



## NEWS FROM THE NURSE'S OFFICE

### April 4, 2022

#### Self-Care Corner

With April Break around the corner, some students might change their sleeping habits.

This is a good time to be reminded that sleep plays an integral part in our well-being. Children need good nutrition and good sleep to be ready for school.

*Is your child getting enough sleep?*

**Preschoolers** need 10-13 hours of sleep per day

**6-12 year olds** need 9-12 hours of sleep

**Teenagers** need 8-10 hours of sleep

During April Break, consider keeping a good sleeping schedule.

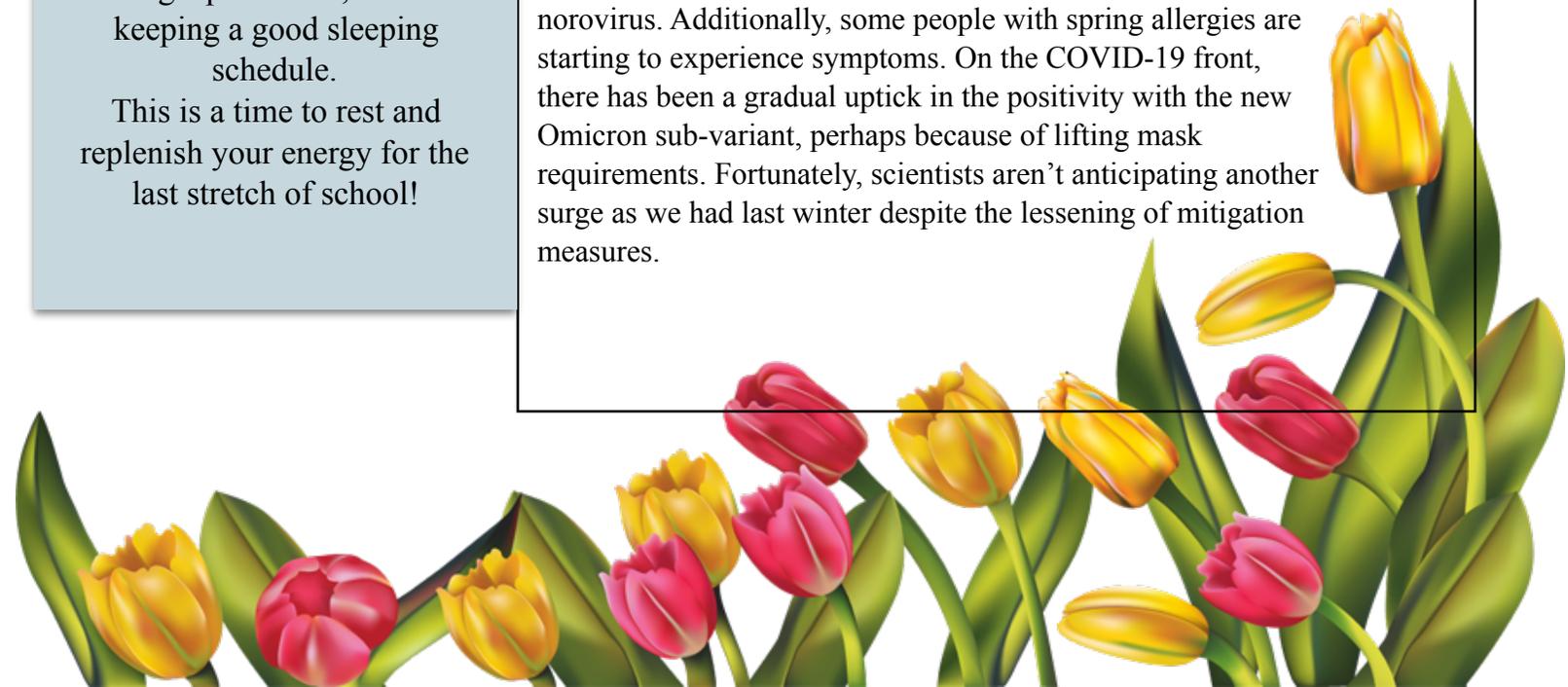
This is a time to rest and replenish your energy for the last stretch of school!

*Dear Families,*

As we've moved out of the COVID-19 surge and transitioned into endemic management of COVID-19, I've had more time to teach some health classes that I thoroughly enjoy doing. Over the past month, I've taught puberty classes along with our counselor Maura Strance in the 4th, 5th, and 6th grades. This week I taught poison prevention classes in the preschool using the "Spike the porcupine" prop. So much fun!

Thankfully we seem to be rounding the corner of the mud season! We're not having as many students coming to the health office covered in mud and needing a change of clothes, and parents aren't calling to say that they can't make it to school due to muddy roads. Tick season, however, also has begun. Be sure to do a nightly tick check. Ticks usually need to be embedded for 36-48 hours to transmit Lyme disease. Anaplasmosis is the second most common illness, and Babesiosis is the third most common tick-borne illness in Vermont. If your child develops flu-like symptoms, particularly a fever with a headache, malaise, achy muscle/joints, and possibly nausea, or vomiting, consider it a possible tick-borne illness. Localized inflammation the size of a nickel is common, but an enlarging bull's eye rash might indicate Lyme disease. Other viral symptoms tend to improve after 2-3 days; however, tick-borne illnesses don't improve without treatment. If you have concerns, it's best to consult with your PCP.

At this point, most staff and students have chosen not to wear facemasks. It's been nice to see the children's smiling faces. Unsurprisingly, since lifting the masking requirement, we've seen an increase in illness. There's been a lot of cases of head colds and a stomach bug which is likely the norovirus. Additionally, some people with spring allergies are starting to experience symptoms. On the COVID-19 front, there has been a gradual uptick in the positivity with the new Omicron sub-variant, perhaps because of lifting mask requirements. Fortunately, scientists aren't anticipating another surge as we had last winter despite the lessening of mitigation measures.



We haven't lifted all mitigation measures, and families continue to be wonderful following recommendations to keep families safe. So here's our current guidance:

- If your child(ren) develops possible COVID symptoms, they can come to school if they haven't had a fever above 100.3 without medication for 24 hours, respiratory symptoms are mild, nausea and vomiting has resolved for at least 24 hours, and they're feeling better. It's recommended to do two negative antigen tests within 24 hours. (I have plenty of antigen home kits, so if you need to replenish a supply, let me know). Mild respiratory symptoms mean you cough sporadically and don't frequently blow your nose, spreading an infection to classmates. I've also been asking permission from parents for their children to wear a facemask while they're symptomatic to decrease the spread of infection.
- As we've moved into the endemic phase of the pandemic, we are no longer contact tracing at school, which means families aren't notified if there's presumptive exposure at school. There are multiple factors underlying this guidance from the AOE and Health Department, and number one is that cases of COVID-19 have dramatically fallen. Additionally, we now have mitigation measures with vaccination, and optional masking (Kn95 is still 80% effective with the Omicron variant), and we now have effective treatments for severe cases. You can think of it like when a student or staff has the flu. We don't inform families unless a significant number are infected.
- If students or staff are symptomatic at school and haven't tested at home, I am doing antigen or Lampe (PCR) tests at school, provided a student's parent has given consent.
- We're trying to improve communication lines, so if your child(ren) is absent, please communicate with your classroom teacher and CC the nurse if it's illness/injury-related. Absences will be forwarded by the teachers to Carol Rousseau (our secretary), who will call families to inquire about unexplained absences. I am no longer calling every family for absences due to illness, but please feel free to contact me for guidance.
- Frequently wash hands, particularly after wiping your nose or going to the bathroom. Covid-19 is primarily respiratory spread, but many viruses, such as the norovirus, spread by touching contaminated surfaces and then touching your mouth.
- If your child is experiencing typical allergy symptoms, please treat them before coming to school, albeit sometimes challenging to differentiate between a cold and allergies. If it is a cold, treatment with allergy medication typically doesn't resolve the symptoms.

As always, please reach out with any questions, be it Covid or any other health topics you might be concerned about.

Sincerely,

*Nurse Jill*

