PRESIDENT’S MESSAGE

A New Balance

Multitasking — a blessing and a curse. To some degree, we all have had to develop some level of comfort with multitasking. It is what we use to complete our notes while answering our emails, managing patient calls, and addressing questions and concerns from our nurses and other office staff. It is how we focus on the needs of our patients, making them comfortable enough to answer personal questions, complete their physical exam, and get the strep swab at the same time as addressing their parents’ and/or caregiver’s questions, all while a sibling may be tearing around the exam room. It is how we balance the demands of work with the needs of our families and friends, while still trying to accomplish that most elusive thing called self-care and avoid burnout.

In our current world, multitasking takes on a whole new meaning. Now, we must balance the needs of COVID screening, return-to-school guidelines and protocols, mask policies, and flu vaccine mandates against chronic disease management, anticipatory guidance for the hundreds of topics we want to cover, and all other aspects of well-child care. Throw in redesigned office workflows, learning how to conduct telehealth visits while bringing back in-person visits, and the onset of cold and flu season, and the number of balls you are juggling increases exponentially.

Then there are the home needs — caring for a loved one, helping to navigate the new learning environment for your own child — in person, remote, or hybrid learning? Oh, and buying back-to-school supplies for school AND home or making arrangements with schools for technology to be used at home. Do you have

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FROM THE MDPH

Childhood Lead Poisoning Prevention Program

Encouraging Lead Screenings during the COVID-19 Pandemic

As you resume routine pediatric well-visits, the Childhood Lead Poisoning Prevention Program (CLPPP) encourages you to screen children for lead exposure for the following important reasons:

• Children and families are spending more time in their homes during this pandemic, increasing their risk of lead exposure from paint and dust, the primary sources of lead poisoning.

• Many families and property owners are also using this time to initiate do-it-yourself home projects or renovations, further increasing the risk of lead exposure.

• A preliminary review of the CLPPP blood lead data since March 16, 2020, suggests a significant decrease in lead screenings by almost 75%. This is not a surprise, as health systems have been focused on pandemic response. However, despite this drop in screenings, the data review shows a sizable increase in rates of newly poisoned children with higher blood lead levels (BLL) at BLL ≥10 μg/dL when compared to the same timeframe during the previous year.

— Massachusetts Department of Public Health

For more information, go to www.mass.gov/orgs/childhood-lead-poisoning-prevention-program.
EDITOR’S NOTE

Back to School... in the Time of COVID-19

I hear crickets as I write this on Labor Day weekend, the traditional end to our New England summers. In ordinary times, some schools return the week before, and most return the week after — but not this year. This year, everything is different.

We have lots for you to read about the COVID-19 pandemic in this issue. By the time it is available online or arrives in your mailbox, you will be in the thick of fielding calls from your families about classmates who are known positives, and the whole class has to quarantine for 14 days. Or you’ll hear about a patient who becomes ill during the school day and has to go right to the isolation room before being picked up immediately and needs to be tested before he or she can return, hopefully negative and not positive for COVID-19.

We do not know as much as we would like about the safety of students and educators. There are lessons to be learned from schools that opened all over the world. Different communities had different outcomes, often related to differences in levels of ongoing social distancing and other strategies to mitigate transmission.

Children, although they may carry a high viral load, do not seem to transmit the virus as efficiently as adults. They are much more effective when spreading influenza. Educators are also at risk from catching COVID from other adults in their lives outside of school, perhaps at a greater risk than from their students, especially young children under 10 years old.

I’ve had the opportunity and privilege to be actively involved in discussions and planning for back to school in Cambridge, along with a dedicated team of scientists, parents, educators, and school administrators. All have put their hearts and souls as well as substantial brain power into making the return to school as safe as possible for all.

In many discussions, I have thought about the nature of risk. As pediatricians, we think about risk all the time. “She’s low-risk for that complication....” “He’s high-risk for that sequelae....” “They are a high risk population....” Every day in our offices, we counsel our patients to wear bicycle helmets; wear their seatbelts; avoid alcohol, tobacco, and drug abuse; and take other preventive measures that lower their risk.

We also incur risks ourselves. Some of us have been on the front line, caring for patients with COVID-19. Some of us have been on the back line, seeing patients in the office when appropriate. And others, as their individual risk makes it unwise to see patients at this time, have worked
A New Balance
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enough masks? What type? How will you store them? When did you wash them, and how? Did you pack them, plus extras, when you left the house?

Are you exhausted yet? I know I am. As with all these new demands in our personal and professional lives, our Chapter has also seen a change in “business as usual.” We continue to remain a resource for our members and an advocate for children on a wide variety of issues. We never predicted that our executive director, officers, board members, and I would be having to work so closely with state leaders, educators, medical experts, and the public in the face of ever-changing new information about this disease and its impact on children. Yet despite this deep involvement in issues around COVID and school reopening, we have continued to focus on our core mission and remain involved with so many other topics, as these existing challenges have not disappeared and continue to require education, legislative activity, and strategic collaboration. This sometimes means turning opportunities down and saying “no.” Not because the request for our time is not worthy, but because we do not want to dilute our resources to the point of reducing our impact where we can make the biggest difference.

The crazy part about multitasking, though, is that it can actually work against you much of the time. Many studies have shown that trying to do too many things at once has a detrimental effect. The American Psychological Association notes that “the mind and brain were not designed for heavy-duty multitasking.” Every time you switch back and forth between tasks, there are costs, and the more you do this, the more time you lose and more errors you make (www.apa.org/research/action/multitask retrieved on 09/03/2020).

So, in this world in which multitasking is a foregone conclusion, what are we to do? First, remember that we are all in this together. Flu season will come. School has started again, albeit in a variety of new formats. Chronic diseases and well-child care will still need to be addressed. Family joys and struggles will occur, bringing you smiles and tears. Through it all, your Chapter will be here to support you professionally and personally. Most of all, be kind to everyone, especially to yourself. When you are juggling too many balls, inevitably one (or more) will fall. Forgive yourself, cut yourself some slack, give yourself a break, take a deep breath, give yourself permission to say “no,” and move on.
— Lloyd D. Fisher, MD, FAAP

MDPH Flu Vaccine Requirements for all Massachusetts School Students Enrolled in Child Care, Pre-School, K–12, and Post-Secondary Institutions

In August, the Massachusetts Department of Public Health (MDPH) added a new influenza vaccine requirement for all children 6 months of age and older attending childcare/preschool, students in all grades of school from kindergarten through grade 12, and students of post-secondary institutions. This requirement was put in place to reduce influenza-related morbidity and to reduce the overall impact of respiratory illness in a population still facing the COVID-19 pandemic. Students will be expected to have received an influenza vaccine for the current influenza season (July–June) by December 31 unless they have a medical or religious exemption. The MDPH Assessment Unit email to health care providers can be found at https://myemail.constantcontact.com/New-Influenza-Vaccine-Requirement.html?oid=1130025672417&aid=V_HJOK5TAVM.

In response to the announcement, the MCAAP issued the following statement:

The Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) supports the administration of all Centers for Disease Control (CDC), American Academy of Pediatrics (AAP) and Massachusetts Department of Public Health (MDPH)—recommended vaccines for children and adolescents in our state. In this time of the COVID-19 epidemic, it is critically important to maintain optimal health of all our families. To that end, the MCAAP supports the MDPH’s requirement that, as long as they have no contraindications, all children six months of age and older, those enrolled continued on page 4
MDPH Flu Vaccine Requirements for all Massachusetts School Students Enrolled in Child Care, Pre-School, K–12, and Post-Secondary Institutions continued from page 3

...should receive the annual flu vaccine this 2020–2021 flu season.

In this way, through the administration of the annual influenza vaccine, all children will be protected to the best of our ability against serious influenza infections. In addition, through community immunity, others of all ages living with and near these immunized children will also be protected to the best of our ability. This will save many lives and help preserve community medical resources.

The Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) represents more than 1,600 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists across the Commonwealth. Our members are dedicated to improving the health and well-being of children by providing quality health care and advocating for them and their families. As our mission dictates, the MCAAP strictly promotes the health of children.

Additional information about school immunizations can be found on the MDPH’s School Immunizations webpage: https://www.mass.gov/info-details/school-immunizations.

— MCAAP Immunization Initiative

Pediatricians Can Help Families with New Babies or Children Learn about These Benefits!

Paid Family and Medical Leave (PFML) benefits begin in Massachusetts on January 1, 2021. As of the first day of the coming year, working families welcoming a new baby or an adopted or foster child can apply for bonding leave benefits. This leave is available to most working parents and is welcome news for many families.

Forming foundational relationships is key for healthy child development and lifelong mental and physical health. Adding a new child to a family can be challenging: parents may lose sleep, family dynamics can change, and there may be increased financial strains. Paid leave addresses some of the financial stresses and allows parents the time needed to form these crucial early bonds that contribute to healthy development and well-being. Research indicates that with paid leave children are healthier: they benefit from improved rates of breastfeeding and increased vaccination coverage, have fewer emergency room visits, and are at a lower risk for child maltreatment. Additionally, with paid leave, families are more stable: mothers are at a lower risk for depression and report improved physical health. Finally, research indicates that women who take family leave have an increase in work hours over one to three years after the birth, conditional on employment, and possibly a growth in wage income. This is particularly important for less-advantaged families who benefit most from increased earnings.

Paid leave was approved in Massachusetts in 2018, with strong support and advocacy from the pediatric community. PFML contributions, based on wages, began on October 1, 2019. Massachusetts will begin paying benefits on January 1, 2021.

Now we can assist families in accessing these benefits!

The Basics

Paid leave for bonding following the birth or welcoming of a child can last for up to 12 weeks and must be taken within the 12 months after the baby’s/child’s arrival. This means that many families with babies born or welcomed home in 2020 can apply for bonding leave benefits. (Babies or children who arrived early in 2020 may be eligible for a portion of the 12 weeks of leave.) And families welcoming babies and children in 2021 and beyond can plan ahead to apply.

When Talking with Families

1. Discuss the importance of early bonding and the ways it helps families.
2. Encourage working families with babies born in 2020 or with adopted or foster children who arrived in 2020 to consider submitting an application to take leave before the 12-month anniversary of the child’s arrival.
3. Encourage working families who are expecting a child after January 2021 to review their eligibility ahead of applying for benefits.
4. Encourage eligible families to plan to apply for benefits and take time off from work.

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Back to School… in the Time of COVID-19
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intensely on contact tracing and have become adept at telehealth. Many of us have crafted new practice styles that involve a bit of everything!

We are willing to accept risk, and we always have, for the most part. As a pregnant resident years ago, I was exceptionally careful. My pregnancy had to be managed at children five days a week. Concerned adults outside the family look highlighting how important it is to have children, have increased during this time, violence, as well as of abuse and neglect of a cohort of learners. Reports of domestic learning, and physical activity all take place. School nutrition programs and the caring attention from educators are critical. It is hard to duplicate these remotely. We will have to be mindful of the one- or two-year gaps in their education, in this cohort of learners. Reports of domestic violence, as well as of abuse and neglect of children, have increased during this time, highlighting how important it is to have concerned adults outside the family looking at children five days a week.

There are no easy answers. Our job is to understand the science, interpret it, and advise and support families, children, and educators. The work and much of the daily lives of children happen in school, however that looks in the time of COVID-19.

Wishing you, your families, your staff, and the students and educators in your communities all a very safe return to school this fall.

— Lisa Dobberteen, MD, FAAP

References

Send your email address to ldobberteen@mcaap.org for instant notification of issues important to the MCAAP membership.
2020–21 Influenza Season Update

CDC Publishes Vaccine Recommendations for the 2020–21 Influenza Season


The report updates the 2019–20 recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding the use of seasonal influenza vaccines in the United States. Updates to the recommendations described in this report reflect discussions during public meetings of ACIP held on October 23, 2019; February 26, 2020; and June 24, 2020.

A summary of the report follows:

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- The composition of 2020–21 U.S. influenza vaccines includes updates to the influenz A(H1N1)pdm09, influenza A(H3N2), and influenza B/Victoria lineage components.
- Inactivated influenza vaccines (IIVs), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4) are expected to be available. Most influenza vaccines available for the 2020–21 season will be quadrivalent, with the exception of MF59-adjuvanted IIV, which is expected to be available in both quadrivalent and trivalent formulations.
- No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended, and appropriate product is available.
- Vaccine should be administered by the end of October, but vaccination should continue to be offered as long as influenza viruses are circulating locally, and unexpired vaccine is available.
- Children aged 6 months through 8 years who require 2 doses should receive their first dose as soon as possible after vaccine becomes available, and the second dose ≥4 weeks later.
- Additional changes include updated discussion of contraindications and precautions to influenza vaccination and the accompanying table, which can be found at www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm#T2_down, updated discussion concerning use of LAIV4 in the setting of influenza antiviral medication use, and updated recommendations concerning vaccination of persons with egg allergy who receive either cell culture–based IIV4 (ccIIV4) or RIV4. See the report for more detailed information.
- The 2020–21 influenza season will coincide with the continued or recurrent circulation of SARS-CoV-2 (the novel coronavirus associated with coronavirus disease 2019 [COVID-19]). Influenza vaccination of persons aged ≥6 months to reduce prevalence of illness caused by influenza will reduce symptoms that might be confused with those of COVID-19. Prevention of and reduction in the severity of influenza illness and reduction of outpatient illnesses, hospitalizations, and intensive care unit admissions through influenza vaccination also could alleviate stress on the U.S. health care system. Guidance for vaccine planning during the pandemic is available at www.cdc.gov/vaccines/pandemic-guidance/index.html.

Helpful 2020–21 Influenza Season Links

- CDC flu webpage for health care professionals: www.cdc.gov/flu/professionals/index.htm
- MCAAP influenza website: https://mcaap.org/immunization-initiative/flu

Flu Season Resources for Providers

Health care providers play a vital role in recommending the importance of annual influenza vaccination. The HCP Fight Flu Toolkit (www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm) includes the following materials to assist you and your practice in making a strong influenza vaccine recommendation and facilitating your conversations with patients and parents:

- Training presentation for your practice and #HowIRecommend training videos (www.cdc.gov/vaccines/howirecommend/flu-vacc-videos.html)
- Communications messages for talking with patients and parents about flu vaccine
- Handouts for patients and parents
- Appointment reminder email template
- Sample social media messages
- Pharmacist guide with key points
- Images to share webpage (www.cdc.gov/flu/resource-center/nivw/webtools-images.htm) has colorful graphics that you can download for free and tweet, post, or share to encourage your patients to get a flu vaccine. — MCAAP Immunization Initiative

Submissions for the next issue of The Forum should be sent to ldobberteen@mcaap.org by November 20, 2020.
HHS Amends Emergency Rules, Authorizing Pharmacists to Vaccinate Children Under Specific Conditions


The amended declaration authorizes pharmacists who meet certain criteria to order and administer ACIP-recommended vaccines to individuals ages 3 through 18 years, subject to several requirements. Pharmacists must have at least 20 hours of specified training, comply with local recordkeeping requirements, inform the patient’s primary-care provider, report to immunization information systems, report adverse events, and comply with other requirements. Pharmacists are to inform caregivers accompanying the child of the importance of a well-child visit with a pediatrician or other licensed primary-care provider, referring patients as appropriate.

Following the HHS announcement, the American Academy of Pediatrics issued a statement opposing the amendment. “This move is incredibly misguided. In the middle of a pandemic, what families are looking for is reassurance and clinical guidance from the doctors they trust most to care for their children: pediatricians,” said AAP President Sally Goza, MD, FAAP. “Pediatricians’ offices are open and safe. We have all necessary childhood and adolescent vaccines in stock with trained medical professionals who can administer them. We know that the best, safest place for children to get vaccinated is in their medical home.”

— MCAAP Immunization Initiative

References

Department of Health and Human Services’ Third Amendment to Declaration under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures against COVID-19. HHS, 8/19/20 (www.govinfo.gov/content/pkg/FR-2020-08-24/pdf/2020-18542.pdf)


25th Annual MIAP Pediatric Immunization Skills Building Conference

The 25th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference will be held on October 22, from 8:30 a.m. to 4:00 p.m. Due to the COVID-19 pandemic, this year’s conference will be held as a virtual event.

The MIAP Conference Organizing Committee is pleased to announce this year’s Plenary Speakers and Topics:

- Strategies for Increasing Vaccine Confidence and Pediatric Immunization Rates during an Unprecedented Time — Ari Brown, MD, FAAP, Pediatrician, 411 Pediatrics and After Hours Care, Austin, Texas

- 25th Anniversary Keynote: A History of Vaccines and the Commonwealth — Alfred DeMaria Jr., MD, Medical and Laboratory Consultant, MDPH

- National Immunization Update — Mark Freedman, DVM, MPH, Veterinary Medical Officer, Centers for Disease Control and Prevention (CDC), National Center for Immunization and Respiratory Disease (NCIRD), Atlanta, Georgia

- State Immunization Update — Katherine Hsu, MD, MPH, FAAP, Medical Director, Division of STD Prevention and Ratelle STD/HIV Prevention Training Center of New England, MDPH; Pejman Talebian, MA, MPH, Direction, Immunization Division, MDPH

— MCAAP Immunization Initiative

For additional conference information, visit www.mcaap.org/immunization-initiative/immunization-cme, or contact Cynthia McReynolds (cmcreynolds@mcaap.org)

IAC Hepatitis B Birth Dose Honor Roll Update

The Immunization Initiative is pleased to announce that Beverly Hospital, Beverly, has been named to the Immunization Action Coalition’s (IAC) Hepatitis B Birth Dose Honor Roll. The Initiative also would like to congratulate Lowell General Hospital, Lowell, for being named to the Hep B Birth Dose Honor Roll for a fifth year.

The Hepatitis B Birth Dose Honor Roll recognizes U.S. birthing institutions that have attained a birth dose coverage rate of 90% or greater and have met specific additional criteria. These criteria help define the important elements of a birth dose policy that are needed to ensure newborns do not fall through the cracks when medical errors occur.

To be included in IAC’s Hepatitis B Birth Dose Honor Roll, a birthing institution must have the following:

- Achieved, over a 12-month period, a coverage rate of 90% or greater for administering hepatitis B vaccine before hospital discharge to all newborns (regardless of weight), including those whose parents refuse vaccination

- Implemented written policies, procedures, and protocols to protect all newborns from hepatitis B virus infection prior to hospital discharge

In being named to the Hep B Birth Dose Honor Roll, Beverly Hospital reported coverage rates of 98% from 10/1/2016 to 9/30/2017 and 98% from 10/1/2017 to 9/30/2018 and 99% from 10/1/2018 to 9/30/2019.

Lowell General Hospital reported coverage rates of 96% from 10/1/2014 to 9/30/2015 and 94% from 10/1/2015 to 9/30/2016 and 97% from 10/1/2016 to 9/30/2017 and 93% from 10/1/2017 to 9/30/2018 and 99% from 12/1/2018 to 12/1/2019.
Congratulations to Beverly Hospital and Lowell General Hospital! They join the following institutions on the honor roll:
Beth Israel Deaconess Medical Center
Boston Medical Center
Cape Cod Hospital
Falmouth Hospital
Hallmark Health System/Melrose Wakefield Hospital
Harrington Memorial Hospital
Holy Family Hospital
Lawrence General Hospital
Morton Hospital
Signature Healthcare/Brockton Hospital
Sturdy Memorial Hospital
St. Elizabeth’s Medical Center
UMass Memorial Medical Center
— MCAAP Immunization Initiative
For more information about applying to be named to the Hepatitis B Birth Dose Honor Roll, visit https://immunize.org/honor-roll/birthdose.

Upcoming Conferences and Meetings

Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting
October 8, 2020, 4:00–6:00 p.m.
For more information, visit www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac.

Grand Rounds Seminar Heywood Hospital
October 14, 2020, 8:00–9:00 a.m.
Presenter: Richard Moriarty, MD, FAAP
For more information, please contact Cynthia McReynolds (cmcreynolds@mms.org).

25th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference
October 22, 2020, 8:30 a.m.–4:00 p.m.
This meeting will be held virtually. For more information, visit www.mcaap.org/immunization-initiative/immunization-cme.

Advisory Committee on Immunization Practices (ACIP) Meeting
October 28–29, 2020
For more information, visit www.cdc.gov/vaccines/acip/meetings/index.html.

National Influenza Vaccination Week (NIVW)
December 6–12, 2020
For more information, visit www.cdc.gov/flu/resource-center/nivw/index.htm.

Advisory Committee on Immunization Practices (ACIP) Meeting
February 24–25, 2021
For more information, visit www.cdc.gov/vaccines/acip/index.html.

Massachusetts Adult Immunization Conference
April 13, 2021
For more information, visit https://maic.jsi.com.

JOIN THE IMMUNIZATION INITIATIVE
The Immunization Initiative Welcomes New Members!
By participating you can do the following:
1. Stay current on state and national infectious disease and immunization information
2. Stay current on state and national infectious disease and immunization information
3. Network with colleagues interested in promoting vaccination
4. Advocate for legislative and regulatory policies that optimize the immunization of Massachusetts children and adolescents
5. Learn strategies to improve vaccination rates in your practice and larger community
Please contact Cynthia McReynolds at cmcreynolds@mms.org for more information. — MCAAP Immunization Initiative

Advertise in The Forum
We would like to invite you and your organization to advertise your services in upcoming editions of The Forum. The Forum is mailed to 1,700 pediatricians and is available online at no charge. If you would like more information about rates and submissions, please contact Cathleen Haggerty at chaggerty@mcaap.org.

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Please remember to double check that your ad is the correct size and contains the most up-to-date information.

Submissions for the next issue of The Forum should be sent to ldobberteen@mcaap.org by November 20, 2020.
**Bonding Leave Benefits Arrive for Working Families in the Commonwealth**

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5. Remind families that working fathers are also able to apply for these benefits.

6. Encourage self-employed parents (including those in the gig economy) to explore eligibility for PFML coverage. PFML regulations allow for self-employed individuals, if eligible, to voluntarily opt-in for coverage if they contribute to the paid family and medical leave fund by paying a small tax. We can help families in these circumstances know about this opportunity and encourage them to investigate their eligibility.

**Some Details to Help Pediatricians Better Understand the Program**

1. Most Massachusetts employees and many Massachusetts independent contractors are covered by the PFML law and eligible for benefits. Massachusetts PFML benefits include job protection.

2. Weekly benefit amounts are calculated as a percentage of earnings. Individuals can check their eligibility and use the online calculator (www.mass.gov/info-details/estimate-your-available-paid-family-and-medical-leave-benefits) at the Department of Family and Medical Leave website (www.mass.gov/organizations/department-of-family-and-medical-leave-estimate-their-benefit-amount).

3. Application for benefits can be made online, via computer or cell phone, or on paper.

4. The Department of Family and Medical Leave has a staffed PFML Contact Center to answer questions.

5. Persons unemployed for up to 26 weeks may also be eligible.

6. Self-employed individuals may be eligible for coverage but must opt-in and pay the tax.

7. MA PFML coverage is in addition to federal Family and Medical Leave Act (FMLA) leave. (FMLA provides job protection but does not require continued wages or salaries during the leave.) — Robert Sege, MD, PhD, Floating Hospital for Children at Tufts Medical Center, and Alexandra Risley Schroeder, MED, DMin, Economic Opportunity Team Facilitator

The authors are both members of Massachusetts Essentials for Childhood, a CDC-funded statewide coalition of which MCAAP is a part. This is the first in a series of articles from Massachusetts Essentials for Childhood that will alert pediatricians to new developments in family economics and policy. A later article will address using PFML to support parents with ill children who need to take time off from work.

**References**


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**Turning the tide**

Determining whether or not an error occurred is best left to an expert clinician, not an insurance executive. That’s why every incident reported to MagMutual is reviewed by a physician – and appropriate medicine is always expertly defended.

It’s a better, more policyholder-focused way to process claims, and it’s only at MagMutual.

[send your email address to ldobberteen@mcaap.org for instant notification of issues important to the MCAAP membership.]
COVID & KIDS

**SYMPTOMS**
- Fever (≥100.0°F), chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Headache when in combination with other symptoms
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, when in combination with other symptoms
- Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms

Even mild symptoms could be indicative of a COVID infection. Co-infection with other pathogens is probable and possible.

**ISOLATION:**
- Stay in a separate room from other household members, if possible
- Use a separate bathroom, if possible
- Avoid contact with other members of the household and pets
- Don’t share personal household items like cups, towels, and utensils
- Wear a mask when around other people, if able

Secondary contacts (contacts of contacts, e.g. household members) do not have to quarantine unless test is positive for the primary contact.

**TESTING SITES**
- Map: https://bit.ly/32q76Yo
- List: https://www.mass.gov/doc/mass-covid-19-testing-sites/download
- Stop the Spread: https://www.mass.gov/stopthespread

**CONTACTS**

COVId-19: child was a close contact of a COVID-positive individual (within 6’ for more than 15 minutes or direct contact with respiratory droplets)

**Quarantine:**
- Stay home
- Stay away from high risk individuals

**Testing?**
- Should be tested 4-5 days after date of last known contact.
  - If test result is positive, must self-isolate.
  - If test result is negative, must self-quarantine.
  - Duration of isolation or quarantine is 14 days since last known contact regardless of test result.

**GETTING SYMPTOMS?**
- Call back if getting symptoms.

**REFERENCES**
- Source: CDC

This handout is for use by Massachusetts pediatric health care providers (e.g. school nurses, pediatricians, nurses) to decide when Massachusetts students in grades preK-12 can return to school after having been exposed to a positive COVID case, having COVID-like symptoms, or both. This is for guidance only and does not replace individual clinical judgment. Note that each school district may have their own guidelines.

This handout was created by the Massachusetts Chapter of the American Academy of Pediatrics Task Force on School Reopening based on the guidelines published by the Massachusetts Department of Elementary and Secondary Education (DESE) updated September 2020 (http://www.doe.mass.edu/covid19/standards-de/schools/reopening/protocols/documents) and is available as an interactive tool that will continue to be updated at https://forms.gle/QzBEUGV8FG42TiLW6.

**ABOUT**

Submit for the next issue of The Forum should be sent to ldobberteen@mcaap.org by November 20, 2020.
BUILDING BLOCKS OF EARLY CHILDHOOD
Returning to Child Care in Reopening Massachusetts in the Time of the Pandemic

The coronavirus pandemic of 2020 is bringing about significant changes to childcare in Massachusetts. At the beginning of the state of emergency, only exempt emergency childcare programs were permitted to offer services. Once reopening began, these programs were mandated to close their emergency care services by July 10. Starting June 8, phase 2 of the state reopening plan allowed for non-emergency childcare providers to begin the process of reopening following the “Minimum Health and Safety Requirements” that the state released on June 1, 2020 (https://eeclead.force.com/resource/1591036172000/Min_Reg).

These requirements include:

- Screening children with a symptom checklist and a visual inspection of signs of illness upon entry and throughout the day
- Self-screening parents and staff with signed attestations
- Wearing masks by adults whenever physical distancing >6 ft is not possible
- Encouraging as much as possible, but not requiring, children to wear face masks
- Stable groups, no mixing of groups, and a maximum group size of up to 10 children depending on age

While providers are not required to open, those that choose to open are required to submit an application for reopening to the Department of Early Education and Care (EEC), with reopening dates determined by each provider.

Many providers including Head Start and Early Head Start programs have now opened. An updated directory of licensed childcare programs in the state, including those that have reopened, is available at https://eeclead.force.com/EEC_ChildCareSearch.

Reopening childcare has proved over the following weeks.

Early Head Start programs offer their impressions:

Re-opening Day
- **Families**
  - Parent response was positive toward the new policies. They were receptive to wearing masks at drop-off/pick-up times and understood why they were no longer able to enter the classroom to drop off their child.
- **Children**
  - Children were excited to return to school and see their friends and teachers. As expected, there were a few tears but they quickly adjusted.
- **Staff**
  - Initially, many staff were nervous about re-opening during the COVID-19 pandemic, but were happy to return to their classrooms and the children. Staff reported they feel confident that the disinfecting protocols are safe and effective. However, some staff do continue to be concerned with getting sick.
- **Transportation**
  - One program reported utilizing transportation to bring children to school. That particular bus allows for six children to ride at a time, seated physically distant from one another. The high-touch areas on the bus (rails) are disinfected after each child enters and the bus is disinfected after each use.
- **Attendance**
  - Programs that have been open for a few weeks found that attendance was initially lower than expected as parents decided at the last minute not to send their children, but it improved over the following weeks.
- **Pre-Screening**
  - Pre-screening is completed by staggering times for each classroom either outside the building, from cars in the parking lot, or in designated one-way areas in the building.
  - Programs use a pre-screening questionnaire. Some programs have families fill it out electronically prior to drop-off and staff review the answers with families at drop off and conduct a visual assessment of the child. Others use a paper questionnaire completed with parents at the time of drop off.
  - Most programs have opted for physically distanced pre-screening practices using masks.
- **Daytime Safety**
  - Programs are relying on small, stable groups and are not mixing groups
  - If space allows, programs are utilizing separate outside play spaces for children. When this is not possible, programs have revised play space schedules to allow for thorough disinfection of equipment between groups.
- **Lessons Learned**
  - Although most have the space to accommodate the new requirements, programs have found it is very expensive to run classrooms with smaller groups, as staff cannot combine groups in the morning or at the end of the day, even though the number of children is very small.
- **Further Guidance Needed**
  - Programs report that it is very difficult to determine whether a child or a staff member should be isolated and/or has a COVID-19 related illness. They report that when they reach out to EEC, the Public Health department, and/or pediatric offices it is difficult to get a clear answer for how long children will need to be excluded.

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Looking to Hire or Be Hired?
Job listings are a free service provided by The Forum to MCAAP members and residents completing their training. Nonmembers may submit ads for a fee.*

To submit a listing, email chaggerty@mcaap.org. Please include the following information:
- Contact information
- Practice name/residency program
- Position title
- Description (25-word limit)
- Availability (e.g., available now)

*Contact Cathleen Haggerty at chaggerty@mcaap.org for rate and payment information.

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- Programs are having some difficulty getting documentation of children's current well-child check-ups and immunizations. Families continue to report they are unable to make appointments with their pediatricians.

What Pediatricians Can Do
- Immunize!
- Open up practices as safely as possible, including for telephone or virtual appointments, for both well and sick visits. Resources regarding obtaining PPE, financial assistance, coding, and more are available at https://mcaap.org/covid-19.
- Stay up to date and communicate with families about current testing (https://www.mass.gov/covid-19-testing) and quarantining guidelines (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html).

Helping children safely return to childcare promotes the crucial social/emotional developmental domain all children need to stay healthy.

— Katherine Wu, MD, FAAP, MA Health and Nutrition Managers Network

Katherine Wu, MD, FAAP, practices in Peabody, MA. She is the Early Childhood Champion and also the District V representative to the MCAAP. This is her inaugural Building Blocks column, devoted to the care of our littlest patients. She can be reached at kwu@mcaap.org.