

Ready to Return. Reconnect. Learn.

COVID-19 Health and Safety Guidance for School Year 2021-22



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Introduction

The Hawai'i State Department of Education (HIDOE) and the Hawai'i State Department of Health (DOH) recognize the benefits of children attending school in person, including the fundamental links between education and long-term health outcomes. In-person instruction is particularly important for younger children and those with special educational needs. Social and emotional support resources made available on school campuses are also critical to the health of our keiki, and for some families, food security is provided through school meal programs. All these factors must be considered in the overall health benefits of in-person learning.

Reopening of schools requires a broad community commitment to reduce the risk of exposure to COVID-19. It is critical that all complex areas, school administrators and school staff are prepared to contribute to the prevention, rapid identification and mitigation of the spread of COVID-19. The goal of this guidance document is to help schools protect students, teachers, administrators and staff, and to help slow the spread of COVID-19.

The [DOH COVID-19 guidance for schools](#), which this guidance document is based on, is layered, flexible and aligned with the [CDC's Guidance for COVID-19 Prevention in K-12 Schools](#). Each school is different, and not every strategy outlined in this guidance can be implemented in the same way at every school.

All guidance, including this document, is subject to change as new information regarding COVID-19 becomes available.

Considerations for Schools

Guiding Principles

Based on CDC's [Guidance for COVID-19 Prevention in K-12 Schools](#).

- The goal is to open schools as safely as possible given the many known and established benefits of in-person education.
- The more people with whom a student or staff member interacts and the longer that interaction, the higher the risk of COVID-19 spread.
- Schools must adopt and implement actions to slow the spread of COVID-19 in schools and the community.
 - **Multiple** mitigation strategies (e.g., vaccination, directing students and staff to stay home when sick, correct and consistent masking, hand hygiene, cohorting, improving ventilation, physical distancing, screening testing, and cleaning and disinfection) should be implemented.
- Students, families, teachers, school staff, and all community members must take actions to protect themselves and others.

As the COVID-19 pandemic continues and community spread persists, even when a school carefully prepares, plans, and coordinates, students and staff **will** test positive for SARS-CoV-2 and be diagnosed with COVID-19 infection. To prepare, schools should plan to reduce the impact of COVID-19 on in-person education by:

- Lowering the risk of exposure and spread of COVID-19 by implementing multiple, layered mitigation strategies **and**
- Preparing for when students and staff get sick.

Every school should have a well-established plan to protect staff, students, and their families from the spread of COVID-19. Additionally, schools should have a response plan in place for when a student, teacher, or staff member tests positive for COVID-19.

Mitigation Strategies

<p>Core Essential Strategies</p>	<p>To be implemented in every situation.</p> <p>Because of the effectiveness of these strategies, in-person learning always requires these strategies to be implemented in every situation.</p>	<ul style="list-style-type: none"> ● Promote staying up to date on COVID-19 vaccinations with staff and students ● Stay home if sick and go home if sick at school ● Correct and consistent masking ● Hand hygiene
<p>Additional Mitigation Strategies</p>	<p>To be applied in combination to the greatest extent possible, with priority given to those strategies higher on this list.</p> <p>Schools should evaluate which mitigation strategies they cannot practically implement, and which strategies can supplement the intended effects of that mitigation measure. For example, keep students within established small ‘ohana bubbles (cohorts), open windows to increase ventilation, and utilize air filtration systems for interior rooms.</p>	<ul style="list-style-type: none"> ● ‘Ohana bubbles or cohorting ● Improving ventilation ● Physical distancing ● Screening testing ● Cleaning and disinfection

Minimizing Exposure and Spread of COVID-19

Implement multiple mitigation strategies to encourage behaviors and create environments that reduce the spread of COVID-19:

- Core essential strategies
- Additional mitigation strategies
- Preparing for when someone gets sick

Core Essential Strategies

Promoting Vaccination

One of the most critical strategies to help schools safely maintain in-person operations is for students, teachers, staff, and household members to stay up to date on all recommended COVID-19 vaccines for their age group. “**Up to date**” is when someone has received all [recommended vaccine doses](#), including booster dose(s) when eligible.

To be up to date is not the same as being fully vaccinated. Someone is [fully vaccinated](#) two weeks after completing their primary series. The primary series may include the following:

- A two-dose vaccine, such as the Pfizer or Moderna, or
- A single-dose vaccine, such as Johnson & Johnson’s Janssen.
- People who are [immunocompromised](#) may need an additional dose as part of their primary vaccine series.

People who have a contraindication to vaccination or who otherwise do not complete a primary vaccination series are not considered fully vaccinated.

COVID-19 vaccines are widely accessible in the United States and are available at no cost. Vaccination protects people from severe illness, hospitalization, and death from COVID-19. People who are up to date on COVID-19 vaccines are less likely to transmit COVID-19 to others than people who are not up to date. See the CDC’s [Vaccines for COVID-19](#) for answers to frequently asked questions.

Some people may experience side effects after receiving the vaccine, which are normal signs that the body is building protection. Side effects are more likely after the second dose and the symptoms typically fade within a day or two. Do not return to school or work until the symptoms are improved and no fever for at least 24-hours without the use of fever reducing medication. If post-vaccine side effects are substantial or persist longer than 48 hours, individuals should contact their health care provider and must follow the [Return to School/Work Criteria](#) before going to school.

<p>COVID-19 Symptoms that DO NOT occur because of vaccination</p> <ul style="list-style-type: none"> • Cough • Shortness of breath • Runny nose • Sore throat • Loss of taste or smell 	<p>Vaccine Reactions similar to COVID-19 symptoms</p> <ul style="list-style-type: none"> • Fever • Fatigue • Muscle aches • Diarrhea • Nausea • Headache 	<p>Vaccine Reactions that DO NOT occur with COVID-19 illness</p> <ul style="list-style-type: none"> • Soreness, redness, or swelling at injection site
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People who have been recently exposed to COVID-19 (i.e., close contact) or have a known current infection should seek vaccination after their quarantine or isolation period has ended to avoid potentially exposing health care personnel and others during the vaccination visit. Vaccination has been found to decrease the risk of future infections in people with prior COVID-19 diagnosis.

- **COVID-19 vaccination is the most important core essential strategy.**
- **All teachers, staff, students and families, including extended family members who have frequent contact with students, should stay up to date with vaccines.**
- See the [State of Hawai'i COVID-19 Portal](#) for vaccine information, including where to get vaccinated.
- Schools can help increase vaccine uptake among students, families and staff by providing information about COVID-19 vaccination, promoting vaccination, and establishing supportive policies and practices that make it easy and convenient for eligible students, staff, and others to get vaccinated.
- To promote vaccination, schools should:
 - Publicize the [State of Hawai'i COVID-19 Portal](#) to share where eligible students, families, and staff can get vaccinated in their community.
 - Publicize that vaccinations are **free** regardless of health insurance status.
 - Provide COVID-19 vaccination information for students and families during enrollment and back-to-school events.
 - Encourage students to get vaccinated against COVID-19 when they are going for their physical exam.
 - Develop educational messaging for vaccination campaigns.
 - Use CDC's [COVID-19 Vaccination Toolkits](#) to educate school families and communities and promote COVID-19 vaccination.
 - Provide students and families flexible options for excused absences to receive a COVID-19 vaccination and for possible side effects after vaccination.
 - Offer flexible, supportive leave options for staff to get vaccinated. Refer to memo [Release Time for COVID-19 Vaccination](#).
 - Remind school families that in addition to COVID-19 vaccination, children and adolescents should get all recommended routine and catch-up vaccinations in order to protect themselves, other students, staff, and families from other vaccine-preventable diseases.

Vaccination Verification

Existing laws and regulations require certain vaccinations for children attending school. Schools regularly maintain documentation of people's immunization records. Documentation of students' and workers' COVID-19 vaccination status is useful to inform prevention strategies, school-based testing, contact tracing efforts, and quarantine and isolation practices. When schools request voluntary submission of documentation of COVID-19 vaccination status, they must utilize the same standard protocols that are used to collect and secure other immunization or health status information. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA).

Stay Home When Sick

Staying home when sick is a core essential strategy to keep COVID-19 infection from spreading in schools and to protect others. All HIDOE staff, contracted service providers, visitors and students must complete a [Daily Wellness Check](#) each morning before going to school or work. If any symptoms of illness are present, stay home and follow the [Return to School/Work Criteria](#) before returning to campus. Report any illness or COVID-19 exposure to the school and get tested as soon as possible.

Daily Wellness Check for COVID-19-like Symptoms

If any symptoms of illness are present, do not go to school or work and get tested.

- Fever (higher than 100°F or hot to the touch)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness, weakness)
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptom screening is not required upon arrival at the school or office, but symptom screening may be conducted for anyone who is showing signs of illness at school. Screening must be performed in a safe and respectful manner. Any designated adult can perform the screening.

Masks

Correct and consistent use of a well-fitting mask is a core essential strategy to help prevent and slow the spread of COVID-19 in schools and the community. When people wear a mask, they protect others as well as themselves.

Masks *must* be worn by everyone — students, staff, visitors and contracted service providers — at a HIDOE school campus or facility when indoors and outdoors.

- Individuals are responsible for bringing and maintaining their own mask to wear at school. Replacement masks may be available on campus if a mask becomes damaged, soiled, wet or not accessible.
- Teach and reinforce correct and consistent mask use by students and staff.
- Students and staff should be frequently reminded **not** to touch their mask and to wash their hands or use hand sanitizer frequently.
- Consider the use, by some teachers and staff, of masks with a clear window that cover the nose and mouth and wrap securely around the face. Clear masks are **not** face shields.
 - Clear masks should be determined **not** to cause any breathing difficulties or over heating for the wearer.
 - Teachers and staff who may consider using clear masks include:
 - Those who interact with students or staff who are deaf or hard of hearing.
 - Teachers of young students learning to read.
 - Teachers of students who are new language learners.
 - Teachers of students with disabilities.
- Personnel who need to be within 6 feet of students or staff who are sick should be provided appropriate personal protective equipment (PPE), including an N95 or equivalent (or a surgical facemask if a respirator is not available) and a face shield for eye protection (e.g., in the event of bodily fluid splashes).
 - Face shields are **not** a substitute for masks because of a lack of evidence of their effectiveness for respiratory protection.
- Students seeking exemption from wearing a face mask for medical reasons shall complete the [Request for Face Mask Exemption at School form](#) and submit it to the school.
- Employees seeking exemption from wearing a face mask shall make an ADA request for reasonable accommodations by submitting Form RA-1 and RA-3 to the principal or Complex Area Equity Specialist.
- Masks should **not** be worn by or placed on:
 - Children younger than 2 years of age.
 - Anyone who has trouble breathing or is unconscious.
 - Anyone who is incapacitated or otherwise unable to remove the mask without assistance.

A mask may be temporarily removed for activities such as eating or drinking, sleeping (e.g., preschool students), and when taking a mask break. When not wearing a face mask, other mitigation strategies (e.g., physical distancing, ventilation, and cohorting) must be implemented to the greatest extent possible due to the increased risk for transmission of infection.

Taking a Mask Break

Occasional breaks from wearing a mask may be necessary for some individuals and this will also facilitate drinking water to stay hydrated throughout the day. The necessity and duration of mask breaks will need to be determined on a case-by-case basis. A mask break should be taken outdoors and at least 6 feet of physical distance between all individuals must be maintained. A mask break may be taken in a well-ventilated area if an outdoor space is not feasible. Students taking a mask break must be supervised by an adult.

How to Choose a Mask

Masks can provide different levels of protection depending on the type of mask and how they are used. A mask should fit well and be comfortable enough when worn properly (covering your nose and mouth) so that you can keep it on when you need to. The following key messages come from the CDC website [Types of Masks and Respirators](#), updated Jan. 14, 2022.

- ❖ Do wear a cloth or disposable mask with
 - A proper fit over your nose, mouth, and chin to prevent leaks
 - Multiple layers
 - A nose wire
 - Fabric that blocks light when held up to bright light source
 - Ties behind head and neck to improve fit
- ❖ Do NOT wear a mask with
 - Gaps around the sides of the face or nose
 - Exhalation valves, vents, or other openings
 - Single-layer or thin fabric that does not block light
 - Wet or dirty material

Special considerations:

- A gaiter must have at least two layers of fabric to be worn as a mask at school.
- A face shield alone may not be worn in place of a mask.

It is important to [check that the mask fits](#) snugly over your nose, mouth, and chin.

- Check for gaps by cupping your hands around the outside edges of the mask.
- Make sure no air is flowing from the area near your eyes or from the sides of the mask.
- If the mask has a good fit, you will feel warm air come through the front of the mask and may be able to see the mask material move in and out with each breath.

For more information, visit the CDC's [Your Guide to Masks](#) web page, updated Jan. 21, 2022.

DO choose masks that	DO NOT choose masks that
 <p>Have two or more layers of washable, breathable fabric</p>	 <p>Are made of fabric that makes it hard to breathe, for example, vinyl</p>
 <p>Completely cover your nose, mouth, and chin.</p>	 <p>Have exhalation valves or vents which allow virus particles to escape</p>
 <p>Fit snugly against the sides of your face and don't have gaps</p>	 <p>Not recommended: Evaluation of face shields is ongoing, but effectiveness is unknown at this time.</p>

How to Take Off a Mask

- Carefully, untie the strings behind your head or stretch the ear loops.
- Handle only by the ear loops or ties.
- Fold the outside corners together.
- Be careful not to touch your eyes, nose and mouth when removing and wash hands immediately after removing.

How to Clean a Mask

Reusable masks should be washed as soon as they become dirty, or at least once a day. If you have a disposable face mask, throw it away after wearing it once. Always wash your hands after handling or touching a used mask.

- Include your mask with your regular laundry.
- Use regular laundry detergent and the appropriate settings according to the fabric label, or wash by hand using clean water and laundry detergent or soap.
- Dry your mask completely in a warm or hot dryer, or hang your mask in direct sunlight to dry completely. If you cannot hang it in direct sunlight, hang or lay it flat and let it dry completely.

Please use the following tips when storing a mask.

- Store wet or dirty masks in a sealed plastic bag until you can wash it. Wash wet or dirty masks as soon as possible to prevent them from becoming moldy. Wet masks can be hard to breathe through and are less effective than dry masks.
- Store masks that are not wet or dirty in a paper or mesh fabric bag temporarily to keep it clean between uses. When reusing your mask, keep the same side facing out. If you are

taking off your mask to eat or drink, you can place it somewhere safe to keep it clean, such as your pocket, purse, or paper bag.

General Guidance

Wash hands with soap and water or use hand sanitizer that is at least 60% alcohol before removing the mask and then again before placing the mask back on. Remember only to handle the mask from the ear loops or ties. When the mask is not being worn, it should stay with the person (e.g., held by the ear loop or dangling from an ear) to facilitate its prompt use again following the break.

HIDOE recognizes that some of our population may not be able to follow all recommended health and safety guidelines such as the ability to wear a mask or maintain appropriate physical distance from others. The [Maintaining Health and Safety Practices](#) guidance provides some suggestions on how schools can continue to service these students.

- Those who cannot wear a mask are urged to prioritize virtual engagement when possible.
- When a mask is not being worn, other mitigation strategies must be in place to the greatest extent possible.
- While a face shield is not recommended as a substitute for a mask, those who are not able to wear a mask should choose a face shield that wraps around the sides of the face and extends below the chin or a hooded face shield. This is based on limited available data that suggest these types of face shields are better at preventing spray of respiratory droplets.
- Consider convening a student team to address the mask exemption and propose strategies such as practicing with a mask during short periods of time, especially when physical distance cannot be maintained.

For additional information see the [CDC's Guidance for Wearing Masks](#).

Hand Hygiene (Handwashing and Respiratory Etiquette)

Hand hygiene and respiratory etiquette (covering coughs and sneezes) is a core essential strategy to keep from getting and spreading respiratory illnesses including COVID-19.

- Hand washing or sanitizing stations should be available at the entrances of school, near or inside of classrooms, and in all meeting areas (e.g., library, cafeteria, offices).
- Teach and reinforce handwashing with soap and water for at least 20 seconds.
 - If soap and water are not readily available, use hand sanitizer containing at least 60% alcohol (for staff and older children who can safely use hand sanitizer).
 - Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Provide frequent reminders to wash hands and assist young children with handwashing.
- Monitor to ensure adherence among students and staff.

- Avoid touching eyes, nose, mouth and mask.
- Encourage staff and students to cover coughs and sneezes with a tissue.
 - Throw used tissues in the trash and wash hands immediately with soap and water for at least 20 seconds or use hand sanitizer.

Adequate Hygiene Supplies

- Support healthy hygiene behaviors by providing adequate supplies, including masks, soap and water, hand sanitizer with at least 60% alcohol, paper towels, tissues, disinfectant wipes, and no-touch or foot pedal trash cans.

Signs and Messages

- Post signs that promote everyday protective measures in highly visible locations, such as the health room, restrooms, hallways, classrooms and offices.
- Use simple, clear and effective language about behaviors that prevent COVID-19 spread when communicating with staff and families.
- Translate materials into common languages spoken by students, faculty and staff in the school community.
- Consider using the following resources:
 - [DOH COVID-19 Guidance for Schools](#) provides printable resources for school administrators, students, families and the public
 - [Stop the Spread of Germs](#)
 - [CDC Wash Your Hands!](#)
 - [COVID-19 Protective Hand-washing](#)

Mitigation Strategies to Maintain Healthy Operations and Environments

'Ohana Bubbles or Cohorting

'Ohana bubbles or cohorting means keeping students and staff together in a small group and having each group stay together. 'Ohana bubbles or cohorting can be used to limit the number of students and staff who interact with each other, especially when it is challenging to maintain physical distance, such as among young children. These are strategies schools may use to help limit the spread of COVID-19 by:

- Decrease opportunities for COVID-19 exposure.
- Facilitate more efficient contact tracing in the event of a person with COVID-19 infection.
- Allow for targeted quarantine of the cohort in the event of a person with COVID-19 infection or a cluster of people with COVID-19 infection.

Cohorting Implementation

- 'Ohana bubbles or cohorting does **not** eliminate the risk of COVID-19 spread.
- 'Ohana bubbles or cohorting helps to reduce the spread of COVID-19 to fewer people.
- Keep students and teachers in distinct groups that stay together throughout the entire school day during in-person classroom instruction, meals, and recess time to minimize exposure across classes, grades and the school.
- Limit mixing between groups so there is no interaction between 'ohana bubbles or cohorts.

Ventilation

See CDC's [Ventilation in Schools and Childcare Programs](#), updated Feb. 26, 2021. See CDC's [Ventilation in Buildings](#), including frequently asked questions, updated June 2, 2021.

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of SARS-CoV-2 virus particles in the air. Bringing fresh outdoor air into a building helps keep virus particles from concentrating inside.

- Increase outdoor air ventilation.
 - When weather conditions allow, increase fresh outdoor air by opening windows and doors.
 - Do not open windows and doors if doing so poses a safety or health risk to children using the facility.
 - Use fans to increase the effectiveness of open windows.
 - Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.

- Strategic window fan placement in exhaust mode can help draw fresh air into a room via other open windows and doors without generating strong room air currents.
- Move activities, classes and meals outdoors when circumstances allow.
- Ensure heating, ventilation and air conditioning (HVAC) settings maximize ventilation.
- Ensure ventilation systems are serviced and operating properly.
- Set HVAC systems to bring in as much outdoor air as the system will safely allow to reduce or eliminate HVAC air recirculation, when practical.
- Increase the HVAC system's total airflow supply to occupied spaces when practical; more air flow encourages air mixing and ensures any recirculated air passes through the filter more frequently.
- Consider portable air cleaners that use high-efficiency particulate air (HEPA) filters to enhance air cleaning, particularly in higher-risk areas (e.g., interior rooms with poor ventilation), when possible.
- Use exhaust fans in restrooms and kitchens.
- Inspect and maintain exhaust ventilation systems in restrooms and kitchens.
- Ensure restroom and kitchen exhaust fans are on and operating at full capacity when the school is occupied and for two hours afterward.

Physical Distancing

Schools should implement physical distancing to the extent possible within their structures but should **not** exclude students from in-person education to keep a minimum distance requirement. Several studies from the 2020-21 school year show low COVID-19 transmission levels among students in schools that had less than 6 feet of physical distance when the school implemented and layered other mitigation strategies, such as the use of masks.

- Maintain at least 3 feet of physical distance between students within classrooms, when possible.
- Maintain at least 6 feet of physical distance between students when not wearing masks (e.g eating or drinking), when possible.
- Maintain at least 6 feet of physical distance between students and staff, and between staff members who are **not** up to date with vaccines, when possible.
- When it is **not** possible to maintain a physical distance of at least 3 feet, implement the core essential strategies and additional layered mitigation strategies to the extent possible to reduce the risk to in-person education.

Modified Layouts

- Space seating and desks as far apart as possible.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart as much as possible.
- Modify learning stations and activities so there are fewer students per group, spaced apart as much as possible.

- Avoid direct contact between students and staff as much as possible.

Physical Barriers and Guides

- Physical barriers are **not** a substitute for masks.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to remind staff and students to maintain as much distance as possible in lines and at other times (e.g., guides for creating “one-way routes” in hallways).

Communal Spaces

- Communal spaces such as cafeterias and bathrooms may be used with planning. Plans for each communal space should be based on the risk of COVID-19 spread in that space, with priority for mitigation strategies given to higher-risk spaces. For example:
 - Cafeterias pose a higher risk of COVID-19 spread because they are indoors, people remove their masks to eat and drink, and meals are usually more than 15 minutes in duration.
 - Bathrooms pose a lower risk of COVID-19 spread because people keep their masks on, can stay 3 feet apart from others, and usually spend less than 15 minutes in bathrooms during the school day.
- In **cafeterias or indoor rooms** (e.g., breakrooms, classrooms) where people eat and drink and do **not** wear masks, a close contact is any adult or student who was within 6 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period.

Cleaning and Disinfecting

See CDC's [Cleaning and Disinfecting Your Facility](#), updated on June 15, 2021, for more information.

Cleaning and disinfecting are part of a broad approach to prevent infectious diseases, including COVID-19, in schools.

- In most situations, the risk of infection from touching surfaces is low, according to CDC.
- Cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces.
- Prioritize high-touch surfaces for cleaning.
- The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.
- If there has been a sick person or someone who tested positive for COVID-19 in a space within the last 24 hours, clean **and** disinfect the space.
- Use a disinfectant product from the [Environmental Protection Agency's List N](#) that is effective against COVID-19.

When to Clean and Disinfect a School When Someone is Sick

Upon consultation and confirmation by the COVID-19 Response Team, the Office of Facilities and Operations (OFO) will begin working with the principal, supervisor or designee on a cleaning plan and schedule. If someone is suspected to have COVID-19 while on campus, close off any areas used or accessed by the individual. The OFO representatives on the COVID-19 Response Team shall determine sanitization priorities and protocol.

- **If less than 24 hours have passed** since the person who is sick or diagnosed with COVID-19 has been in the space, clean, disinfect and ventilate the space.
- **If more than 24 hours have passed** since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough.

The following steps should also be taken and information relayed to the COVID-19 Response Team:

- Identify all areas accessed by the positive case during the infectious period.
- AS, CAS, principal, supervisor and/or designee decide on what areas, rooms, and buildings to close and/or sanitize.

Additional CDC guidance for [Cleaning and Disinfecting Your Facility](#) is available. For more information, contact OFO at (808) 784-5000.

Daily Cleaning of Facilities Protocol

There are daily cleaning procedural expectations for Custodial Service Workers recommended by the [Occupational Safety and Health Administration](#) (OSHA). The cleaning schedule for school facilities should adhere to guidance from the CDC and DOH as available. School facilities should be cleaned daily including high-touch areas, such as door knobs, light switches, counters, desks and chairs, railings and water fountains.

Proper PPE, such as masks and disposable gloves, should be worn at all times during the preparation, cleaning, and disinfection of school facilities.

- Clean all frequently touched surfaces as often as possible and at minimum, each day:
 - School hardware may be cleaned before school, during recess, lunch recess, and after school.
 - When classes are in session, custodians may clean doorknobs, handrails and water fountains.
- Wear disposable gloves for all tasks in the cleaning process, including handling trash.
 - Additional PPE may be required based on the cleaning/disinfectant products being used and whether there is a risk of splashes.
 - Gloves should be removed carefully to avoid contamination of the wearer and the surrounding area.
- When disinfecting, use EPA-[registered products](#) or [diluted bleach](#) against the virus that causes COVID-19.

- Always read the labels and safety data sheet of any chemicals used in daily work before using the product.
- Follow the manufacturer's instructions for safe, effective use.
- Disinfectants are most effective when surfaces are pre-cleaned prior to disinfection.
- Be aware of the "contact" time for your disinfectant to be effective.
- Provide touch-free waste-disposal containers.
- Ensure that facilities are regularly cleaned, sanitized, and disinfected, and that hazardous materials are disposed of properly.
- Always wash hands immediately for at least 20 seconds with soap and water after removing gloves and after contact with a person who is sick.
- Principals, with head custodians, should develop a daily schedule for the custodial staff to clean school hardware. High touch surfaces outside of classrooms should be cleaned multiple times throughout the day with special attention given to high-traffic locations such as restrooms and the front office.

Request for PPE and Industrial Hygiene (IH) Supplies

HIDOE school, complex area, and state office requests for PPE and IH supplies will be filled based on assessments of current and future PPE needs for individuals or groups of higher risk of exposure.

- Given the dynamic nature of the pandemic, requests are subject to considerations of the overall response needs and supply chain limitations.
- OFO provides essential PPE and IH supplies to HIDOE offices and schools. These PPE and IH supplies are procured from a combination of the Hawai'i Emergency Management Agency, commercial vendors, and donations. Essential PPE items include disposable surgical face masks, KN95 face masks, face shields, gloves, surgical gowns, hand sanitizer and disinfectant.

OFO will continue to work and consult with the HIDOE Office of Talent Management (OTM) and Office of Student Support Services (OSSS) to determine the appropriate PPE needed for various categories of workers.

- Needs will continue to be based on CDC guidance and the risk of exposure levels described by the Hawai'i State Department of Labor and Industrial Relations and OSHA.

Requests:

- Please read the DOE Memo dated August 5, 2021, *Personal Protective Equipment and Industrial Hygiene Questionnaire*, that will be used for public reporting. Throughout the year, offices and schools can use this [questionnaire](#) to flag a need for any of the essential PPE/IH items.
- HIDOE offices and schools must have appointed logistics coordinators who manage their respective office or school's PPE and IH supplies. Logistics coordinators are also

responsible for updating their office or school's PPE and IH counts through the [CPT inventory system](#) on a *weekly basis* (e.g., every Friday of each week). These inventory levels are used by OFO to determine ongoing PPE and IH supply reorder and resupply needs. Replenishment of PPE and IH supplies is subject to availability (e.g., nitrile glove supply may be low across the state and/or nationally). The logistics coordinators may contact the Safety, Security, and Emergency Preparedness Branch (SSEPB) at (808) 784-5170 for further guidance, if necessary.

- OFO will continue to work with the complex areas and schools to identify and provide special PPE and IH supply needs as they arise.
- In case of an emergency, schools should keep their CAS apprised and contact SSEPB whenever necessary.
- A hotline for urgent PPE and IH supply requests from HIDOE schools and offices is available at (808) 784-5185.

Daily Cleaning of Technology Devices

Devices that are loaned to students/staff for distance learning and telework should be cleaned upon return and reissuance to another person. For devices used throughout the day by multiple people, cleaning should occur between use by the next person.

- [General steps to cleaning commonly used technology devices](#) (e.g., computers, tablets, laptops, phones)
- For detailed steps and information:
 - Review "Cleaning of Devices" in the [HIDOE Technology Guidance for Employees](#) (employee login required).

Food Service and School Meals

- Maximize physical distancing as much as possible when in food service lines and while eating.
- Use additional spaces for mealtime seating such as the gymnasium or outdoor seating to facilitate physical distancing.
- Layer mitigation strategies during eating and drinking indoors, such as:
 - Cohorting
 - Assigning seats
 - Having students and staff sit facing the same direction
- Improve ventilation in food preparation, service, and seating areas.
- Because of the very low risk of transmission from surfaces and shared objects, there is **no** need to limit food service approaches to single-use items and packaged meals.
- Clean frequently touched surfaces.
- Surfaces with food contact should be washed, rinsed and sanitized before and after meals.
- Promote handwashing using reminders and visual guides.

- In the event of a positive COVID-19 case that disrupts meal service, the school administrator should contact their complex area superintendent and school food service district supervisor. The school administrator, cafeteria manager and district supervisor will work together to determine a strategy to ensure meal service will not be interrupted. The district supervisor will then contact the School Food Service Program Administrator.

Sleeping Spaces

- Maximize physical distancing between sleep mats as much as possible.
- Position students head to toe to maximize distance between their faces.
- Assign nap mats to individual students and clean regularly.
- Prioritize improving ventilation in spaces for sleeping.
- Masks should **not** be worn when sleeping.

School Buses and Vehicles

- The CDC issued an [Order](#) on January 29, 2021 requiring the wearing of masks by people on public transportation conveyances, including school buses, to prevent the spread of COVID-19.
- Drivers and passengers **must** wear a mask over their nose and mouth on school buses and at bus stops at all times.
- Have spare masks available to ensure all students wear masks on school buses.
- No eating or drinking.
- Keep vehicle front and rear windows open to promote ventilation when it does not create a safety or health hazard.
- Sanitize hands before students get on the bus.
- Have household members sit together.
- Load the bus back to front, and unload front to back, to limit students standing in the aisles next to those seated, when possible.
- Create physical distance between students on buses or transportation, when possible.
- Assign seats, in order to facilitate cohorting when possible.

Additional Considerations

Visitors

- All visitors and contractors must comply with [Governor David Ige's emergency proclamation](#) when entering, working or providing services in any state facility, including public schools, for longer than 10 minutes. Requirements include the following:
 - Provide verification of being fully vaccinated.
 - Provide a negative COVID-19 test result if not fully vaccinated.
 - Wear a mask at all times and physically distance yourself from others.
- Review protocols for arrival on campus. For example, all visitors must report to the main administration office to ensure sign-in, wellness checks and proper vetting protocols are completed.
- Limit nonessential visitors, volunteers and activities involving external groups or organizations with people who are not up to date with vaccines.
- Do **not** limit access for direct service providers but ensure compliance with requirements for contractors and visitors.
- Emphasize the importance of staying home when sick.
- Limit visits to multiple campuses for staff who are not up to date with vaccines.
- Ensure that visitors are knowledgeable of and practice COVID-19 mitigation strategies to the greatest extent possible while on campus.

Drop-off/Arrival Times

- Establish clear policies for student entry and dismissal from campus that promote physical distance between individuals. Consider staggering drop-off and arrival times for students, so that large groups of people are not arriving and leaving at the same time to minimize overcrowding and close contact in confined areas.
- Parents/legal guardians should remain in their car when dropping off or picking up their child. If they must disembark their vehicle, they must wear a mask. As soon as parents/legal guardians drop-off and/or pick-up their child, they should immediately depart in order to minimize the footprint and size of crowds on the campus.

Recess and Physical Education

- Students and staff should stay in their 'ohana bubbles or cohorts to decrease mixing across classes and grades and to facilitate identification of close contacts if a case is reported.
- Students and staff must wear masks in crowded outdoor settings or during activities that involve sustained close contact with other people, including recess and physical education.
- If physical education class is outdoors AND a distance of at least six feet between individuals can be maintained, masks may be removed.

- Students and staff who were in recent isolation or quarantine (e.g., released after 5 days) must wear a mask at all times through day 10.
- When recess or physical education is held indoors, masks must be worn and mitigation strategies such as ventilation and physical distancing implemented to the greatest extent possible to reduce the risk for transmission.

Field Trips, Meetings, and Assemblies

- Promote as much physical distancing as possible between students, staff and members of the public, and limit group size.
- Keep students and staff within their defined cohorts, as much as possible, and ensure as much distance as possible between each cohort group (e.g., by using aisle space or other markers that separate the groups).
- No eating, drinking, and singing during indoor events.
- Keep records of seating charts.
- [HIDOE COVID-19 Guidance for offices, training facilities and meeting rooms.](#)

Before and After School Child Care Programs

- Students and staff should comply with school day policies and procedures.
- Avoid mixing students from different classes and cohorts within a school and across different schools to reduce the risk of COVID-19 spread.
- Core essential strategies **must** be implemented.
 - Promote vaccination for all staff and eligible students.
 - Direct students and staff to stay home when sick.
 - Correct and consistent masking.
 - Hand hygiene.
- Multiple layered mitigation strategies should be implemented to the extent possible.
 - Designated 'ohana bubbles or cohorts, improving ventilation, physical distancing, screening testing, and cleaning and disinfection.
- Prioritize outdoor activities.
 - Students and staff should stay in their 'ohana bubbles or cohorts to decrease mixing across classes and grades and facilitate identification of close contacts.
- Keep records of students and staff in attendance.
- Keep records of 'ohana bubbles or cohorts, if implemented.
- Prepare for when a student or staff has COVID-19.
 - See section below, [Preparing for When Someone is Sick with COVID-19.](#)
 - See [What to Do If a Person at School has COVID-19.](#)
 - Immediately notify the school that the student attends or the school where the staff is employed.

High Risk Activities

Some activities are considered high-risk for disease transmission due to increased exhalation, difficulty with implementing mitigation strategies such as mask wearing and physical distancing, number of participants, and location (i.e., the risk of COVID-19 spread is usually lower when outdoors). Examples of high risk activities include indoor or close-contact sports, singing, and playing wind instruments.

- Individuals who have tested positive, regardless of vaccination status, must remain out of high-risk activities until **10 days** have passed since symptom onset or test collection date, even if asymptomatic.
- Close contacts who are not up to date with all recommended COVID-19 vaccines **and boosters** for their age group or recovered from COVID-19 in the last 90 days, must remain out of high-risk activities until **10 days** after their last exposure.
- Students and staff should comply with school day policies and procedures.
- In-person education should be prioritized over sports and extracurricular activities.
- Students and staff should **not** participate in high-risk activities when they have symptoms consistent with COVID-19, and they should get [tested](#).
- Schools should consider using screening testing for students and staff (e.g., coaches, teachers, advisors) who are **not** up to date with COVID-19 vaccines and who participate in and support these high-risk activities.
- Facilitating safe participation in high-risk activities can reduce COVID-19 spread and the risk to in-person education.
- Mixing students from different classes and cohorts within a school and across different schools increases the risk of COVID-19 spread.

View the Department's [COVID-19 Guidance for Athletics for School Year 2021-22](#).

Communications

- Staff and families should self-report to their school or office if they or their students have symptoms of COVID-19, a positive COVID-19 test, or were in close contact with someone with COVID-19 within the last **10 days**.
- If the positive case was on campus in the last **10 days**, the DOH and the school community must be notified.
- A summary of all cases reported at HIDOE schools is posted online at [HIDOE COVID-19 Information and Updates](#).

Travel

Student travelers must follow all applicable international, state, and county requirements at the time of the trip. See [Safe Travels Hawai'i](#) for detailed information about those requirements.

Students who travel out-of-state must also complete one of the following pathways to return to

school:

1. Be up to date with vaccines before the return flight to Hawai'i and show proof of vaccination to the school; or
2. Test for COVID-19 (2 steps)
 - a. Students ages 5 and older must show proof of:
 - i. [Safe Travels](#) pre-travel test result *and*
 - ii. A post-travel test result (see a list of acceptable tests at www.hawaiicovid19.com/travel-partners under "Domestic Trans-Pacific Trusted Testing Partners")
 - b. Students under 5 years of age must show proof of:
 - i. The travel companion's vaccination or [Safe Travels](#) pre-travel test result *and*
 - ii. Their own post-travel test result (see a list of acceptable tests at www.hawaiicovid19.com/travel-partners under "Domestic Trans-Pacific Trusted Testing Partners"); or
3. Stay home
 - a. Students stay home for 5 days after returning to Hawai'i
 - b. Students not able to mask consistently and correctly (e.g., mask exemption or preschool) stay home for 10 days after returning to Hawai'i; or
4. Within 90 days of COVID-19 infection, show proof of the COVID-19 diagnosis and return to school after the isolation period is complete, no fever for 24 hours without the use of medication, and symptoms improved (i.e., no COVID-19 test or quarantine required if asymptomatic).

The school may request documentation of COVID-19 vaccination, test results, diagnosis, and/or travel itinerary. If health information is provided, it must be stored like a medical record. If documentation is not provided to the school, the student who traveled out of state may be required to stay home after returning to Hawai'i before attending class in-person.

See the section on "[Acceptable Tests for Clearance to Attend School/Work](#)" for more information.

Preparing for When Someone is Sick with COVID-19

Before a Case of COVID-19 Occurs

- Schools should establish a COVID-19 point of contact.
 - Provide a telephone number and email address to the DOH and the school community that will be checked at least daily, including on weekends and holidays.
 - This will help ensure timely notification of schools when a positive case or close contact occurs or when DOH becomes aware of a cluster of infected persons related to a school setting.
- Schools should be familiar with the processes to:
 - Report persons with COVID-19 infection to DOH.
 - [Identify close contacts](#).
 - Notify school close contacts at school and provide them with the [COVID-19 Close Contact Notification for Schools](#) and the [Home Isolation and Quarantine Guidance for Schools](#).

Response Procedures for Cases of COVID-19 at a School or Office

Take these steps when there is a:

- **Laboratory-confirmed case:** Someone received a positive COVID-19 diagnostic test, a diagnosis from an authorized medical professional, or the DOH reported the case to the school. This includes PCR and antigen tests from a CLIA-approved laboratory or under a CLIA waiver. You do not need to have a copy of the test result to select this option.
- **Probable case:** Someone has one or more COVID-19-like symptoms and has a known exposure (i.e., lives in a household or is a close contact) with a person with COVID-19. This also includes individuals who test positive with an unobserved home antigen test.
- These steps do not apply to asymptomatic close contacts.

Step 1: Determine if the case was on campus in the last 10 days. If NO, no additional steps are required. If YES, proceed to Step 2.

Step 2: Determine if the case on campus during the infectious period, which begins 48 hours before the onset of symptoms or if no symptoms, 48 hours before the date the positive test was conducted, until they meet the criteria for [ending isolation](#).

- If YES, on campus during the infectious period:
 - a. **Identify close contacts** at school (e.g., students, employees, casual hires and vendors). See the [DOH's isolation and quarantine guidance for schools](#) for close contact criteria.
 - b. Notify close contacts:
 - Provide [Close Contact Notification for Schools](#)

- Provide [DOH's isolation and quarantine guidance for schools](#)
- Document all outreach (e.g., date/time of phone call or email).

c. **Keep track of close contacts** using the [Close Contact Report Form for Schools](#) (bit.ly/2XScd1x updated 9/30/21) or another format that you have developed. The form is not required to be submitted to the DOH, but they may request the information during a cluster investigation. Upload the close contact form to the DOH online case report tool (see Step 3) or keep this information confidential in your record keeping system.

d. **Clean, disinfect, and ventilate if less than 24 hours** have passed since the case has been in the facility. If more than 24 hours have passed, cleaning is sufficient. See [Cleaning and Disinfecting Your Facility](#) for more information.

- If NOT on campus during the infectious period, proceed to Step 2.

Step 3: Prepare a broad [school community notification](#). [Translated notifications](#) are available, if needed, with broad language. If there is concern about a potential cluster, use [this letter](#). Edit the templates as needed. Do not include medical info or identify the positive case. Send notifications to families via School Messenger and/or hard copy. Do not post to the school's social media platforms or website. A copy of the notification may be uploaded to the DOH online case report website for records (see Step 4).

- If the positive case was on campus in the last **10 days**, the DOH and the school community must be notified.
- Notification may go out daily, or if cases are reported on multiple days, a weekly summary notification may be appropriate.

Step 4: Notify the DOH using the online [Case Reporting Tool](#) (CRT) within 24 hours. If the case visited multiple campuses, it should only be reported to the DOH one time. The school principal or designee, Assistant Superintendent or designee, supervisor, or contract manager is responsible for reporting the case. You may upload any documents related to the positive case to the CRT so that all materials are in one secure location for reference. See the October 14, 2021, memo titled "New Hawaii State Department of Health Online Case Reporting System" or the [Frequently Asked Questions C19 Case Reporting Tool](#) for more information.

Step 5: Determine when it is safe for employees and/or students to return to their worksite or campus. See the [Return to School/Work Criteria](#) for detailed information about isolation and quarantine protocols.

Step 6: If any household members of the case attend another HDOE school, please notify the principal of the other school.

For immediate assistance, please contact your POCs below.

- Facility cleaning & disinfection: Jeremy Koki
- School health & COVID-19 response process: Jennifer Ryan
- Communication & templates: Derek Inoshita

- Disruptions to the school/office operations (e.g., personnel shortage) as a result of this case, contact your CAS/AS and Deputy Superintendent

An overview of the COVID-19 response protocol is described in [this flyer](#). To receive a summary of the Department's COVID-19 response instructions and templates, please email covid19@k12.hi.us.

If you would like to request guidance from the DOH regarding the COVID-19 response process, email doh.c19schools@doh.hawaii.gov or call:

Phone numbers for the DOH:

- Monday-Friday 7:45 am-4:30 pm
 - Honolulu County, (808) 587-6845 option 4 or (808) 586-4586 option 4
 - Kaua'i County, (808) 241-3387
 - Maui County, (808) 984-8213, ask for School Liaison
 - Hawai'i County, (808) 796-0098
- After Hours/Weekends/Holidays
 - O'ahu (808) 600-3625
 - Neighbor Islands (800) 360-2575, toll-free number

Considerations

- More information about [distance learning support](#) in the event of a classroom or school closure.
- For more information about the types of leave to use in the event of a positive case and/or possible staff exposure, view the following memos:
 - January 11, 2022: [Update: Employee Leaves Related to COVID-19](#) (Lotus Notes login required).

Close Contacts and Quarantine

Per [DOH guidance](#), when individuals have ongoing close contact with a person with COVID-19 because they live in the same house and they must quarantine, the quarantine period begins after the person with COVID-19 is released from isolation.

If a school can clearly identify the students and staff who meet the definition of a close contact, it will help limit the number of persons quarantined and tested to those with greatest risk for exposure to the infected person. Definitions of close contacts in the school setting:

- An **adult** close contact is defined as being within 6 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period (regardless of mask use).
- A **student** close contact in the **preK–12 indoor classroom setting or a structured outdoor setting** where mask use can be observed (i.e., when class is held outdoors) is

defined as within 3 feet of a positive student if both the infected student and the exposed student(s) [correctly and consistently](#) wore well-fitting [masks](#) the entire time.

- This does not apply to teachers, staff, or other adults in the indoor classroom setting.
- A **student** close contact is defined as being within 6 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period if not wearing masks correctly and consistently the entire time.
- In **cafeterias** or **indoor rooms** (e.g., breakroom, classroom) where people eat and drink unmasked, a close contact is an adult or student who was within 6 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period.

Examples where all persons in the class would be considered close contacts includes:

- Cohorts in classrooms that spend the entire day together and have prolonged interactions closer than 3 feet.
- Classrooms that do not have assigned seats and/or students are frequently moving around in class.
- Cohorts that engage in activities that may increase the risk of transmission (e.g., eating and drinking indoors, singing indoors, playing brass or woodwind musical instruments indoors).

Examples where all persons in the class may **not** be considered close contacts include:

- Classrooms with assigned seating and students remain seated throughout class.

Group A: Close Contacts Who Need to Quarantine for 5 Days

1. Ages 18 and older who are **not** up to date with COVID-19 vaccines
 - Up to date is when someone has received all [recommended vaccine doses](#), including booster dose(s) when eligible.
2. Ages 17 and under who are **not** fully vaccinated or not eligible for vaccination
 - Fully vaccinated means a person has received their [primary series](#) of COVID-19 vaccines.
 - Many people who are [immunocompromised](#) may need an additional dose as part of their primary vaccine series.

To calculate the quarantine period, the date of exposure is considered day zero. Day 1 is the first day after the last contact with a person who has had COVID-19. For individuals in Group A, quarantine is required for 5 days after the last contact with the person with COVID-19, AND:

- Testing is recommended (not required) on day 5.
- Well-fitting masks must be worn around others at all times in school settings.
- Watch for symptoms for 10 days after the close contact.
- If symptoms develop, immediately self-isolate and get tested.

Group B: Close Contacts Who Do NOT Need to Quarantine

1. Ages 18 and older who are up to date with COVID-19 vaccines

- Up to date is when someone has received all [recommended vaccine doses](#), including booster dose(s) when eligible.
2. Ages 5 to 17 who are fully vaccinated
 - Fully vaccinated means a person has received their [primary series](#) of COVID-19 vaccines.
 - Many people who are [immunocompromised](#) may need an additional dose as part of their primary vaccine series.
 3. Anyone recovered from COVID-19 in the last 90 days
 - The 90-day period begins on the date the symptoms first appeared or, if asymptomatic, the date when the positive test was conducted.

If they do **not** have symptoms, Group B individuals:

- Do **not** need to quarantine.
- Testing is recommended (not required) on day 5, unless recovered from COVID-19 in the last 90 days.
- Well-fitting masks must be worn around others at all times in school settings.
- Watch for symptoms for 10 days after the close contact.
- If symptoms develop, immediately self-isolate and get tested.
 - If a positive result is received or if no test is conducted, the person must isolate as per usual guidance using symptoms onset as the day zero.

Group C: Close Contacts Who Need to Quarantine for 10 Days

1. Anyone who cannot wear a mask consistently and correctly at school (e.g., mask exemption for a medical condition or preschool student).

To calculate the quarantine period, the date of exposure is considered day zero. Day 1 is the first day after the last contact with a person who has had COVID-19. For individuals in Group C, quarantine is required for 10 days after the last contact with the person with COVID-19*, AND:

- Testing is recommended (not required) on day 5.
- Watch for symptoms for 10 days after the close contact.
- If symptoms develop, immediately self-isolate and get tested.

The DOH does not provide “clearance” letters for close contacts. Schools should not require a negative COVID-19 test or a clinician’s note to return to school if the person meets the conditions above.

Positive Cases and Isolation

Group A: Have COVID-19 and Never Develop [Symptoms](#)

Isolate for at least 5 days. To calculate the isolation period, day zero is the day that the positive test was collected and day 1 is the first full day after. A [well-fitting mask](#) must be worn at school.

- If unable to wear a mask consistently and correctly (e.g., mask exemption or a preschool student), isolate for at least 10 days.

Group B: Have COVID-19 and [Symptoms](#) Either Before or After the Positive Test Date

Isolate for at least 5 days after the symptoms first appeared. To calculate the isolation period, day zero is the first day of symptoms. If symptoms develop after the positive test date, the isolation period restarts and day zero is the first day of symptoms.

- The isolation period is complete after 5 days if fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved.
- If fever or other symptoms have not improved after 5 days of isolation, stay in isolation until fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved or until at least 10 days have passed.
- People who are severely ill with COVID-19 (including those who were hospitalized or required intensive care or ventilation support) and people with [compromised immune systems](#) might need to isolate at home longer. Consult with your healthcare provider about when you can resume being around other people.
- A [well-fitting mask](#) must be worn at school. If unable to wear a mask consistently and correctly (e.g., mask exemption or a preschool student), isolate for at least 10 days.

The DOH does not provide “clearance” letters for close contacts. Schools should not require a negative COVID-19 test or a clinician’s note to return to school if the person meets the conditions above.

When Someone Becomes Sick, Receives a Positive Diagnosis, or is Identified as a Close Contact at School and Must Quarantine

If someone at school is ill, receives a positive COVID-19 test result, or is identified as a close contact who must quarantine, separate the individual in an area with at least six feet of distance away from others. The individual must be sent home or to a health care facility depending on symptom severity. Provide a copy of the [Return to School/Work Criteria](#) so that it is clear when it is safe to return to campus.

If the person must wait for pick-up, identify an isolation area, ideally with a dedicated restroom not used by others.

- Students should be isolated in a non-threatening manner and within the line of sight of an adult.
- Choose an area with good ventilation that is easy to clean and disinfect.
- Have a waste receptacle in the area for used tissues and/or vomit.
- If more than one person is in the isolation area, everyone must wear a mask and stay 6 feet apart.

Ensure personnel managing students or employees who are potentially infected with COVID-19 are protected from exposure.

- Personnel who need to be within 6 feet of someone who is potentially infected with COVID-19 should be provided appropriate personal protective equipment (PPE),

including a face shield or goggles, an N95 or equivalent (or a surgical facemask if a respirator is not available) and follow [standard and transmission-based precautions](#).

- Gloves and gowns are **not** routinely required but consider use during interactions with a student or employee who is actively coughing or with special medical needs which may result in aerosol generation (e.g., child with tracheostomy who requires suctioning).
- Personnel should be trained on appropriate use of PPE.
- **Clean and disinfect** any isolation areas, work areas, shared common areas (including restrooms) and any supplies, tools, or equipment handled by an ill student or staff in the last 24 hours.

Cluster

The DOH and HIDEOE work collaboratively to identify any potential clusters involving schools and the DOH investigates the source of infection. When there is a potential cluster, even if it has not yet been confirmed by the DOH, [this letter](#) may be customized for distribution to the school community to demonstrate the administration's awareness, explain what a cluster is, and describe what steps are being taken. The DOH cluster report is published [online](#).

- **DOH K-12 Cluster Definition:** Three (3) or more confirmed or probable cases of COVID-19 among students, teachers, or staff within a specified core group in a 14-day period as long as those cases do not have suspected outside exposure (i.e., they are not household members or close contacts outside the school setting).
 - A core group includes but is not limited to extracurricular activity, cohort group, classroom, before/after school care, bus route, etc.
 - Cluster cases have symptom onset or positive test result (whichever comes first) within 14 days of each other.
 - A school sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school or local education agency (LEA) or an organization sanctioned by the LEA. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities.
 - Identifying cases as part of a cluster does not necessarily imply that transmission has occurred in the site or at the event associated with the cluster.

Reporting a Potential Outbreak

Schools are required to immediately report to the DOH by telephone or by using [this form](#) when absence due to COVID-19 or influenza-like illness reaches the following thresholds:

- Absentee rate exceeds 10% for entire school; **or**
- Absentee rate exceeds 20% of one grade or classroom.

Hawai'i Keiki: Healthy and Ready to Learn Program

In partnership with the University of Hawai'i at Mānoa Nancy Atmospera-Walch School of Nursing, the Hawai'i Keiki: Healthy & Ready to Learn (HK) program is helping to address the impact of COVID-19 on students and schools. HK nurses, supporting every complex statewide, are available to support schools with the following services during school year 2021-22:

- [Hotline and telehealth services](#) to address student's COVID-19 or other medical concerns at **(844) 436-3888** (toll free) on Monday through Friday from 8 am to 3 pm (excluding holidays);
- COVID-19 school readiness assessment;
- Contingency planning for medically fragile students;
- Rapid response to reported cases at school;
- Training for students and staff to decrease the spread of COVID-19; and
- Weekend support for school administrators responding to COVID-19 cases on campus at (808) 265-3340 on Sat/Sun from 8:00-3:00.

Please reach out to the HK Complex RNs or Complex Area APRN, contact information can be found [here](#).

Additional Information on Testing for COVID-19

Acceptable Tests for Clearance to Attend School/Work

For clearance to attend school or work (e.g., students not up to date with vaccines who traveled out of state, someone with COVID-19-like symptoms who wants to return sooner than five days, or employee attestation), see a list of acceptable tests at

www.hawaiicovid19.com/travel-partners under “Domestic Trans-Pacific Trusted Testing Partners.” These tests are authorized by the U.S. Food and Drug Administration (FDA) for Emergency Use (EUA) from a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory or under an approved CLIA Certificate of Waiver. The list includes most community-based antigen and PCR tests, as well as a few at-home COVID-19 tests conducted under video observation. Unproctored home tests are currently not acceptable for clearance purposes.

Tests Acceptable to Initiate a Positive COVID-19 Response at School

A positive test result, including a positive home test result, is sufficient to initiate the COVID-19 response at school.

- People who receive a positive PCR test should be classified as positive. Further testing is not recommended and will not change the COVID-19 response actions at school.
- People who receive an initial positive antigen test AND have symptoms or are a close contact should be classified positive. Further testing is not recommended and will not change the COVID-19 response actions at school.
- People who receive an initial positive antigen test and have no symptoms with no known exposure, may use a PCR test to confirm the diagnosis. If a confirmatory PCR test is performed, the PCR test must be taken within 48 hours of the initial positive antigen test or it will be considered a separate result and response at school should be based on the initial positive antigen test. If no confirmatory test is performed, actions should be based on the positive antigen test. If the confirmatory PCR test result is negative, the person can be released from isolation and the close contacts can be notified and released from quarantine.
- A close contact with any COVID-19-like symptoms should be classified as positive and indicated as a probable case on the CRT; a test is not required to initiate the COVID-19 response at school.

Diagnostic Testing

The DOH considers both antigen and PCR tests to be diagnostic tests. Schools should recommend diagnostic testing to any student or staff who exhibits [symptoms of COVID-19](#) or is identified as a close contact of a positive case at school, regardless of vaccination status.

To offer diagnostic testing, including rapid point-of-care testing at school:

- Test administrators must be trained in specimen collection.
- Appropriate [personal protective equipment \(PPE\)](#) must be available and worn during the testing process.
- The school must have a Clinical Laboratory Improvement Amendments (CLIA) [certificate of waiver](#).
- All diagnostic testing performed at school **must** be reported to DOH as mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
- For persons who test positive for COVID-19, see section above, Response Procedures for Cases of COVID-19.
 - See [What to Do If a Person at School has COVID-19](#).
 - See [What To Do If You Have Been Tested for COVID-19](#).
 - See [Home Isolation and Quarantine Guidance](#).

Screening Testing

COVID-19 screening testing is a mitigation strategy that schools can consider for an additional layer of protection and to reduce the risk to in-person education. In partnership with the DOH and health service providers, schools may consider offering COVID-19 testing for staff, contracted service providers, students and their families. Someone diagnosed with COVID-19 in the last 90 days should not participate in screening testing. Consent from a parent or legal guardian (for minor students) or from the individual (for adults and students 18 years of age and older) is required for participation in school-based testing. See CDC's [School Testing for COVID-19](#), updated August 25, 2021, and [HIDOE's COVID Testing webpage](#) for more information.

In schools, screening testing can help to do the following:

- Promptly identify and isolate students and staff with COVID-19.
- Promptly identify and quarantine students and staff who may have been exposed to COVID-19 and are **not** up to date with vaccines.
- Promptly identify clusters indicating spread of COVID-19.
- Reduce the risk to in-person education.
- Screening testing is a mitigation strategy for schools to consider if they are **not** able to implement multiple layered mitigation measures.
- Screening testing is a mitigation strategy for schools to consider for students and staff (e.g., coaches, trainers, advisors, volunteers) who participate in higher-risk sports and extracurricular activities (e.g., football, band, singing).
- Screening testing is likely to be most feasible in larger settings and for older children and adolescents.
- Schools considering implementing screening testing programs should review CDC's [Guidance for COVID-19 Prevention in K-12 Schools, Appendix 2: Testing Strategies for COVID-19 Prevention in K-12 Schools](#), which addresses the following topics:
 - Testing benefits

- Testing strategies
- Choosing a test
- Reporting results
- Ethical considerations for school-based testing
- Collaboration between education (i.e., Department of Education) and public health (i.e., DOH)

References

[COVID-19 Guidance for Schools | Hawai'i State Department of Health](#)

September 30, 2021

[Guidance for COVID-19 Prevention in K-12 Schools | CDC](#)

July 9, 2021

[When You've Been Fully Vaccinated | CDC](#)

July 16, 2021

[COVID-19 Vaccine - Hawai'i DOH: Info & Resources for Managing COVID-19](#)

Reviewed July 23, 2021

[COVID-19 Vaccination Toolkit for Health Departments and other Public Health Partners | CDC](#)

April 15, 2021

[Post-vaccination Considerations for Workplaces | CDC](#)

April 2, 2021

[Vaccines for COVID-19 | CDC](#)

May 23, 2021

[Ventilation in Schools and Childcare Programs | CDC](#)

February 26, 2021

[Ventilation in Buildings | CDC](#)

June 2, 2021

[CDC Order: Requirement for Persons to Wear Masks While on Conveyances and at Transportation Hubs](#)

January 29, 2021

[National Collegiate Athletic Association \(NCAA\) Risk Stratification for Sports Table](#)

May 3, 2021

[List N: Disinfectants for Coronavirus | EPA](#)

July 6, 2021

[Cleaning and Disinfecting Your Facility | CDC](#)

June 15, 2021

[Safe Travels Hawai'i](#)

Reviewed July 23, 2021

[Symptoms of COVID-19 | CDC](#)

February 22, 2021

[Using Personal Protective Equipment \(PPE\) | CDC](#)

June 9, 2020

Resources

[Summary Guidance for Hawai'i Schools](#) is a new flyer from the DOH describing core mitigation strategies for schools as well as information for parents and guardians.

[COVID-19 guidance documents](#) that have been translated into 24 different languages.

[Keiki Heroes](#) has multilingual resources for young students.

[Operation Expanded Testing](#) provides COVID-19 testing, training, and support for K-12 schools and select community groups by delivering a **free on-site** screening testing solution for implementation by schools.

Additional Print Resources

- [CDC Cover Coughs and Sneezes](#)
- [CDC A Healthy Future Is In Your Hands!](#)
- [CDC Germs Are Everywhere](#)
- [CDC 10 Things You Can Do To Manage Your COVID-19 Symptoms At Home](#)
- [A Parent's Guide: Helping Your Child Wear a Face Mask](#)
- [Help your Child Feel Good about Using and Seeing Others Wearing Face Masks](#)
- [I Can Stay Healthy by Wearing a Face Mask \(PPT\)](#)
- [I got my COVID-19 vaccine! Soccer player](#)
- [I got my COVID-19 vaccine! Educator](#)
- [I got my COVID-19 Vaccine! Bus Driver](#)
- [You are Essential: Vaccine Educator](#)

Authorities and References

- **American Academy of Pediatrics**
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- **Governor's Emergency Proclamations**
<https://governor.hawaii.gov/emergency-proclamations/>
- **Centers for Disease Control and Prevention (CDC)**
Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- **U.S. Department of Labor/Occupational Safety and Health Administration (OSHA)**
Guidance on Preparing Workplaces for COVID-19
<https://www.osha.gov/Publications/OSHA3990.pdf>

- **U.S. Equal Employment Opportunity Commission**
<https://www.eeoc.gov/coronavirus/>
- **Department of Health**
<https://health.hawaii.gov/coronavirusdisease2019/>
- **Society for Human Resources Management**
<https://www.shrm.org/ResourcesAndTools/tools-and-samples/hr-forms/Pages/covid-19-back-to-work-checklist.aspx>
- **American Society of Heating and Air-Conditioning Engineers**
<https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic>

DOH Contacts by Island

HAWAII STATE DEPARTMENT OF HEALTH TELEPHONE NUMBERS FOR SCHOOLS

<u>Island</u>	<u>Hours</u>	<u>Contact</u>	<u>Telephone Number</u>
O'ahu	M-F 7:45 am-4:30 pm	Disease Reporting Line	(808) 586-4586, Option 4 for Schools (808) 587-6845, Option 4 for Schools
Maui Moloka'i Lanai	M-F 7:45 am-4:30 pm	Maui District Health Office	(808) 984-8213 (School Liaison)
Kauai			
Hawai'i (Hilo)			
Hawai'i (Kona)	M-F 7:45 am-4:30 pm	Big Island DHO (Kona)	(808) 796-0098

After Hours/Weekends/Holidays

O'ahu	(808) 600-3625
Neighbor Islands	(800) 360-2575, toll-free number

** Please note that the answering service will say "Physician's Exchange." You reached the correct number.

Email: doh.c19schools@doh.hawaii.gov

Summary of Significant Updates

See a [summary of significant updates](#) made from the previous version of this guidance.