

Ready to Return. Reconnect. Learn.

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



As of July 30, 2021

Hawai'i State
Department of Education



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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 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](#), updated July 9, 2021.

- 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, children, 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.

Table 1. 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 vaccination of staff and eligible 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 that reduce the spread of COVID-19

Promoting Vaccination

See CDC's [Vaccines for COVID-19](#) for additional information including frequently asked questions.

People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. Evidence shows that people who are fully vaccinated against COVID-19 also are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated.

- **COVID-19 vaccination is the most important core essential strategy.**
- **Everyone who is eligible should get fully vaccinated for COVID-19.**
- **All teachers, staff, and families, including extended family members who have frequent contact with students, should get vaccinated as soon as possible.**
- **People who are fully vaccinated do *not* need to quarantine if they are exposed to COVID-19 and are asymptomatic, which increases in-person education.**
- 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 COVID-19 vaccination for eligible students and family members during pre-sport and extracurricular activities.
 - Develop educational messaging for vaccination campaigns to build vaccine confidence, and to emphasize that individuals are fully vaccinated 2 weeks after completing the vaccine series.

- 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.
- Because not everyone is fully vaccinated, schools must continue to implement multiple mitigation strategies to slow the spread of COVID-19.

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 should complete a wellness check each morning before going to school or the office. If the answer is “yes” to any of the questions below, stay home and follow the [Return to School/Work Criteria](#) before returning to campus. Please report any illness or COVID-19 exposure to the school.

STEP 1: Check for Symptoms of Illness

Do you or your child have any of these symptoms? If yes, **do not go to school.**

- 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

Students and staff who have symptoms of any infectious illness or symptoms consistent with COVID-19 should **not** attend school and should get [tested](#) as it will help with rapid contact tracing and prevent spread in schools. Encourage staff to monitor themselves for signs of infectious illness including COVID-19 **every day**. A [printable Wellness Check visual](#) has been created for awareness to help keep our schools safe.

Universal symptom screening is not required upon arrival at the school or office but symptom screening can 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.

STEP 2: Check for Recent COVID-19 Exposure

Do any of the following apply to you or your child? If yes, **do not go to school.**

- Are sick or test positive for COVID-19.
- Are **unvaccinated** and have had recent **close contact** with a person with COVID-19.
- Adult and student close contacts who are fully vaccinated ***and*** asymptomatic do ***not*** have to quarantine and can go to school.

Masks

Correct and consistent mask use 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 correctly and consistently, they protect others as well as themselves.

- Indoor settings
 - **Masks *must* always be worn correctly and consistently by all students and staff when indoors.**
 - The ***only*** exception is for eating and drinking.
- Outdoor settings
 - Students and staff do ***not*** need to wear masks in most outdoor settings.
 - Students and staff should wear masks in crowded outdoor settings or during activities that involve sustained close contact with other people.
 - Schools may elect to require that masks be worn in outdoor settings to simplify procedures for identification of contacts when a person with COVID-19 infection is identified.
 - For example, if cohorting or physical distancing will not be maintained during recess, wearing masks can help mitigate exposure and decrease the number of ***unvaccinated*** students and staff who must quarantine.
 - Schools should be supportive of students and staff who choose to wear a mask outdoors.
- Suitable cloth masks should have two layers of cloth and should fit snugly, covering both mouth and nose.
- Teach and reinforce the correct and consistent use of masks by students and staff.
- All students should learn about proper mask wearing.
- 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.
- 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.
- Students seeking exemption from wearing a face mask 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.
- Face shields should **not** be used as a substitute for masks because of a lack of evidence of their effectiveness.
 - A face shield provides eye protection for the person wearing it (e.g., in the event of bodily fluid splashes) and **not** respiratory protection.

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 less than 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 at School and Offices](#)
 - [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 distancing, such as among young children. This is a strategy schools may use to help limit the spread of COVID-19 by:

- Decreasing opportunities for COVID-19 exposure.
- Facilitating more efficient contact tracing in the event of a person with COVID-19 infection.
- Allowing for targeted quarantine of the cohort in the event of a person with COVID-19 infection or 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 into 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 February 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 are maximizing ventilation.
- Ensure ventilation systems are serviced and operate 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 2 hours afterwards.

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 2020-2021 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 and staff, and between staff members who are **not** fully vaccinated, 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.

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 administrator should contact their district supervisor. They will determine a strategy to ensure that 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.
- Place 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 spread of COVID-19.
- Drivers and passengers **must** wear a mask on school buses.
- Have spare masks available to ensure all students wear masks on school buses.
- No eating or drinking.
- Keep vehicle windows open when it does not create a safety or health hazard.
- More open windows are better; opening a few windows even a few inches is better than keeping all windows closed.
- 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, as practical.
- Create physical distance between students on buses or transportation, when possible.
- Assign seats, in order to facilitate cohorting.
 - Assigned seating will assist in identifying close contacts if there is a person with COVID-19 infection on the bus.
 - Only **unvaccinated** persons identified as close contacts (within 6 feet of an infected person for 15 minutes or more over a 24-hour period) will be required to quarantine.

Screening Testing

[Screening testing](#) identifies people infected with COVID-19, including those without symptoms or before symptoms develop, early to help prevent the spread of COVID-19. In partnership with the DOH and health service providers, schools may consider screening testing of those who are **not** fully vaccinated to facilitate safe participation in sports, extracurricular activities, and other activities with a higher risk of COVID-19 transmission. High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors or in close proximity to others.

Guidance around screening testing procedures is being developed and will be forthcoming.

Cleaning and Disinfection

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

Cleaning and disinfection 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.
- Cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces.
- Prioritize high-touch surfaces for more frequent 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 **and** disinfect 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.
- **If more than 3 days have passed** since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

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.

Considerations

- For more information about distance learning support in the event of a classroom or school closure, [click here](#).
- 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:
 - Dec. 31, 2020: Leave of Absence Update for Classified Employees and a Reminder Regarding Quarantine Leave, [click here](#) (Lotus Notes login required).
 - Dec. 16, 2020: Quarantine Leave - COVID-19 for Certificated Employees and Leave of Absence Update for Classified Employees, [click here](#) (Lotus Notes login required).

Daily Cleaning of Facilities Protocol

Daily cleaning procedures expectations for Custodial Service Workers - [OSHA Link](#). 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 personal protective equipment (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 afterschool.
 - 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 splash.
 - 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 supplies

HIDOE school, complex area, and state office requests for PPE 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 supplies to HIDOE offices and schools. These PPE 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 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 be based on CDC guidance and the risk of exposure levels described by the Hawai'i State Department of Labor and Industrial Relations and the Occupational Safety and Health Administration.

Requests:

- HIDOE offices and schools must update PPE counts through the [CPT inventory system](#) on a weekly basis. These inventory levels are used by OFO to determine ongoing PPE reorder and resupply needs. Replenishment of PPE is subject to availability (e.g., nitrile glove supply may be low across the state and even nationally).
- OFO will continue to work with the complex areas and schools to identify and provide special PPE supply needs as they arise.
- In case of an emergency, schools should keep their CAS apprised and contact the Safety, Security and Emergency Preparedness Branch.
- A hotline for urgent PPE 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).

Additional Considerations

Visitors

- All visitors must wear a face mask on campus.
- Review rules for visitors and family engagement activities.
- Limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated.
- Do **not** limit access for direct service providers but ensure compliance with school visitor policies.
- Emphasize the importance of staying home when sick.
- Limit visits to multiple campuses for **unvaccinated** staff who travel between schools.

Drop-off/Arrival Times

- Establish clear policies for student entry and dismissal from campus that ensure 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.

Recess and Physical Education

- In general, students and staff do **not** need to wear masks when outdoors (e.g., participating in outdoor play, recess, and physical education activities).
- Students and staff should stay in their 'ohana bubbles or cohorts when unmasked outdoors to decrease mixing across classes and grades and to facilitate identification of close contacts if a case is reported.
- Students and staff **must** wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- When physical education activities or recess is held indoors, students and staff **must** wear a mask.

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.](#)

After-school Child Care Programs

- Students and staff should comply with school day policies and procedures.
- Mixing students from different classes and cohorts within a school and across different schools increases the risk of COVID-19 spread.
- After-school programs should implement the same core essential strategies and layered mitigation strategies as schools.
- Core essential strategies **must** be implemented in after-school programs.
 - Promote vaccination for all staff and eligible students.
 - Direct students and staff to stay home when sick.
 - Correct and consistent masking when indoors.
 - Hand hygiene.
- Multiple layered mitigation strategies should be implemented in after-school programs 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 do **not** need to wear masks in most outdoor settings.
 - Students and staff should stay in their 'ohana bubbles or cohorts when unmasked outdoors to decrease mixing across classes and grades and facilitate identification of close contacts.
 - Students and staff should wear masks in crowded outdoor settings or during activities that involve sustained close contact with other people.
- 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.

Sports and Extracurricular Activities

Students and staff who are fully vaccinated **and** asymptomatic do **not** have to quarantine following a known exposure, allowing continued participation in in-person education, sports, and extracurricular activities. Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others who are not fully vaccinated at increased risk for spreading COVID-19. Close contact and indoor sports are particularly high risk. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and other school clubs that meet indoors.

- 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 sports and extracurricular 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** fully vaccinated and who participate in and support these high-risk activities.
- Facilitating safe participation in sports and extracurricular 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.

Communications

- Staff and families should self-report to the school 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 14 days.
- Notify staff, families, and the public of school closures and any restrictions to limit COVID-19 exposure (e.g., limited hours of operation).

Travel

- See [Safe Travels Hawai'i](#) for questions regarding Hawai'i travel requirements and recommendations for staff.
- See [DOE Memos & Notices](#) for the most recent student travel requirements.

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 prepared to:
 - Report persons with COVID-19 infection to DOH.
 - Notify school close contacts of exposure.
 - Provide school close contacts with [Home Isolation and Quarantine Guidance](#).

Response Procedures for Cases of COVID-19

Take these steps when:

- A positive case is confirmed: An individual received a diagnosis from a viral test, authorized medical professional, or the DOH reported the case to the school.
- A probable case is identified: An individual has one or more COVID-19-like symptoms and known exposure (i.e. close contact) to a positive case, or meets presumptive laboratory evidence.
- These steps do not apply to close contact situations.

Step 1: Determine if the individual was on campus during the infectious period, which begins two (2) days before the onset of symptoms or if no symptoms, two (2) days prior to the date the positive test was conducted.

Step 2: Send a text including the CAS or AS and HIDEOE's COVID-19 Response Team. The text should say, "Case reported at [insert school or office name]. The case [was/was not] on campus during the infectious period."

Step 3: If the case was on campus during the infectious period:

- Identify and notify close contacts (students, employees, casual hires, and vendors) as soon as possible using the template available [here](#). Document all outreach (e.g. date/time of phone call or email).
- Clean and disinfect. If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space. If cleaning support is needed, please contact the OFO representative. 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. You may choose to also disinfect depending on certain conditions or everyday practices required by your facility. If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

- Step 4: Broad staff and family notification. Notification templates are available [here](#). Notifications in other languages are available at the same link. A final copy of the notification(s) should be emailed to the COVID-19 Response Team for the Department's records. If a case has not been on campus for two weeks prior to diagnosis, a notification is optional. Notification to families should go out via School Messenger and/or distributed as a hard copy. The notification should not be posted on the school's social media platforms or website. The COVID-19 Response Team will assist the principal, supervisor or designee with messaging. All reported confirmed cases are posted weekly on the Department's website at hawaiipublicschools.org.
- Step 5: Complete HIDOE's [Case Intake Form](#) (updated May 3, 2021) and email it to the AS or CAS and COVID-19 Response Team.
- Step 6: If DOH did not report the case, contact DOH to report and/or confirm the positive case and share the intake form and [DOH Close Contact Report](#). (See [What to Do If a Person at School has COVID-19](#) for DOH contact information)
- Step 7: Determine when it is safe for employees and/or students to return to their worksite or campus. Students and staff who have tested positive for COVID-19 or have symptoms consistent with COVID-19 **must** isolate at home. A positive case can return to school when **all** the following conditions are met:
 - At least 10 days have passed since symptoms first appeared; **or**
 - If there are no symptoms, at least 10 days have passed since the date the laboratory test was collected; **and**
 - At least 24 hours have passed since last fever without use of fever-reducing medications; **and**
 - Symptoms have improved.
 - Schools should **not** require a negative COVID-19 test or a clinician's note to return to school if the person has completed 10 days of isolation and meets the conditions above. See [Home Isolation and Quarantine Guidance](#) for more information.

Close Contacts

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:

- A **close contact** is defined as within 6 feet of a person with COVID-19 infection for a combined total of 15 minutes or more over a 24-hour period (regardless of mask use).
- **Exception:** In a K-12 indoor classroom setting, where everyone is wearing a mask correctly and consistently, the close contact definition excludes students who were within 3 to 6 feet of an infected student.
 - This exception does not apply to teachers, staff, or other adults in the indoor classroom setting, nor does this apply to students who were eating or drinking and **not** wearing masks.
- 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 close interaction.
 - 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.

When Close Contacts Are Identified at School

- See [Home Isolation and Quarantine Guidance](#).
- **Unvaccinated** students and staff who are close contacts of a person with COVID-19 infection **must** quarantine for 10 days and should be tested.
 - **Unvaccinated** students and staff who are close contacts can return to school when **both** of the following conditions are met:
 - At least 10 days have passed since the last contact with the infected person; **and**
 - No symptoms.
 - Schools should **not** require a negative COVID-19 test or a clinician's note to return to school if the person has completed 10 days of quarantine and meets the conditions above.
- Fully vaccinated students and staff who had close contact with a person with COVID-19 infection **and** remain asymptomatic do **not** have to quarantine or be tested.

Students or Staff Who Become Sick at School

When someone is ill at school, check for any COVID-19-like symptoms:

- Fever (higher than 100°F)
- 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, separate the sick person from others at the school. The individual should be sent home or to a healthcare facility depending on symptom severity. Provide them or the family with 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 to separate anyone who has COVID-19 symptoms, ideally with a dedicated restroom and waste receptacle not used by others.
 - Ensure students are isolated in a non-threatening manner, within the line of sight of an adult, and for very short periods of time.
 - Ensure personnel managing sick students or employees are appropriately protected from potential exposure to COVID-19.
 - Personnel who need to be within 6 feet of a sick student or staff 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.

Reporting a Potential Outbreak

- Schools are required to immediately report (by telephone) COVID-19 or influenza-like illness activity to the DOH when daily:
 - 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 School of Nursing and Dental Hygiene, the Hawai'i Keiki (HK) program is helping to address the impact of COVID-19 on students and

schools. HK nurses, located in every complex area statewide, are available to support schools with the following services during school year 2021-22:

- [Telephone hotline and telehealth services](#);
- 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
- Advice for COVID-19 exposed and positive families.

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

Additional Information on Testing Strategies for COVID-19 Prevention

Testing

See CDC's [Testing Strategies for COVID-19 Prevention in K-12 Schools](#), updated July 9, 2021, for more information.

Testing is a mitigation strategy that schools can consider for an additional layer of protection and to reduce the risk to in-person education.

Diagnostic Testing

Diagnostic testing refers to testing for SARS-CoV-2, the virus that causes COVID-19, in a person who has symptoms consistent with COVID-19 or who has been exposed or is suspected of being exposed to a person with COVID-19 (i.e., a close contact), regardless of whether they have symptoms.

- Schools should always recommend [diagnostic testing](#) to any student or staff who exhibits [symptoms of COVID-19](#) at school.
- Schools should also recommend testing to students and staff when they have been exposed to a person who is confirmed or suspected of having COVID-19, whether or not they have symptoms.
- In some schools, school-based healthcare professionals may perform SARS-CoV-2 diagnostic testing, including rapid point-of-care testing.
 - School-based healthcare professional must be trained in specimen collection **and**
 - Obtain a Clinical Laboratory Improvement Amendments (CLIA) [certificate of waiver](#).
- School-based healthcare professionals must have access to, and training on, the proper use of [personal protective equipment \(PPE\)](#).
- All testing performed by school-based healthcare professionals **must** be reported to DOH as mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
- 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 voluntary school-based testing.
- 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 [Home Isolation and Quarantine Guidance](#)

Screening Testing

Screening testing refers to testing for SARS-CoV-2, the virus that causes COVID-19, to identify people who are infected but do not have symptoms or before symptoms develop.

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** fully vaccinated.
- 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)
 - Resources to support school screening testing programs
 - Shah Family Foundation [Open and Safe Schools](#) toolkit, which provides school leaders resources and tools to implement COVID-19 screening testing.
 - Rockefeller Foundation [playbook](#) with detailed, step-by-step guidance to help design and implement effective testing programs in schools, including operational challenges and everyday realities of implementing a complex, logistical program in an easy-to-understand, practical guide.

References

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

July 26, 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 Hawaii](#)

Reviewed July 23, 2021

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

February 22, 2021

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

June 9, 2020

Resources

[Increasing Community Access to Testing](#) provides **free** COVID-19 testing and support to underserved school districts utilizing local health centers and pharmacies including CVS Health, Health Mart, and Walgreens in Hawai'i.

[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](#)

DOH Contacts by Island

(Direct contact for specific DOH personnel will be provided by COVID-19 Response Team to impacted school or office.)

Oahu	7:45 a.m.-4:30 p.m.	Oahu Office	(808) 587-6845 (ask for school liaison)
Oahu	After hours/weekends		(808) 600-3625
Maui	7:45 a.m.-4:30 p.m.	Maui Office	(808) 984-8213
Kauai	7:45 a.m.-4:30 p.m.	Kauai Office	(808) 241-3563
Hilo	7:45 a.m.-4:30 p.m.	DHO Hilo	(808) 933-0912 (808) 974-6006
Kona	7:45 a.m.-4:30 p.m.	DHO Kona	(808) 322-4877
Neighbor Islands (after hours)			(800) 360-2575

** Please note that the answering service will say “Physician’s Exchange.” You reached the correct number.

Email: doh.c19schools@doh.hawaii.gov

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>