional guidance:
  - **[“Considerations for School-Based Vision Screening During the COVID-19 Pandemic”](#)**
  - **[“Frequently Asked Questions on Vision Screening During the COVID-19 Pandemic”](#)**
  - Or **[AAPOS-Vision-Screening-COVID](#)**.

While the [Standards of Practice: School Health Services Manual](#) suggests completing screening by December 31st, this pandemic forces us to consider safe school entry, healthy attendance, and social emotional health as priorities. The date is less important than quality care.



### 3. CONFIRMED COVID-19 IN SCHOOL

#### Preparing for a Positive Case of COVID-19

- [COVID-19 at School Guide for administrators, COVID-19 coordinators, and school nurses when someone with COVID-19 was at your school while infectious](#)
- [PreK-12 School COVID-19 Case Actions Checklist](#)
- [Letter – Confirmed COVID-19 Case in Child Care and School Age Camps/Care](#)
- [What to do when your co-worker has COVID-19](#)

#### Frequently Asked Questions

**What does airborne transmission mean; what is the primary mode of transmission for this coronavirus?**

The Centers for Disease Control and Prevention's [updated language about the spread of COVID-19, acknowledging airborne transmission](#). As opposed to large droplets, airborne transmission means exposure to the small droplets or particles that can linger in the air for minutes or hours. Such transmission is not new, and is an important way that tuberculosis, measles, and chicken pox are spread.

It is possible to get infected with SARS-CoV-2 if you are farther away than 6 feet, or even when the infected person is no longer in the room. This form of transmission has been thought to have occurred within enclosed spaces without adequate ventilation, where the infected person was breathing heavily, such as singing or exercising. Available data indicate that it is much more common for the virus that causes COVID-19 to spread through close contact with a person who has COVID-19 than through airborne transmission. [\[1\]](#).10/6/20

**What are the most prevalent symptoms of COVID-19 presenting in VT?**

Most Recent VT Survey of Presenting COVID-19 Symptoms – for ALL ages 9/25/20

Sign or Symptom	Percent of Symptomatic Cases
Cough	66%
Fatigue	65%
Headache	54%
Muscle Pain	49%
Fever	45%
Loss of Smell/Taste	46%

Do I need to quarantine if someone I had close contact with is under quarantine?

No. [You do not need to quarantine if you had close contact with someone who is under quarantine.](#) (7/13/20)

If students are found to be positive for SARS-CoV-2 will their classmates and teachers be considered contacts who also need to quarantine? Yes, when an individual test positive the Health Dept. will contact the school to identify and notify those who are [close contacts \(within 6ft. for 15 min. or longer\)](#).

If an employee tests positive for COVID-19, how long will they need to be in quarantine? See [What is Isolation, Quarantine, & Self-Isolation](#). Sick persons stay in isolation for 14 days, or until a test at day 7 comes back negative or until 10 days after the first symptoms appear and they no longer have any symptoms when not taking ibuprophen or acetaminophen.

What is the status of MIS-C (Multisystem Inflammatory Syndrome associated with COVID-19) as reported by CCD? [Please see this link](#).

### Algorithm for Testing Students from Schools

Algorithm for medical and school nurse clinicians when considering COVID-19 testing for students: [COVID-19 in Pediatric Patients \(Pre-K – Grade 12\) Triage, Evaluation, Testing and Return to School](#)(Update 9/14)

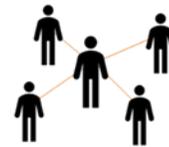
- If you learn of a positive case at your child care, school, college, or university, contact the Health Department's Infectious Disease Epidemiology team. Call 802-863-7240 (Mon - Fri 7:45 a.m. - 4:30 p.m., choose Option 3, outside those hours, choose Option 7).

October 10, 2020

- Find a [quick guide](#) and [checklist](#) with next steps to take when you learn of a positive case in your PreK-12 school.
- The Health Department recommends testing for:
  - People with COVID-19 symptoms.
  - People who have had close contact (within 6 feet for about 15 minutes or more) with someone who tested positive for COVID-19. If someone is a close contact, they will find that out through a contact tracer who will walk them through the timeline and determine the best approach to testing.
  - People who are referred by their health care provider for testing for another reason.

### [But an antigen test is so much quicker; which is best for children?](#)

The pediatric algorithm requires adherence to the PCR test. Antigen testing may be appropriate in VT for regular, once, or twice weekly testing in places like long term care settings: [Use of Antigen Testing in Vermont – Health Update October 1, 2020](#). [The PCR test is best for testing children per the pediatric clinical algorithm.](#)



### What to Know about Contact Tracing

Check out the [new VHD video](#) [How Contact Tracing Slows the Spread of COVID-19](#). The video explains what contact tracers do and why it's important to answer their call!

[Here are three different visual timelines to the contact tracing section of our website](#) that show important dates for cases and close contacts:

- [Timeline for people who test positive and have symptoms](#)
- [Timeline for people who test positive but do not have symptoms](#)
- [Timeline for people who are close contacts with someone who has tested positive](#)



### Contact Tracing: Roles

Role of the Health Department

[Return to Table of Contents](#)

26/30

October 10, 2020

- When there is a confirmed case of COVID-19 in the school, a member of the contact tracing team will reach out to the case to identify close contacts
- Contact tracing team will also reach out to school administration to determine next steps
- If there is a cluster of cases in the school, the Health Department will work with school administrators to address and mitigate the situation

### Role of Schools

- Use assigned seating for each class
- Take attendance for every class and include all staff/contractors who were in the classroom
- Use sign-in sheets for in-person meetings to document attendees
- Keep accurate records of any persons other than students and staff that enter the building
- Staff should be encouraged to keep a daily list of other people they are in close contact with
- Start filling out this [Line List for Schools](#); the Health Department will guide you.

### Returning Staff to School After COVID-19?

The Health Department is currently drafting symptom and testing protocol to support return-to-school determinations for adults with COVID-like symptoms.

[What to do when your co-worker has COVID-19](#)

**Do I need a negative COVID-19 test result to return to work safely?** See [COVID - FAQ](#) – why or why not

### For people who test positive:

- Symptom onset date – the first day you noticed symptoms. This is the date contact tracers will use to determine your timeline. (If you haven't had symptoms, contact tracers will use the date you got tested.)
  - [Timeline for people who test positive and have symptoms](#)
  - [Timeline for people who test positive, but do not have symptoms](#)

### Returning to School - Family & Medical Home & School

[Return to Table of Contents](#)

27/30

This team work will be crucial to the health of Vermont’s children and youth. The COVID Coordinator or school COVID point person who, ideally is a school nurse, medical home providers, and Health Department School Liaisons are strengthening their partnerships to smooth transitions from school to home and back.

Strengthen systems for managing the annual health update forms and new student enrollment forms along with immunization records. The enrollment and update forms with signed release allows school nurses to speak to the medical home provider allows prompt follow up and links with families and medical providers. Sample preferred forms can be found under section 16 of the [Manual here](#).

### RESOURCES

#### Agency of Education [COVID-19 Guidance for Vermont Schools](#)

Website that contains information and guidance specific to VT schools and Supervisory Unions/Supervisory Districts

- [Strong & Healthy Start: COVID-19 Guidance for VT Schools](#) (S&H Start)
- [Safety and Health Guidance FAQ 1: Physical Distancing](#) (9/9)
- [Safety and Health Guidance FAQ 2: Quarantine and Staying Home When Sick](#) (8/19)
- [Safety and Health Guidance FAQ 3: Instructional Practices](#) (8/27)
- [Safety and Health Guidance FAQ 4: Child Nutrition Services](#) (8/31)
- [Safety and Health Guidance FAQ 5: Cloth Face Masks and PPE](#) (8/31)
- [Safety and Health Guidance FAQ 6: Cleaning and Sanitation](#) (8/31)
- [Safety and Health Guidance FAQ 7: Physical Education](#) (9/17)
- [Safety and Health Guidance FAQ 8: HVAC](#) (9/22)
- [FAQ: Transitioning from Step II to Step III](#) (9/24)
- [Memo: Strong and Healthy Start Reopening Considerations Specific to Career Technical Education](#)

[Fall Sports Programs for the 2020-2021 School Year](#) (Updated 9/2)

#### Centers for Disease Control and Prevention

- [Holiday Celebrations](#)
- [At-Home Scavenger Hunt](#)
- [Parental Resources Kit board game](#)
- [Parental Resources Kit scavenger hunt scoresheet](#)

### Department of Health

[Information for Administrators, Teachers and School Nurses : Everything COVID-19 Health Guidance for Childcare and School Age Camps/Care](#)

- [COVID-19 Desktop Scenario – School Outbreak: A](#) Health Department training video
- [Template Pediatric C-19 Communication Tool for SN & Medical Providers](#) [:linked.](#)
- [School Based COVID-19 Transmission Data](#)
- [Letter – Confirmed COVID-19 Case in Child Care and School Age Camps/Care Line List for Schools](#)
- [Guidance on Mask Exemptions for Children and Adolescents](#)
- [Guidance for Work Exclusions among Health Care Workers who have been Exposed to COVID-19](#) [Risk Algorithm]
- [How to Select, Wear, and Clean Your Mask](#)
- [School COVID data](#)
- [Travel information has been updated](#)
- [COVID-19 Information for Families Return to School Following Illness](#)  
[What to do when your co-worker has COVID-19](#)

### Medical Reserve Corps (MRC)

#### Requesting Volunteer Assistance for School Opening or Short Term Assists

Vermont's Medical Reserve Corps (MRC) system is designed to help out across the state in emergencies on a short-term, as-available basis. Call the State Emergency Operations Center (SEOC) at 800-347-0488 to learn what information is required.

### Signage

School and Child Care Signage: [Useful Posters and Resources](#)

**Reopening Signage:** The following materials should be posted to remind employees and visitors to practice proper hygiene and screen themselves.

- If you're sick, stay home
- Cloth face covering required
- [And More](#) from VT Agency of Commerce and Community Development

### THANK YOU!

Let's Stay in Touch

COVID-19 Warm Line for Child Care and Schools is (802) 863-7240

Daily 8am -3 pm OR [Call your local district School Liaison PHN](#)