

Ready to Return. Reconnect. Learn.

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

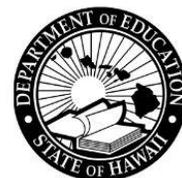


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Introduction

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.

This guidance document is based on the [DOH COVID-19 guidance for 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.
- In-person learning is optimal for students, as this model provides academic, social, and emotional benefits.
- 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 as described in the [Hawai'i State Department of Health COVID-19 Guidance for K-12 Schools](#).

<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 indoors ● 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

Promote 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 routine and COVID-19 vaccinations. “Up to date” is when someone has received all [recommended vaccine doses](#), including boosters, when eligible.

- Vaccine recommendations differ depending on age, the vaccine first received, and time since last dose.
- Those who are up to date on their vaccines and are asymptomatic do not need to quarantine following a COVID-19 exposure, which supports in-person education.

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.

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 typically fade within a day or two. Do not return to school or work until side effects 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 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 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 infectious illness or COVID-19 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.

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.

Daily Wellness Check for COVID-19-like Symptoms

- 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

If any COVID-19-like symptoms are present, stay home and get tested for COVID-19. Return to school/work only when all of the following criteria are met:

1. When 5 days have passed since symptoms onset (count day zero as the day when symptoms first appeared and day 1 as the first full day after)
2. No fever for at least 24 hours without use of fever-reducing medication
3. Symptoms have improved.

A medical provider may use clinical judgment to allow return sooner than 5 days when there is low suspicion of COVID-19 (i.e., no known exposure to someone with COVID-19) or diagnosis of another health condition (e.g., allergy).

When an individual experiences COVID-19 like symptoms and the symptoms completely resolve sooner than 5 days, there is no fever for 24 hours without the use of medication, and there was no known recent exposure to COVID-19 – clearance to return to school/work sooner than 5 days after symptoms onset is possible with a negative result from a COVID-19 test approved by the U.S. Food and Drug Administration (FDA) under Emergency Use Authorization (EUA) and administered or observed by a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory or under an approved CLIA Certificate of Waiver.

Masks

Wearing a [well-fitting mask](#) consistently and correctly reduces the risk of spreading the virus that causes COVID-19. 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 HIDEOE school campus or facility when indoors.

Wearing a mask outdoors is optional unless the [COVID-19 Community Level](#) is high, when masks must be worn in outdoor settings where crowding or sustained close contact with others may occur. When the [COVID-19 Community Level](#) is high, people who are at risk for getting very sick with COVID-19 should wear masks or respirators that provide [greater protection](#), such as N95s or KN95s. People might choose to wear a mask regardless of the [COVID-19 Community Level](#), particularly if they or someone in their household is immunocompromised, at [increased risk for severe illness](#), or if someone in their household is unvaccinated. Anyone who chooses to wear a mask beyond requirements should be supported in their decision to do so.

- 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.
- 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.
 - Anyone who is sleeping (e.g., preschool nap time), even children who are within the 5-day period after returning from quarantine or isolation.
- 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.
- If someone is unable to wear a mask and is tested positive with COVID-19 or a close contact, they must remain in isolation or quarantine for 10 days, regardless of vaccination status.

A mask may be temporarily removed when indoors for eating, drinking, or sleeping (e.g., preschool students). 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 physical distance maintained between individuals to the greatest extent possible. 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 the nose and mouth) so it can be kept on when needed. 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 the 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 the nose, mouth, and chin.

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

For more information, visit the CDC's [Use and Care of Masks](#) web page, updated Jan. 21, 2022.

DO choose masks that



Have two or more layers of washable, breathable fabric



Completely cover your nose, mouth, and chin.



Fit snugly against the sides of your face and don't have gaps

DO NOT choose masks that



Are made of fabric that makes it hard to breathe, for example, vinyl



Have exhalation valves or vents which allow virus particles to escape



Not recommended: Evaluation of face shields is ongoing, but effectiveness is unknown at this time.

How to Take Off a Mask

- Carefully, untie the strings behind the head or stretch the ear loops.
- Handle only by the ear loops or ties.
- Fold the outside corners together.
- Be careful not to touch the 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 using a disposable face mask, throw it away after wearing it once. Hands should always be washed after handling or touching a used mask.

- Include masks with 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 masks completely in a warm or hot dryer, or hang masks in direct sunlight to dry completely. If masks cannot hang in direct sunlight, hang or lay them flat and let them dry completely.

Please use the following tips when storing a mask:

- Store wet or dirty cloth masks in a sealed plastic bag until they can be washed. Wash wet or dirty masks as soon as possible to prevent them from becoming moldy. Disposable masks that become wet or dirty should be thrown away in the trash. Do not wear a wet or dirty mask.
- Store masks that are not wet or dirty in a paper or mesh fabric bag temporarily to keep it clean between uses. When reusing masks, keep the same side facing out. If taking off

the mask to eat or drink, place it somewhere safe to keep it clean, such as in a 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 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. This strategy may help to limit the spread of COVID-19 by decreasing opportunities for COVID-19 exposure.

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.
- Keeping students and teachers in distinct groups that stay together throughout the entire school day during in-person classroom instruction, meals, and recess time helps to minimize exposure across classes, grades and the school.

Ventilation

Optimize [ventilation](#) and improve indoor air quality to reduce the risk of germs spreading through the air. The Environmental Protection Agency’s (EPA) [Clean Air in Buildings Challenge](#) provides specific steps schools can take to improve indoor air quality and reduce the risk of airborne spread of viruses and other contaminants.

- Bringing fresh outdoor air into a building or vehicle helps keep virus particles from concentrating inside.
 - 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.
 - 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.
- Use MERV-13 air filters and portable air cleaners in rooms with poor ventilation.
- 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.

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 when people keep their masks on, stay 3 feet apart from others, and spend less than 15 minutes in bathrooms during the school day.

Cleaning and Disinfecting

Cleaning and disinfecting are part of a broad approach to prevent infectious diseases in schools. See CDC's [Cleaning and Disinfecting Your Facility](#), updated on November 15, 2021, for more information.

- Clean surfaces at least once a day.
- Prioritize high-touch surfaces for cleaning.
- If a facility has had a sick person or someone who tested positive for COVID-19 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.
- The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.

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 the 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 (SSEP) 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 HIDEOE 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 [HIDEOE 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 by or placed on anyone who is sleeping, even children who are within the 5-day period after returning from quarantine or isolation.

School Buses and Vehicles

- Drivers and passengers **must** wear a mask over their nose and mouth on school buses 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 getting 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, when possible.

Additional Considerations

Visitors

- Masks **must** be worn by everyone — students, staff, visitors and contracted service providers — at a HIDOE school campus or facility when indoors.
- Promote the [Daily Wellness Check](#) and the importance of staying home when sick.

Recess and Physical Education

- When recess or physical education is held indoors, masking is required 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

- All participants including students, employees and guests, should be encouraged to get [up to date](#) with COVID-19 vaccines prior to the event.

- Promote and/or facilitate COVID-19 testing for participants who are not up to date with vaccines. Note: Individuals who have recovered from COVID-19 in the last 90 days should be excluded from screening testing.
- Hold activities outdoors, in a venue that facilitates the introduction of outdoor air (e.g., open doors and windows), or use fans/filtration systems to enhance air cleaning.
- Promote frequent hand hygiene and respiratory etiquette (i.e., covering coughs and sneezes). Hand washing and/or sanitizing stations should be easily accessible upon entry and throughout the venue.
- Keep 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 physical markers that separate the groups), especially during activities that are higher risk for transmission.
- High risk activities (e.g., eating, drinking, wind instruments, and singing) may be allowed with implementation of layered mitigation strategies.
- [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 indoors.
 - 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.
- 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 \(For School Administrators\).](#)
 - 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, oli/chanting, and playing wind instruments.

- Someone who has tested positive for COVID-19, or is a probable case, must remain out of high-risk activities until 10-days have passed since symptom onset or test collection date, even if asymptomatic.
- Someone who is a household or other non-school **close contact** of a person with COVID-19 and is not up to date with all recommended COVID-19 vaccines and boosters for their age group must remain out of high-risk activities until **10-days** after their last exposure.
- Close contacts who recovered from COVID-19 in the last 90 days may continue to participate in high risk activities unless symptoms develop.
- 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 must **not** participate in high-risk activities when they have symptoms consistent with COVID-19, and they should get [tested](#).
- Schools may require 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 or support extra curricular 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 children have symptoms of COVID-19, a positive COVID-19 test, or were in close contact with someone with COVID-19 in the household or other non-school setting.
- If there was potential exposure to a person with COVID-19 for greater than 15 minutes when indoors or during participation in a high risk activity (e.g. sports or singing) at school or a school-sponsored event, the impacted class or group (i.e. school staff and parent/guardian(s) of a student) must be notified as soon as possible.
- When there is a suspected cluster, even if it has not yet been confirmed by the DOH, all impacted staff and students (i.e. parent/guardian(s) of a student) must be notified.

- If the positive case was on campus in the last 10 days, the school or office must report the case to the DOH.
- A summary of 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. Students and staff who have traveled outside of the state are recommended to get tested for COVID-19 three days following their arrival in the state and must isolate if they test positive. Quarantine is not required while awaiting post-travel test results.

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.
- Schools should be familiar with the communication protocols when a positive case is on campus in the last 10 days.

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 test result, 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. A copy of the test result is not needed 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 receive a positive COVID-19 self-test result.
- 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 NOT on campus during the infectious period, proceed to Step 3.
- If YES on campus during the infectious period, follow the steps below:
 - a. If the case is still on campus, see [When Someone Becomes Sick, Receives a Positive Diagnosis, or is Identified as a Close Contact at School and Must Quarantine](#)
 - b. If there was potential exposure to a person with COVID-19 for greater than 15 minutes when indoors or during participation in a high risk activity (e.g. sports or singing) at school or a school-sponsored event, **notify the impacted class or group** (i.e. school staff and parent/guardian(s) of a student) as soon as possible.
 - Customize [this template for group notification](#).
 - Provide [COVID-19 Potential Exposure Notification for K-12 Schools](#) and ADD the date of exposure

- c. **Clean, disinfect, and ventilate** 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. If more than 24 hours have passed, cleaning is sufficient. See [Cleaning and Disinfecting Your Facility](#) for more information.

Step 3: Report the case to the DOH as soon as possible using the online [Case Reporting Tool](#) (CRT). If the case visited multiple campuses, report it to the DOH one time. The school principal or designee, Assistant Superintendent or designee, supervisor, or contract manager is responsible for reporting the case. 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 4: Determine when it is safe for employees and/or students to return to campus. See the [Return to School/Work Criteria](#) for detailed information about isolation and quarantine protocols.

Step 5: If any household members of the case attend another HIDOE school, please notify the principal of the other school.

For immediate assistance, please contact the 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 the CAS/AS and Deputy Superintendent

To receive a summary of the Department’s COVID-19 response instructions and templates, please email covid19@k12.hi.us.

See [When a Person at a K-12 School Has COVID-19 \(For School Administrators\)](#) for more information. Request guidance from the DOH regarding the COVID-19 response process by emailing doh.c19schools@doh.hawaii.gov or calling DOH at the numbers below.

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).

Potential Exposure, Close Contact, and Quarantine

Given the widespread availability of COVID-19 vaccines, high level of infection- or vaccine-induced immunity, and increased accessibility to COVID-19 testing and treatments, schools may choose to transition away from individual close contact identification to broad notification when universal indoor masking is being implemented.

As the pandemic evolves, however, schools should be prepared for the emergence of new variants or substantial waning immunity that could once again lead to greater morbidity, mortality, and disruption, and require returning to a close contact identification approach in schools.

Close contacts and individuals potentially exposed to COVID-19 should monitor for symptoms of illness for 10 days following exposure. If symptoms develop, immediately self-isolate and get tested. Get tested at least 5 days after last contact with the person with COVID-19, even if not having symptoms.

Broad Notification of Potentially Exposed Individuals

Use this process when universal indoor masking is implemented at school:

- Group members must be notified if there was 15 minutes or more of exposure to a person with COVID-19 in a given K-12 setting (e.g., class, sports team, lunchroom, etc.). Secondary schools may utilize a broader group notification (e.g., grade).
- Notification of group members with potential exposure must be conducted as soon as possible and within 5 days of their last known exposure to someone with COVID-19.
- Potentially exposed individuals should test immediately if symptomatic or at least five days after exposure if asymptomatic. If a school is experiencing a potential or confirmed cluster, schools should strongly recommend testing at least twice following exposure, with one of the tests taking place on day 4-5 to prevent further spread of COVID-19.
- Potentially exposed individuals are not required to quarantine and may continue to attend school/work unless symptoms of illness develop.

Close Contact Identification

Use this process when someone is not able to wear a mask or as advised by the DOH, when there is a potential or confirmed cluster at school. If a school can clearly identify the students and staff who meet the definitions of a close contact, it will help limit the number of persons quarantined. Schools must notify close contacts as soon as possible.

Definitions of close contact in the school setting:

- ❖ An adult close contact is defined as 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 a K-12 indoor classroom setting or an outdoor setting with sustained close contact (i.e., holding class outdoors with educator supervision), where everyone is wearing a mask correctly and consistently, is defined as within 3 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period.
- ❖ In cafeterias or indoor rooms (e.g., breakroom, classroom) where people were eating and drinking or not wearing masks correctly and consistently, 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.

Definition of a close contact in a non-school setting:

- ❖ Someone within 6 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period (regardless of mask use).

Close Contacts Who Do NOT Need to Quarantine

1. Someone aged 18 and older who is [up to date](#) with COVID-19 vaccines.
 - Up to date is when someone has received all [recommended vaccine doses](#), including including boosters and additional primary shots for some immunocompromised people.
2. Someone aged 5 to 17 who is fully vaccinated.
 - Fully vaccinated is two weeks after completing the primary series.
3. Someone 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.
4. Someone exposed at school (e.g., class, sports team, lunchroom, etc.) when there is universal indoor masking, unless the individual is not able to wear a mask or as advised by the DOH, when there is a cluster at school.

Close Contacts Who Must Quarantine for 5 Days

1. Someone aged 18 and older who is **not** [up to date](#) with COVID-19 vaccines
2. Someone aged 5-17 and under who is **not** fully vaccinated.
3. Someone who is not vaccinated.

Close Contacts Who Must Quarantine for 10 Days

1. Someone unable to wear a mask consistently and correctly at school (e.g., mask exemption for a medical condition or preschool student).

To calculate the quarantine period, day 0 is the last day of exposure and day 1 is the first full day after. Individuals who have ongoing close contact with a person with COVID-19 because they live in the same household must quarantine for 5 days after the person with COVID-19 is released from isolation.

Close Contacts Who Must Remain Out of High Risk Activities

Someone who is a household or other non-school related close contact of a person with COVID-19 and is not up to date with all recommended COVID-19 vaccines and boosters for their age group must remain out of high-risk activities until 10-days after their last exposure.

Positive and Probable Cases and Isolation

Positive Case

Tested Positive for COVID-19 and Never Develop Symptoms

Isolate for at least 5 days. If unable to wear a mask consistently and correctly when indoors at school, isolate for 10 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.

Tested Positive for COVID-19 and Have Symptoms Either Before or After the Positive Test Date

Isolate for at least 5 days after the symptoms first appeared. If unable to wear a mask consistently and correctly when indoors at school, isolate for 10 days. To calculate the isolation period, day zero is the first day of symptoms and day 1 is the first full day after. If symptoms develop after the positive test date, the isolation period restarts and day zero is the day of symptoms onset.

- Return to school/work when the isolation period is complete, fever-free for 24 hours without the use of fever-reducing medication, and other symptoms have improved.
- 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 longer. Consult with the appropriate healthcare provider about when one can resume being around other people.

Probable Case

Never Tested for COVID-19, but Have One or More COVID-19 Symptoms and Known Exposure (i.e., close contact) to a Positive Case

Isolate for at least 5 days after the symptoms first appeared. If unable to wear a mask consistently and correctly when indoors at school, isolate for 10 days. To calculate the isolation period, day zero is the first day of symptoms and day 1 is the first full day after.

- Return to school/work when the isolation period is complete, fever-free for 24 hours without the use of fever-reducing medication, and other symptoms have improved.
- 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 longer. Consult with the appropriate healthcare provider about when one can resume being around other people.

Cases Who Must Remain Out of High-Risk Activities for 10 Days

Someone who has tested positive for COVID-19, or is a probable case, must remain out of high-risk activities until 10-days have passed since symptom onset or test collection date, even if asymptomatic.

The DOH does not provide COVID-19 “clearance” letters. 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 At School Gets Sick, Receives a Positive Diagnosis, or is Identified as a Close Contact and Must Quarantine

If someone at school develops symptoms of illness, receives a positive COVID-19 test result, or is identified as a close contact who must quarantine (e.g., unvaccinated and exposed at home or in a non-school setting), separate the individual in an area with at least 6 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 must be provided appropriate 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

When there is a suspected or a confirmed cluster, notify all impacted staff and families as soon as possible to demonstrate the administration's awareness, explain what a cluster is, and recommend testing at least twice following exposure, with one of the tests taking place on day 5 to prevent further spread of COVID-19.

- Customize this letter for a [potential cluster](#)
- Customize this letter when there is a [confirmed cluster and self-tests are available](#)

If schools think they may be experiencing a cluster and need assistance, they can call the DOH Disease Reporting Line at 808-586-4586 (option 4) or email doh.c19schools@doh.hawaii.gov for additional guidance. Active clusters may necessitate a temporary return to close contact identification and quarantine of in school exposures to prevent ongoing transmission.

- [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 close contacts of cases outside the school setting). Note: 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 a.m. to 3 p.m. (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

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

Testing for COVID-19

Testing for COVID-19 is a mitigation strategy for an additional layer of protection and to reduce the risk to in-person education. 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 to participate in school-based testing. COVID-19 test results must be treated as confidential and stored like a medical record at school. See CDC's [School Testing for COVID-19](#), updated March 24, 2022, and [HIDOE's COVID Testing webpage](#) for more information.

Diagnostic Testing

Diagnostic testing is recommended for anyone who exhibits [symptoms of COVID-19](#) or was potentially exposed to a person with COVID-19 (i.e., close contact) of a positive case, regardless of symptoms. Both antigen and PCR tests are considered diagnostic tests.

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

- Test administrators must be trained in specimen collection.
- Appropriate [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 [Interim Isolation and Quarantine Guidance for K-12 Schools](#).
 - See [When a Person at a K-12 School Has COVID-19 \(For School Administrators\)](#)

Screening Testing

In partnership with the DOH and health service providers, schools may offer regular screening 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.

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

- Promptly identify and isolate students and staff with COVID-19.
- Reduce the risk to in-person education.
- Facilitate participation in higher-risk activities (e.g., athletics, band, singing).

Self-Tests

The Department is partnering with the DOH to distribute COVID-19 Self-Tests for students and staff. These over-the-counter kits must be self-administered at home (i.e., not administered at school). Self-tests help to identify positive COVID-19 cases and prevent exposure at school.

These are recommended for use before attending a large gathering or event, after close contact or potential exposure to someone with COVID-19, when experiencing symptoms of illness, or following travel out of state. More information about these self-tests is available [here](#).

Tests for Clearance to Return to School/Work

When an individual experiences COVID-19 like symptoms and the symptoms completely resolve sooner than 5 days, there is no fever for 24 hours without the use of medication, AND there was no known recent exposure to COVID-19 – clearance to return to school/work sooner than 5 days after symptoms onset is possible with a negative result from a COVID-19 test approved by the U.S. Food and Drug Administration (FDA) under Emergency Use Authorization (EUA) and administered or observed by a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory or under an approved CLIA Certificate of Waiver. Contact the appropriate health care provider or find a testing location at:

- health.hawaii.gov/coronavirusdisease2019/testing-locations/
- oneoahu.org/covid19-testing

No test is required for someone to return to school/work following completion of the 5 day isolation period if the individual is also fever free for at least 24 hours without the use of medication and has symptoms improved.

Tests to Initiate a Positive COVID-19 Response at School

A positive COVID-19 test result, including a positive self-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.

References

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

Last Reviewed March 15, 2022

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

January 13, 2022

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

March 10, 2022

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

Last Reviewed March 15, 2022

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

November 3, 2021

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

September 1, 2021

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

September 1, 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](#)

December 3, 2021

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

November 15, 2021

[Safe Travels Hawai'i](#)

Last Reviewed March 15 , 2022

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

February 22, 2021

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

August 19, 2020

Resources

[Hawai'i State Department of Health COVID-19 Guidance for K-12 Schools](#) for summary guidance and printable resources.

[Multilingual Resources on COVID-19](#) 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 CONTACT INFORMATION FOR SCHOOL ADMINISTRATORS

If you have any questions regarding close contact identification or notification, please call the number for your island listed below or e-mail doh.c19schools@doh.hawaii.gov.

<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			
Kauai District Health Office			
Hawai'i (Hilo)	M-F 7:45 am-4:30 pm	Big Island DHO (Hilo)	(808) 796-0098
Hawai'i (Kona)	M-F 7:45 am-4:30 pm	Big Island DHO (Kona)	(808) 796-0098
<u>After Hours/Weekends/Holidays</u>			
O'ahu			(808) 600-3625
Neighbor Islands			(800) 360-2575, toll-free number

***Parents, guardians, and the general public can call the Hawai'i State Department of Health at (808) 586-8332 for additional guidance for K-12 schools.

Summary of Significant Updates

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