

## AFTER THE PANDEMIC: REBUILDING AND RECOVERY

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1. How can we use our skills as professionals to support others, specifically on the topics being discussed? **Priya**

**In regard to social media, there are so many ways to support others. Often people turn to posting on social media when they want to start these conversations. Simply engaging in these posts as an individual, is often enough to provide support. Specifically, on social media, you would want to refrain from offering medical advice, however there is no limitation on using your training to share ways to heal. For example, if you know relation techniques that you would use in practice, you could share those methods, without “prescribing” them. Many people online needing support may be your own peers. In that way, private messaging is helpful to discuss more sensitive topics. Finally, there are so many opportunities online to discuss how others are addressing COVID. Off the top of my head I can think of online book clubs, humanities chats, primary care chats, school nurse chats that post every week and ask for individuals to share their opinions/skills. The best part is all of this can be done while social distancing.**

2. How will our teenagers socialize? **Jack**

**See answer to question 3**

3. How do we best protect kids with chronic illnesses while still being allowing them to socialize? **Jack**

**As presented in the Normalization of Video Chatting, future options for children, as well as adults, can be video chat socialization. Plenty of teens are already freely on social media and communicate with all types of friends, and even strangers, all over the world through multiplayer video games like FortNite and Call of Duty. Furthermore, video chat apps designed for children, such as JusTalk Kids (<https://kids.justalk.com/>), exist, which have encryption and parental control over who the children are allowed to chat with. That being said, “stranger danger” certainly exists. Children and adolescents cannot be expected to have the same character judgement and social decision making abilities as adults and can be vulnerable to being taken advantage of. Going along with the idea of normalizing video chat, children can be socially educated from a young age to only video chat with people they know from school, real life, or whom they already have**

relationships with from elsewhere, and to maintain that vigilance as they grow into adolescents.

4. How can we help young kids (K-5) get back from the fear of getting sick? **Priya**

**How to support kids:** <https://childmind.org/article/supporting-kids-during-the-covid-19-crisis/>

**How to deal with anxiety:** <https://childmind.org/article/anxiety-and-coping-with-coronavirus/>

**How to talk to kids about Coronavirus:** [https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fschoools-childcare%2Ftalking-with-children.html](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fschoools-childcare%2Ftalking-with-children.html)

5. How can we count on the information from the CDC to not be diluted because of pressure from politicians? **Priya**

**The best thing to do is to always view CDC updates, and compare that information to other sources like the World Health Organization or New Jersey state government!**

**CDC:** <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**WHO:** <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

**NJ Gov:** [https://covid19.nj.gov/pages/testandtrace?gclid=Cj0KCQjww\\_f2BRC-ARIsAP3zarEyA9OyMA-5MBnzlZKupE0T6-l\\_M5DHaoUxvUBCqStngL9gyXUKe78aAn3eEALw\\_wcB](https://covid19.nj.gov/pages/testandtrace?gclid=Cj0KCQjww_f2BRC-ARIsAP3zarEyA9OyMA-5MBnzlZKupE0T6-l_M5DHaoUxvUBCqStngL9gyXUKe78aAn3eEALw_wcB)

6. What more can be done to be sure front-line nurses and doctors are protected by having adequate PPE? **Priya**

**Although the scramble for adequate PPE seems to have jumped out of the public eye, the most important thing you can do is amplify the stories and struggles of those fighting these battles. One way is actually sharing these stories to your social media. Public scrutiny and outrage is often enough to mobilize leadership to change policies. You could also call your local and national legislative representatives. Even if your area is not experiencing a shortage, there are national bills currently in circulation like the COVID-19 Emergency Manufacturing Act, which aims to bolster COVID PPE stockpiles. Calling your representatives and having your friends and family do the same can ensure these larger movements are mobilized.**

7. What can be done so that new RNs are not forced to cut corners with isolation techniques, putting themselves and others at risk? **Jack**

**This question can be thought of as “what can individual RNs do that they personally have in their control on a daily basis?” and “what can be done beyond the**

individual nurse, such as by management, the hospital, or the healthcare system?” More likely than not, most nurses, even new ones, are trained well enough to know how to put the correct PPE on, assuming it’s available, and are sufficiently motivated enough to do their jobs well and prevent the spread of infection. Corner cutting potentially may come from time pressure, the “oh, I forgot something and just need to go back in for a second” type situations, and from lack of equipment. These are realistic, understandable reasons for corner cutting, and it would show ignorance of the realistic nature of healthcare work to just say “slow down and take more time.” That being said, things that can be done that include the individual nurses creating a personal procedure on how they put their PPE on, and to follow the same procedure each time. So even in a time crunch, it’s muscle memory to automatically go “Step 1, grab all the equipment. Step 2, wash the hands. Step 3, put on the gown, then tie it, etc”. In addition, just before walking into a room, it may help to go through a mental checklist of everything that needs to be done in the room, as to avoid re-entry situations, and then to try to do this every time as a sort of mental ritual. And then to do a mental checklist check right before walking out. As for PPE that has run out, depending on the professional and social dynamics of the nursing floor, hopefully the nurse is in a position where they can have access to the store room to refill the PPE, or have a procedure of who to contact to refill it. If this is not possible, then the root cause of the issues goes beyond the individual nurse in the workplace. As per the system beyond the nurse, hospitals making sure the PPE is even available for nurses to use in the first place, as well as doing what is possible to not overload nurses with too many patients can alleviate some of the time pressures that likely lead to cutting corners. Then again, this leads into a far more complex and complicated discussion than what is appropriate to be discussed in this Q and A.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

8. How do those people who are practicing social distancing protect themselves from those in the public sector who appear as if COVID is not a concern? **Jack**

Despite the recommendations for social distancing, the reality is that many folks are not concerned and ignoring guidelines. As it stands, practicing social distancing is fundamentally a choice people make for themselves. Although more authoritarian methods can be used to enforce social distancing, such as with law enforcement, ticketing, and preventing persons from entering public places or businesses without proper PPE, there is only so much that swaths of the population can take before they feel their personal rights have been violated unreasonably. As an individual, you have control over what you do, however, and you can continue to protect yourself with proper distancing, handwashing, and mask-wearing, as well as avoiding groups, large gatherings, and public enclosed spaces for more time than necessary, such as taxi cabs and supermarkets.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

9. How are we to practice COVID protocol during a code? **Grace**

**Here is a link to recommendations from the American Heart Association:**

<https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.120.006779>

10. What is the current protocol for people in the room during childbirth? **Grace**

**Here is a link to recommendations/guidelines from the CDC:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>

11. Can you explain if BCG vaccine has anything to do with protection from the coronavirus? **Grace**

**Below are a couple article links discussing this topic:**

<https://jamanetwork.com/journals/jama/fullarticle/2766182>

[https://www.who.int/news-room/commentaries/detail/bacille-calmette-gu%C3%A9rin-\(bcg\)-vaccination-and-covid-19](https://www.who.int/news-room/commentaries/detail/bacille-calmette-gu%C3%A9rin-(bcg)-vaccination-and-covid-19)

12. How do you plan to handle escalating mental health issues post COVID-19? **Priya**

**Address Mental Health Post COVID Diagnosis:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7098037/>

**What must be done to support mental health:**

<https://www.usnews.com/news/healthiest-communities/articles/2020-04-09/mental-health-must-be-part-of-coronavirus-response>

13. Will the community have access to live healthcare professionals (via telehealth) if needed? **Priya**

**In the face of COVID, many offices have switched to Telehealth or limited in person appointments. Access is dependent on the patient's provider and type of care requested!**

**Telemedicine has expanded during COVID:** <https://www.jdsupra.com/legalnews/new-jersey-expands-access-to-telehealth-49875/>

14. As the state reopens, what are the biggest stressors faced by returning to work and school? **Priya**

**School stress post COVID:**

<https://www.theatlantic.com/ideas/archive/2020/05/reopening-schools-easy-part/612046/>

**WHO Guidelines on reopening schools:**

<https://www.who.int/publications/i/item/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>

**WHO Guidelines on reopening work places:**

<https://www.who.int/publications/i/item/considerations-for-public-health-and-social-measures-in-the-workplace-in-the-context-of-covid-19>

15. At what phase of reopening will daycare centers open and what safety measures are being addressed to keep those children safe? **Priya**

**June 15: NJ Child Care can reopen**

<https://www.childcarenj.gov/Resources/Coronavirus#:~:text=Child%20care%20centers%20will%20be,regular%20Child%20Care%20Subsidy%20Program.>

**How to keep child care safe:** <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

[https://www.nj.gov/dcf/coronavirus\\_licensedchildcare.html](https://www.nj.gov/dcf/coronavirus_licensedchildcare.html)

16. How has COVID-19 shaped the future of healthcare delivery? **Jack**

**As I spoke about in my presentation the Normalization of Video Chatting, both the means, the technology, and the need, social distancing requirements, have come together not only for the virtualization of our social lives but also healthcare delivery in the rise of telemedicine. I think we're going to see this being a more integral part of how physicians, especially of my generation, will be practicing. Further, I would expect medical education to adjust to train future medical students more for a telemedicine future. I would not be surprised also if greater concern was taken regarding infection risk, usage of PPE, and isolation precautions. Of course, all this has the downsides of creating further distancing between healthcare providers and patients. Telemedicine has communication drawbacks with the lack of full body language and may lack the interpersonal intimacy needed for discussing serious personal topics. PPE also generally involves a facemask and/or goggles, which decreases facial expression communication and creates alienation between patients and providers. Perhaps new communication styles are needed to compensate, such as greater vocal expression, and some healthcare workers have begun the practice of taping laminated pictures of their faces to the front of their gowns. (<https://medicalfuturist.com/covid-19-was-needed-for-telemedicine-to-finally-go-mainstream/>)**

17. Since coronavirus may be mutating in the UK, does that mean that the tests presently available are invalid because they were developed prior to the mutations? **Rob**

**While there are definitely reports of SARS-CoV-2 mutating, it has a relatively stable genome compared to a lot of other RNA viruses such as the influenza virus. This is due to a relatively robust mismatch repair mechanism present in this virus and similar coronaviruses (<https://www.pnas.org/content/112/30/9436>). Testing**

techniques for COVID-19 rely on nucleic acid amplification (often, but not always, RT-PCR), wherein particular segments of the viral genome are targeted - amplification of the viral sequence confirms viral infection. For a viral mutation to affect this testing, it would have to occur in the relatively small region where primers bind to the viral genome. On average, primers are about 20 base pairs - compared to the viral genome of ~30,000 base pairs, the chance of a mutation occurring in the 40 or so base pairs overlapping a primer binding site is relatively low. Even if a mutation were to occur in one of these sites, it would not be particularly difficult or expensive to modify testing kits with new primers - the primers are among the cheapest ingredients in the reaction.

18. How are doctors handling office visits? **Priya**

Please see **Question 13** and the resource below

**Which appointments are necessary to keep:**

[https://www.washingtonpost.com/lifestyle/wellness/doctors-appointment-coronavirus-telemedicine/2020/05/04/f7005afe-8e20-11ea-a9c0-73b93422d691\\_story.html](https://www.washingtonpost.com/lifestyle/wellness/doctors-appointment-coronavirus-telemedicine/2020/05/04/f7005afe-8e20-11ea-a9c0-73b93422d691_story.html)

19. As a pediatric nurse, I have seen an increase in influenza after vaccination. Do we have any idea at this point if a vaccine will need to be done yearly to cover mutations or could there be a permanent immunity? **Rob**

**At this time, there is no reason to suspect that mutations will occur rapidly enough to require a yearly updated vaccine similar to the flu vaccine. Due to the robust mismatch repair mechanisms exhibited by this virus (<https://www.pnas.org/content/112/30/9436>), it has a relatively stable genome. However, there is concern as to how long individuals will remain immune to the virus once they have recovered from infection or been vaccinated. It remains to be seen how long neutralizing antibodies will remain in people's systems. Studies of immunity to SARS-CoV-1 after the 2004 pandemic showed that patients had antibodies in their bloodstream for an average of 2 years after infection (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2851497/>), suggesting that they may be susceptible to reinfection after  $\geq 3$  years. If a similar pattern emerges with SARS-CoV-2, then booster shots will be a necessary part of the vaccination protocol.**

20. How do we address families with immunocompromised children who are struggling to stay home and stay safe when they are neutropenic, but they also have the need for social interaction? Cancer children already feel isolated and alone, and several mothers have asked me directly: "What do you tell your child when they ask, 'Why did I survive cancer just to die from this virus?'" **Grace**

**As I mention in my talk, despite the social isolation and distancing established during the COVID-19 pandemic, I believe we have adapted by being creative and thinking outside the box. This is a great question, because for certain individuals, social distancing can certainly have more critical effects. I would suggest utilizing alternative resources and technology as is available in order to provide these**

**children a sense of community and togetherness. I have witnessed the power of virtual music in the clinical setting, but we don't need to be limited to just that. How about virtual game nights, sing-alongs, or art projects?**

**With regards to the last part of your question - from my (limited) experience teaching and working with kids, I've learned that frequently, they ask questions that are beyond our knowledge and comfort zone. They are raw, honest and challenging. If a child asked me such a question, I would focus on the fact that the child had overcome and conquered their cancer - that is something huge and victorious, and not to be overlooked no matter what is going on in the outside world. This question also suggests that the child associates COVID-19 with death. I would try to again, change the focus from the potential end result, to the journey. Each day and moment should be valuable - as mentioned above, providing the child healthy fun outlets to take their mind off of COVID-19 through music, arts, virtual interaction, etc.**

21. What are the recommendations for schools reopening regarding social distancing, masks, infection control, and temperature checking? **Priya**

**Please see Question 14**

**New Jersey is expected to release their own guidelines soon**

22. How are we working to address mental health with students at home? How can we advocate for telehealth in schools with students and parents? How about the department of children and families—how are they working with mental health organizations and families at risk for possible abuse during the pandemic? **Grace**

**Here are links to resources:**

<https://www.nj.gov/education/covid19/studentsfamilies/wellness.shtml>

<https://www.end-violence.org/protecting-children-during-covid-19-outbreak>

23. Newborn at home regarding visitation by family. **Grace**

**Below is a link to the guidelines/recommendations from the American College of Obstetricians and Gynecologists:**

<https://www.acog.org/patient-resources/faqs/pregnancy/coronavirus-pregnancy-and-breastfeeding>

24. Has there been any teratogenic link for COVID-19? Are babies born with antibodies for COVID-19 from COVID-19 positive mothers? **Grace**

**Here is the link to a recently published article regarding this topic:**

<https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/aogs.13836>

25. Will we be able to resume home visitation with clients? **Grace**

**Here is a link to guidelines as of 5/27/20:**

[https://dhs.iowa.gov/sites/default/files/DHS\\_COVID19\\_HomeVisitationGuidance.pdf?061120201428](https://dhs.iowa.gov/sites/default/files/DHS_COVID19_HomeVisitationGuidance.pdf?061120201428)

**We suggest you continue to check for more updates as this pandemic continues.**

26. What is the cleansing procedure of the office between patients? **Grace**

**Here is a link to the CDC guidelines/recommendations:**

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

27. What is the way forward? **Jack**

**Adaption, becoming creative, and remembering that necessity is the mother of invention. A lot has changed in a short amount of time, and there's no guarantee that things are ever going to completely go back to the way they used to be. That being said, what we do have control over is the choices we can make moving forward in how we adapt to the new circumstances. For example, as healthcare workers, embracing telemedicine and learning to interact with patients and do our jobs while donning PPE, and in our personal lives, becoming used to the ideas of social distancing, with physical distance in person and by embracing more virtual forms of socialization like video chat. That being said, adaption is sometimes easier said than done. Ideas about how to re-adjust to the new world don't always magically appear. Furthermore, we cannot always control how we feel, and our emotional reactions to the new situation...sadness, anxiety, disappointment, mourning and longing for how things used to be...may be what they may be. That being said, we can attempt to control how we react to our own reactions, and how we may choose to proceed from there, whether by learning to accept those emotions and let them run their course, sublimating them into something productive, letting them fuel our humor, etc.**

28. I believe that this pandemic greatly exposed so many frauds in the American healthcare system from the lack of essential medical equipment to the need for more trained healthcare workers. What are specific plans you have to tackle these issues? **Priya**

**Please see question 6**

29. Proper handling of PKUs after drawn to send to state. **Grace**

**I am not completely sure what this question is referring to, so I apologize if the following does not answer your question. The American Academy of Pediatrics has provided the following guidelines regarding newborn screening:**

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-on-newborn-screening-during-covid-19/>



30. PTSD after being COVID-19 positive. **Priya**

**Please see question 12**

31. How can we support students who have mental health issues at school? **Grace**

**Here is a link to resources:**

<https://www.nj.gov/education/covid19/studentsfamilies/wellness.shtml>

32. This question is in regard to schools reopening. Has there been any consideration regarding the very young special-needs students who hit, kick, scratch and bite on an average day? **Grace**

**Below are some articles/resources regarding this question:**

[https://sparkforautism.org/discover\\_article/children-with-autism-and-aggression/](https://sparkforautism.org/discover_article/children-with-autism-and-aggression/)

[https://www.huffpost.com/entry/why-kids-angrier-coronavirus-pandemic\\_1\\_5ede385fc5b695b969bd0db6](https://www.huffpost.com/entry/why-kids-angrier-coronavirus-pandemic_1_5ede385fc5b695b969bd0db6)

33. How do we set up a school nurse office in very small quarters? **Grace**

**I'm not quite sure of the logistics of design/organization/funding, however here is a link to resources from the National Association of School Nurses.**

<https://www.nasn.org/nasn/nasn-resources/practice-topics/covid19>

34. Do we now know how long immunity will last after the client has recovered from the virus? **Rob**

**Please see question 19. It is currently unclear how long individuals will remain immune to the virus after recovery or vaccination, but after SARS-CoV-1 infection patients had antibodies in their bloodstream for an average of 2 years.**

35. Are there specific “return to school” guidelines for school nurses? **Grace**

**Below is a link to a document published by the National Association of School Nurses:**

[https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/COVID-19 Interim Guidance Role of the School Nurse in Return to School Planning.pdf](https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/COVID-19%20Interim%20Guidance%20Role%20of%20the%20School%20Nurse%20in%20Return%20to%20School%20Planning.pdf)

36. I was thinking it would be beneficial to start support groups as they do for alcohol and drug addiction. I would not know how to start the process, but it would certainly assist with our anxieties if we could have a group to vent. In this time with everyone having to distance themselves and many people not having insurance to cover private counseling services, what other means do we have? **Grace**

**There is an increasing number of resources online - forums, discussion boards, Facebook pages, etc where individuals have found ways to have confidential/anonymous conversations within specific communities. There are also websites such as 7cups.com where individuals can anonymously converse with someone trained to listen and provide resources. It is important to keep in mind that these resources are not substitutes for medical attention; however, they can serve as additional options for individuals to find a community, vent, relieve their stress, etc.**

37. How do we start building relationships and trust when the client-counselor relationship has been hindered by the pandemic? **Jack**

**It's denying reality to assume that everything is just fine, nothing has changed, and we can continue to go on as usual. For many people, the quarantine and social distancing policies have had great impact both on their social lives and psyche, and perhaps even instilled a general sense of anxiety regarding relationships, especially since the media and experts have been telling us to "distance yourself from others in case they may be infected!" Perhaps a reasonable first step is to acknowledge the recent difficulties and that it's not unreasonable to feel anxious, untethered, and insecure, considering all the recent happenings. Many patients may even show signs of adjustment disorder, and for those who may have been personally affected or had a loved one affected by COVID, acute stress response or post-traumatic stress disorder. And beyond that, an idea is to focus on what we can do now is carry on with our lives, while not ignoring or denying our patient's (and our own) concerns and apprehensions. Embracing telemedicine as an effective tool is just as important for therapists and counselors as it is for physicians, and as clinicians, we should set an example to our patients by maintaining an open, encouraging attitude for it, even if we are well aware of its drawbacks.**

38. Impact on patients with disabilities. **Grace**  
**Here is a link to an article published by the American Psychological Association:**

<https://www.apa.org/topics/covid-19/research-disabilities>

39. How do we help clients "re-enter" the world (and our services) once guidelines to stay indoors are loosened? **Jack**

**This one may be client dependent. Some people may benefit from jumping back in as soon as possible and re-embracing the world they've been missing. Others may still be anxious and fearful, despite wishing to go back to their normal lives. Besides increased levels of subclinical anxiety, some clients may begin to show exacerbations of previously existing psychological and psychiatric conditions, such as those with substance abuse or anxiety disorders, or even the emerging of new disorders, such as those who were previously subclinical entering into disordered territory. For many of these clients, a measured approach may be useful for returning to society depending on the patient's tolerance. Small steps of re-entering society, such as going to the supermarket, going for a walk outside, going to a public park, spending**

time with a friend outside, etc., may be useful, with pushing the patient enough that they engage with some of their anxiety but not so much that they are overwhelmed and the anxiety increases instead of extinguishes. On another note, it may be helpful with patients to discuss their consumption of news media, which may unnecessarily exacerbate fear and anxiety.

40. What steps (or activities) do you recommend helping frontline workers in facing their feelings of grief over loss of their many patients (and coworkers) in a short period of time? **Rob**

There are a lot of different strategies for coping with grief, and this is a situation that's going to require people to find what works for them. Here's an article from Scientific American where they interviewed frontline healthcare workers as things were peaking in late March and early April:

<https://www.scientificamerican.com/interactive/grief-on-the-front-line-and-beyond/>

Perhaps you will find it helpful to see how other frontline workers are managing their grief. It's also important for people dealing with the trauma of working on the front lines of this crisis to keep an eye on their own mental health and that of their colleagues. There is legitimate concern about the incidence of PTSD among healthcare workers. We must make sure that we take care of ourselves so that we can take care of others - just as they tell us on an airplane to put on our own oxygen mask before assisting another. Please see question 12 for additional information.

41. How will safe, in-person group therapy be facilitated in the post-pandemic days ahead? **Rob**

Re-establishing safe, in-person activities will necessarily be a slow process as we collectively learn more about viral transmission. There is still a need for data concerning the efficacy of facemasks and social distancing for preventing the spread of the virus. If the data confirm that facemasks significantly reduce the risk of viral transmission, then a semblance of normalcy can be obtained as long as every person involved in group therapy is wearing a facemask. If instead social distancing is required, perhaps rooms can be set up so that patients can sit 6 feet away from another to minimize the risk of viral transmission. There is unquestionable value to in-person therapy compared to tele-medical communication, but ensuring the safety of our patients and ourselves must remain a top priority.

42. What are some counseling issues for individuals re-entering the workforce? **Grace**

This depends on the state/local regulations. Here is a link to more information:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-day-camps.html>

43. Please provide some guidance on how to get back to school safely for our children. **Grace**

**Here are links related to returning to school/universities:**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html>

44. How do you foresee group therapy in the future with social distancing guidelines and other CDC recommendations? **Grace**

**I would imagine a gradual loosening of social distancing guidelines, based on the number of new cases and availability of resources to maintain sterility. This would vary at the local/state level depending on the severity of Covid-19. That said, group therapy depending on the number of individuals involved, may be a possibility using strict social distancing measures (masks, 6 ft. apart, etc), but if the group is very large, it may be safer to use video chatting resources such as Zoom. I also want to point out that during the Covid-19 pandemic, online forums, discussion boards and social media pages have been an outlet for individuals to share their experiences and concerns. I personally think there may be a rise in online communities in the post-COVID-19 era.**

45. Do you think during the post-pandemic time more professionals who have been accustomed to working from home will want this to become de rigueur? **Jack**

**Certainly, according to this Gallup poll from April 2020**

**(<https://news.gallup.com/poll/306695/workers-discovering-affinity-remote-work.aspx>), more people than ever are working remotely and at least half of them like it this way.**

**I think the answer to this question involves considering both the preferences of the individuals involved, as well as the culture and preferences of their workplaces. Many employees, particularly people whose work mostly involves working in front of a screen anyways, may have discovered they could do their entire jobs from home remotely the entire time, with even video chat replacing meetings. Many may have found they are more productive without the distractions of work, are happier without worrying about commutes, and can spend more time with their families and their other non-work life. On the other hand, others may have found they enjoyed the structure of waking up and heading to work every day at a place separate than their home, not to mention the real-life social benefits of the workplace, such as work happy hours and going out to lunch with coworkers. My prediction is that overall, more workers in the future will prefer to work from home now that they've gotten a taste, and more employers may be open to it, especially considering the lower overhead costs associated with not having a full-sized office.**

46. When will child-care and school resources re-open? **Grace**

**Here is a link to the interim guide for schools and child-care**

**<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>**

47. Client agreement for telehealth. **Rob**

**That's more of a question for a legal team, so please take this response with a grain of salt as I am not a lawyer and I do not intend to offer legal advice. Here's some guidelines from Healthie, a telehealth platform, on transitioning clients to telehealth: <https://blog.gethealthie.com/2020/03/18/how-to-transition-wellness-clients-to-telehealth/>**

**Among the topics discussed in this post is the Telehealth Consent form, which may be required depending on the state. They provide a sample here:**

**<https://blog.gethealthie.com/guides/sample-telehealth-consent-form/>**

**Here are the legal policies from e-Visit, another telehealth platform:**

**<https://evisit.com/evisit-legal-policies/>**

48. What preparations do we need to keep kids safe to go back to school? Antibody testing or wait for the vaccine? **Priya**

**Please see question 14**