

COVID-19 Health and Safety Guidance for School Year 2022-23



July 26, 2022

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 critical to our keiki, and for some families, food security is provided through school meal programs. Schools promote equity in both health and learning, particularly for groups disproportionately affected by COVID-19.

This guidance document is based on the [DOH COVID-19 guidance for schools](#) and applies to all HIDOE schools, offices, and facilities. Each location is different and not every strategy outlined in this guidance can be practically implemented at all times. The guidance is intentionally layered and flexible as it takes into account the Centers for Disease Control and Prevention (CDC) [COVID-19 Community Levels](#) which guide decision making based on local measures of the impact of COVID-19 illness.

The widespread availability of COVID-19 vaccines, high levels of infection-induced and vaccine-induced immunity, increased access to testing, and effective treatments have allowed an adapted approach to COVID-19 prevention and mitigation. Although this guidance is specific to COVID-19 prevention, many of the strategies help prevent the spread of other common infectious diseases. All guidance, including this document, is subject to change as new information regarding COVID-19 becomes available.

Summary of significant changes as of July 26, 2022

- Indoor and outdoor masking is optional for students and employees.
- Indoor masking is strongly encouraged when the Centers for Disease Control and Prevention (CDC) determines community levels are medium or high.
- Quarantine is not required for in-school exposures, but indoor masking is strongly recommended for 10 days following an exposure.
- Isolation requirements remain for anyone who tests positive for COVID or has COVID-like symptoms.
- Mitigation strategies remain flexible to adapt to a cluster or outbreak.

Considerations

CDC's [COVID-19 Community Levels](#) is a tool to help guide decision making on mitigation strategies based on community classification level of low, medium, or high. When the COVID-19 Community Level increases or is at medium or high, additional layered strategies are recommended.

When a school or office experiences a COVID-19 cluster or outbreak, it might implement additional mitigation strategies regardless of the [COVID-19 Community Levels](#) as recommended by the DOH. For example, schools with high absenteeism or a COVID-19 cluster or outbreak might need to require universal or targeted indoor masking (e.g. the impacted class or grade), recommend enhanced testing (i.e., testing twice after exposure with at least one of the tests on day 5 post exposure), and quarantine of exposed individuals who are not up to date with COVID-19 vaccinations.

Mitigation Strategies that Reduce the Spread of COVID-19

As described in the DOH [COVID-19 Guidance for K-12 Schools](#).

Stay Up to Date on COVID-19 Vaccinations

All students, families, teachers, and staff should stay up to date on all recommended COVID-19 vaccines for their age group. **Staying up to date on COVID-19 vaccination is the most important strategy.** People 6 months and older are now eligible for COVID-19 vaccination. Vaccination protects people from severe illness, hospitalization, and death from COVID-19. Vaccination provides individual-level protection, and high vaccination coverage reduces the burden of COVID-19 on people, schools, healthcare systems, communities, and individuals who are not vaccinated or may not develop a strong immune response from the vaccines.

“Up to date” definition: People are up to date on their vaccines when they have received all [recommended vaccine doses](#) for their age group, including recommended booster doses. Vaccine recommendations are different depending on your age, the vaccine you first received, and time since the last dose. Use [CDC’s COVID-19 booster tool](#) to learn if and when you can get boosters to stay up to date with your COVID-19 vaccines.

Schools can help increase vaccine uptake by providing information, promoting staying up to date, and making it easy and convenient for eligible students, staff, and others to get vaccinated. See the CDC’s [How Schools and Early Care and Education Programs Can Support COVID-19 Vaccination](#).

To promote vaccination, schools should:

- Provide COVID-19 vaccination information for students and families during enrollment and back-to-school events.
- Publicize the [State of Hawai‘i COVID-19 Portal](#) to share where eligible students, families, and staff can get vaccinated in their community.
- Use CDC’s [COVID-19 Vaccination Toolkits](#) to promote COVID-19 vaccination.
- Publicize that vaccinations are **free** regardless of health insurance status.
- Encourage students, families, teachers, staff, and others who are regularly on campus, to get all required and recommended routine vaccinations in order to protect themselves and others from vaccine-preventable diseases.

Some people may experience side effects after receiving the vaccine, which are normal signs that the body is building protection. Side effects typically get better within one to two days. Consider scheduling appointments before the weekend. 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 two days (the day of vaccination is considered day 1), individuals should get tested for COVID-19 and follow the [Isolation and Quarantine Guidance](#).

<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 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.

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, and quarantine 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 \(FERPA\)](#). If someone refuses to share information about their vaccination status, decisions will be made under the assumption that the individual is unvaccinated.

Stay Home When Sick

People with symptoms of infectious diseases, including COVID-19, [influenza](#), respiratory syncytial virus (RSV), and gastrointestinal infection, should **stay home and get tested** for COVID-19. **Staying home when sick is an important mitigation strategy** to keep COVID-19 and other common infectious diseases from spreading in schools. All HODOE staff, contracted service providers, visitors and students must complete a [Daily Wellness Check](#) each morning before going to school or work.

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

- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If any symptoms of infectious illness or COVID-19 are present, stay home, test for COVID-19, and follow the DOH's [Isolation and Quarantine Guidance](#). Report any illness, a positive COVID-19 test, or COVID-19 exposure within the last 10 days to your school or supervisor. To inform response procedures, the school/office will need the date of the positive test and/or symptoms onset.

If someone develops symptoms at school/work, they will be sent home. Those with symptoms who have not been tested, should be tested as soon as possible.

COVID-19 Symptoms or Positive COVID-19 Test Result

Individuals who have COVID-19 symptoms or have tested positive for COVID-19, regardless of vaccination status, **must isolate for five days**. Return to school/work when all the following conditions are met:

1. Five full days have passed since symptoms first appeared or, if asymptomatic, five* days after the positive test was collected; **and**
2. 24 hours with no fever without use of fever-reducing medications; **and**
3. Symptoms have improved; **and**
4. Must wear a well-fitting mask around others indoors from day 6 to day 10 after completing home isolation.

*Individuals unable or unwilling to wear a mask and have tested positive must remain at home for 10 days, regardless of vaccination status.

COVID-19-like Symptoms, Low Clinical Suspicion for COVID-19, and No Known Exposure to COVID-19

Individuals who have symptoms of illness, low clinical suspicion for COVID-19 (e.g., symptoms are associated with another cause such as asthma or allergy), and no known exposure to COVID-19 may be cleared to return to school/work sooner than five days when all the following conditions are met:

1. Negative COVID-19 test result* **OR** a note from a licensed medical provider; **and**
2. 24 hours with no fever without use of fever-reducing medications; **and**
3. Symptoms have improved.

*The individual or parent/legal guardian of a minor may attest to the negative COVID-19 test result; documentation to the office or school is not required.

Quarantine

Quarantine is **not** required following in-school exposure unless active clusters or outbreaks necessitate a temporary return to quarantine of in-school exposures to prevent ongoing transmission.

Individuals with in-school exposure may remain in school if asymptomatic and should:

- Get tested, if possible, at least 5 days after potential exposure to a person with COVID-19, even if not having symptoms.
- If symptoms develop, immediately self-isolate and get tested.
- Wearing a mask indoors is strongly recommended for 10 days following exposure.

Quarantine is required for people who are not up to date on all COVID-19 vaccinations for their age group and are a household or other non-school related close contact of a person who has COVID-19:

- Must stay home for five* days after last contact with the person with COVID-19; **and**
- Get tested, if possible, at least five days after last contact with the person with COVID-19, even if not having symptoms.
- If symptoms develop, immediately isolate and get tested.
- Wear a well-fitting mask around others indoors from day 6 to day 10 after completing quarantine.

*Individuals who have ongoing close contact with a person with COVID-19 because they live in the same house must stay home in quarantine for five days after the person with COVID-19 is released from isolation (e.g., day 11).

See the DOH [Isolation and Quarantine Guidance for K-12 Schools](#) for more information.

Ventilation

Optimize [ventilation](#) and improve air quality to enhance student performance and reduce infectious disease risk.

- Move activities, classes and meals outdoors when circumstances allow.
- Bring fresh outdoor air into a building or vehicle when possible.
 - Open doors and windows and use fans to improve the effectiveness of bringing in air from outdoors.
 - Safely secure window fans facing outward or in exhaust mode to draw potentially contaminated air out of the room and blow it outside.

	<p>is above 1100 parts per million (ppm), add an air purifier (1 per 800 square feet). Aranet4 CO₂ sensors have been distributed to all schools. Note that air purifiers will add air exchanges, but not change the CO₂ level.</p> <ul style="list-style-type: none"> • Alternatively, partially open one or two windows or doors, if security conditions permit. Use a box fan to exhaust air. Reassess CO₂ to determine effectiveness. Also, use an Aranet4 sensor to assess relative humidity. If relative humidity is over 65%, close windows and add an air purifier.
<p>Classrooms With a Small Area of Operable Windows (Central Plants, New Buildings)</p> <p>Childers, Large Packaged AC</p>	<p>Option 1: Opened windows, with or without AC</p> <ul style="list-style-type: none"> • If the outside relative humidity is below 65%, open windows as much as possible during occupied hours. • If the humidity is over 65%, keep windows closed. • Interior CO₂ and relative humidity can be assessed using the Aranet4 sensor. Target CO₂ is less than 1100 ppm, target relative humidity below 65%. • If the room has AC, notify OFO Facilities Maintenance Branch (808-831-6731) that the school is going to turn off AC. <p>Option 2: Closed windows, keep AC on</p> <ul style="list-style-type: none"> • Measure carbon dioxide (CO₂) in fully occupied rooms, if CO₂ is above 1100 ppm, add an air purifier (1 per 800 square feet). Aranet4 CO₂ sensors have been distributed to all schools. • If funds are available to install MERV-13 filters, inquire with OFO Facilities Maintenance Branch (808-831-6731) whether the AC system is compatible with a filter upgrade.

Masks

Wearing a [well-fitting mask](#) consistently and correctly reduces the spread of COVID-19 and other respiratory pathogens. Masks are highly effective and inexpensive tools to protect yourself and others.

- Individuals do **not** need to wear masks in most outdoor settings.
- Indoor masking is strongly encouraged (but not required) in the following situations:
 - [COVID-19 Community Levels](#) are medium or high;
 - Following exposure to someone who tested positive; and
 - For 5 days following travel.
- Individuals who have been diagnosed with or tested positive for COVID-19 must wear a well-fitting mask indoors on days 6 to 10 after completing home isolation. If someone is unable or unwilling to wear a mask indoors and is tested positive with COVID-19, they must remain in isolation for 10 days, regardless of vaccination status.

- In consultation with the DOH, universal indoor masking or targeted indoor masking (e.g., class, grade, or office) may be required when there is a cluster of COVID-19 cases, an outbreak, or high absenteeism.

People might choose to wear a mask if they or someone in their household is at [increased risk for severe illness](#), immunocompromised, or if someone in their household is unvaccinated. Schools and offices should support anyone who chooses to wear a mask beyond requirements.

- Individuals are responsible for bringing and maintaining their own mask.
- Schools should provide masks to students who do not have a mask at school but want to use one or when their mask becomes damaged, soiled, wet, or not accessible.
- Masks should have multiple layers of non-woven material, a nose wire, and fit snugly over the nose and mouth to prevent leaks.
- Staff caring for a sick student or staff should be provided appropriate personal protective equipment (PPE), including an N95 respirator or equivalent (e.g., KN95) or double masking with a surgical and tight-fitting cloth mask if a respirator is not available and follow [standard and transmission-based precautions](#).
- See [Types of Masks and Respirators](#) for more information on types of masks and alternative masks for special situations (e.g., people 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.
- Anyone who is sleeping (e.g., preschool nap time), even children who are within the 5-day period after returning from quarantine or isolation.

Schools might need to require masking, based on federal, state, or local laws and policies, to ensure that students and staff with immunocompromising conditions or other conditions or disabilities that increase their risk for getting very sick with COVID-19 can access in-person learning or work. Students with immunocompromising conditions or other conditions or disabilities that increase their risk for getting very sick with COVID-19 should not be placed into separate classrooms or otherwise segregated from other students.

Schools are reminded to comply with non-discrimination obligations under Section 504 and IDEA, which requires schools make reasonable modifications when necessary to ensure equal access for students with disabilities in the least restrictive environment. If a parent or other member of the IEP or Section 504 team believes that particular COVID-19 prevention strategies and/or risk reduction measures are necessary for the provision of a free appropriate public education (FAPE) to the student, the IEP or Section 504 team must consider whether, and to what extent it is necessary and reasonable. These decisions are based on student specific information such as medical or health records, or information documented by medical health

professionals. Therefore if the IEP or Section 504 team determines that COVID-19 prevention and/or risk reduction measures are necessary and reasonable, the IEP or Section 504 team must include these in the student's IEP or Section 504 Plan.

Hand Hygiene and Respiratory Etiquette

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

Educate students and staff to:

- Avoid touching eyes, nose, mouth, and mask.
- 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.
- 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.
- 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 and reinforce these behaviors, especially during [key times](#) in the day (e.g., before and after eating, after recess)
- Regularly washing hands or using hand sanitizer is the most reliable way to prevent infection from surfaces.

Adequate Hygiene Supplies

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

Signage

Post signs that promote hand hygiene and respiratory etiquette in highly visible locations such as restrooms, hallways, classrooms, cafeteria, health room and offices. [Printable resources](#) are available in 21 languages.

Testing for COVID-19

Testing is a strategy that schools can implement to reduce the spread of COVID-19. Testing for SARS-CoV-2, the virus that causes COVID-19, is useful for diagnosis when someone has symptoms or known exposure, or screening purposes, such as before high-risk and extracurricular activities. See CDC's [School Testing for COVID-19](#), updated March 24, 2022, and [HIDOE's COVID Testing webpage](#) for more information.

If COVID-19 testing is conducted at school, it must be in accordance with applicable rules and regulations such as training, proper PPE, CLIA certificate or waiver, and reporting to the DOH. Consent is required for individuals aged 18 years and older or from a parent or legal guardian for minor students to participate in COVID-19 testing.

Self-Testing

[COVID-19 self-tests](#) help to identify positive cases and prevent transmission at school and in the community. These over-the-counter tests may be offered by the school/office when someone has symptoms or known exposure to COVID-19, to be taken home and used according to the instructions in the package. Most COVID-19 self-tests have storage temperature requirements between 35.6-86°F. See [COVID-19 Testing To Keep Schools Safe](#) for best practices.

When to Get Tested

- When you have [symptoms of COVID-19](#);
 - An antigen test is recommended if you were infected within the last 90 days and have new symptoms. [A NAAT diagnostic test should not be repeated within 90 days, because people may continue to have detectable RNA after risk of transmission has passed.](#)
- After exposure or suspected exposure to a person with COVID-19 - five days after exposure;
- Following travel - between three to five days after returning home regardless of symptoms; or
- Before participating in a large gathering or event - as close to the time of the event as possible.
 - If you have had COVID-19 and recovered in the past 90 days, screening testing is not recommended, unless new symptoms develop.

Result is Positive

Immediately isolate and inform the school or office and others who need to know. Provide the date of the positive test and/or symptoms onset to inform response protocols.

- Follow the DOH's [Isolation and Quarantine Guidance for K-12 Schools](#).
- If you have or are at risk for severe symptoms, contact your healthcare provider to obtain treatment. For medical emergencies, call 911.
- For school administrators, see [When a Person at a K-12 School Has COVID-19](#).

Positive COVID-19 test results should be reported to the school or office. Schools must report all cases using the [Case Reporting Tool](#). All health information including COVID-19 test results, must be treated as confidential and stored like a medical record at school. [Hawai'i law](#) requires the HIDOE to publish a weekly report of schools that have had positive cases. This report may be found online at [HIDOE COVID-19 Information and Updates](#).

Result is Negative

The test did not detect the virus, but this does not rule out an infection.

- If you have a negative result and **symptoms of COVID-19**:
 - Stay home. You may have tested before the virus was detectable, or you may have another illness, such as the flu.
 - Consider repeating a self-test one to two days later or seek PCR testing.
 - Contact your healthcare provider for guidance.
- If you have a negative result and were exposed to someone with COVID-19 and you tested negative **five days after exposure**:
 - You are likely not infected, but an infection cannot be completely ruled out.
 - Return to school or work when quarantine requirements are met.
 - Quarantine is **not** required following exposure at school.
 - People who are not up to date on all COVID-19 vaccinations for their age group and exposed in a non-school setting, must quarantine for five days after last contact with the positive case.
 - People who have ongoing close contact with a person with COVID-19 because they live in the same house must stay home in quarantine for five days after the person with COVID-19 is released from isolation (e.g., day 11).
- If you have a negative result, no symptoms, and no exposure to someone with COVID-19 in the last 10 days, it is ok to go to school, work, or attend a large gathering.

Tests to Fulfill Clearance Requirements

A COVID-19 test that is approved by the U.S. Food and Drug Administration (FDA) under Emergency Use Authorization (EUA) may be used to fulfill testing requirements; including most [over-the-counter self-tests](#).

Cleaning and Disinfecting

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. See CDC's [Cleaning and Disinfecting Your Facility](#) for more information.

- Clean at least once a day to remove any virus that may be on surfaces.
- Prioritize high-touch surfaces for more frequent cleaning.
- Clean and disinfect spaces where a sick person or someone who tested positive for COVID-19 has been within the last 24 hours.
 - Open doors and windows and use fans or HVAC settings to [increase air circulation in the area](#).

- Use a disinfectant product from the [Environmental Protection Agency's List N](#) that is effective against COVID-19 and follow the manufacturer's instructions for safe, effective use.
- Keep cleaning products and disinfectants out of reach of children.

'Ohana Bubbles or Cohorting

'Ohana bubbles or cohorting means keeping students and staff together in a small group and having each group stay together the entire school day. In areas with high [COVID-19 Community Levels](#) or during a cluster of cases or outbreak, 'ohana bubbles or cohorting limits the number of students and staff who interact with each other, which decreases the opportunities for COVID-19 exposure.

Cohorting Implementation

- 'Ohana bubbles or cohorting does not eliminate COVID-19 spread.
- 'Ohana bubbles or cohorting can reduce the spread of COVID-19 to fewer people.
- Limit mixing between 'ohana bubbles or cohorts in areas where [COVID-19 Community Levels](#) are high or if a school is experiencing a cluster of cases or outbreak.
- Keep records of 'ohana bubbles or cohorts.
- Ensure 'ohana bubbles or cohorting does not result in segregation, exclusion, or negatively impact learning.

Avoid Crowding

When [COVID-19 Community Levels](#) are medium or high or during a cluster of cases or outbreak, schools should strongly discourage crowding to reduce the spread of COVID-19.

Additional Considerations for Schools

Food Service and School Meals

- 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 or hand sanitizing using reminders and visual guides.

If COVID-19 impacts the school's ability to serve meals, the administrator should contact their complex area superintendent and school food service district supervisor. The school administrator, cafeteria manager and district supervisor will work together to determine a strategy to ensure meal service will not be interrupted. The district supervisor will then contact the School Food Service Program Administrator.

Sleeping Spaces

- Maximize physical distancing between sleep mats as much as possible.
- Position students head to toe to maximize distance between their faces.
- Assign nap mats to individual students and clean regularly.
- Prioritize improving ventilation in spaces for sleeping.
- Masks should **not** be worn when sleeping, even children who are within the 5-day period after returning from quarantine or isolation.

Before and After School Child Care Programs

- Students and staff should comply with school policies and procedures.
- Mitigation strategies should be the same as during the school day.
- Keep records of students and staff in attendance.
- Prepare for when a student or staff has COVID-19 and communicate with the school when a case is reported.

High-Risk Activities

Some activities are considered high-risk for disease transmission. 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. Examples of high risk activities include indoor or close-contact sports, singing, oli/chanting, and playing wind instruments.

- Individuals who have tested positive, regardless of vaccination status, must remain out of high-risk activities until 10 days have passed since symptom onset or test collection date, even if asymptomatic. Students should not be excluded from in-person instruction (e.g., band or PE) during this time period, but they should do lower risk activities on days 6-10.
- 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 who are not up to date with COVID-19 vaccines and who participate in or support extra curricular high-risk activities.

Risk Factors

Setting activity. In general, the risk of COVID-19 spread is lower when playing outdoors. Consider ventilation and spatial (i.e., crowding) characteristics of indoor settings (e.g., gyms, locker rooms).

Physical closeness. The risk of COVID-19 spread is higher in activities that require sustained close contact (e.g., football, wrestling).

Number of people. The risk of COVID-19 spread is higher with increasing numbers of athletes, spectators, teachers, and staff, particularly indoors.

Level of intensity of activity. The risk of COVID-19 spread is higher with increasing level of intensity or exhalation.

Duration of time. The risk of COVID-19 spread is higher the more time students, coaches, teachers, staff and spectators spend together. This includes when traveling to/from sporting events, meetings, meals, and other settings related to the event.

View the Department's latest guidance for [student athletes](#) and [paid and volunteer coaches](#).

Travel

People who have traveled should test for COVID-19 if they develop any symptoms or between three to five days after returning home regardless of symptoms. Students and staff should be strongly encouraged to wear a well-fitting mask for five days following travel. Quarantine is not required while awaiting post-travel test results.

Responding to COVID-19 Cases

Before a Case of COVID-19 Occurs

- See [When a Person at a K-12 School Has COVID-19 \(For School Administrators\)](#).
- Establish a COVID-19 point of contact at your school/office. 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.
- Be familiar with the following protocols:
 - When a case is reported,
 - When there is a potential cluster, or
 - When there is a potential outbreak.

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

Take these steps when a case is reported. A case is defined as someone who:

- Tested positive for COVID-19 (lab verified or self-test);
- Received a positive diagnosis from an authorized medical professional;
- Was reported as a positive case by the DOH; or
- Has one or more COVID-19-like symptoms and known exposure (i.e., lives in a household or was in close contact with a person with COVID-19).

Step 1: Determine if the case was on campus/in the facility 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/in the facility 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/in the facility 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 the person with COVID-19 for greater than 15 minutes within six feet, or they were in the same area all day, conduct group notification of the impacted class, cohort or group as soon as possible.
 - Customize [this template for group notification at school](#) or [this template for group notification at an office](#).
 - Provide [COVID-19 Potential Exposure Notification for K-12 Schools](#).

- 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 school cases, potential clusters, and outbreaks using the online [Case Reporting Tool](#) (CRT). If the case visited multiple campuses, enter it into the database once. If the case did not impact a school (e.g., complex area, district or state office), offices do not need to report cases using this tool unless there is a potential cluster. See 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 using the DOH's [Isolation and Quarantine Guidance for K-12 Schools](#).

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.

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

If someone develops symptoms of illness, receives a positive COVID-19 test result, or is identified as a close contact who must quarantine (e.g., not up to date and exposed at home or in a non-school setting):

- Separate the individual in an area with at least six feet of distance away from others.
- The individual must be sent home or to a health care facility depending on symptom severity.
 - 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 six feet apart.
- Provide a copy of the DOH's [Isolation and Quarantine Guidance](#).
- A self-test kit may be offered, if someone has symptoms of COVID-19 or known exposure, to be used to test at home.

Staff or staff caring for a sick student should be provided appropriate personal protective equipment (PPE), including an N95 respirator or equivalent (e.g., KN95), or double masking with a surgical and tight-fitting cloth mask if a respirator is not available and follow [standard and transmission-based precautions](#).

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](#)

[DOH K-12 Cluster Definition](#): Three 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.

In consultation with the DOH, active clusters may necessitate a temporary return to universal or targeted indoor masking requirements, close contact identification, and/or quarantine of in-school exposures to prevent ongoing transmission.

Additional Mitigation Strategies for Clusters or Outbreaks

- Universal indoor masking or targeted indoor masking (e.g., class or grade).
- Enhanced testing for all students and staff potentially involved in a cluster of cases or outbreak. Test at least twice following exposure, with at least one of the tests on day 5 post exposure.
- Conduct targeted case investigation, close contact identification, and quarantine of in-school exposures.
- Move activities, classes and meals outdoors when circumstances allow.
- 'Ohana bubbles or cohorting.
- Avoid crowding.

- Physical distancing.

For assistance with a cluster of cases, call the Disease Reporting Line at 808-586-4586 (option 4) or email doh.c19schools@doh.hawaii.gov for additional guidance.

Potential Outbreak

Schools are required to report COVID-19 or influenza-like illness activity to the DOH by telephone or by using [this form](#) when daily:

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

Resources

[Hawai'i State Department of Health: COVID-19 Guidance for K-12 Schools](#)

[Centers for Disease Control and Prevention: Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#)

[Multilingual Resources on COVID-19](#) translated into 24 different languages.

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

[DOH Summary Guidance for K-12 Schools](#)

[Hawai'i State Department of Health Contact Information for School Administrators](#)

If you have any questions regarding COVID-19 response procedures, please call the number for your island listed below or email doh.c19schools@doh.hawaii.gov.

Island	Hours	Contact	Telephone Number
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	M-F 7:45 am-4:30 pm	Kauai District Health Office	(808) 241-3387
Hawai'i (Hilo)	M-F 7:45 am-4:30 pm	Big island District Health Office	(808) 796-0098
Hawai'i (Kona)	M-F 7:45 am-4:30 pm	Big Island District Health Office	(808) 796-0098

After Hours/Weekends/Holidays

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.