

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



August 23, 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 the Centers for Disease Control and Prevention (CDC) [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#). The information 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 CDC [COVID-19 Community Levels](#), and local considerations such as a cluster or potential outbreak.

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 August 23, 2022

- Isolation and exposure protocols aligned with the DOH [Isolation and Exposure Guidance for K-12 Schools](#) (released August 15, 2022).
- Group notification if students and staff stay in the same space (e.g., class) throughout the day.

Strategies to Prevent COVID-19 and Other Infectious Diseases

As described in the DOH [COVID-19 Guidance for K-12 Schools](#) and the CDC [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#). The following set of strategies for everyday operations should be in place at all COVID-19 Community Levels, including low levels, to reduce the spread of COVID-19 and other infectious diseases.

CDC [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. These levels take into account COVID-19 hospitalization rates, healthcare burden, and COVID-19 cases. When the COVID-19 Community Level increases or is at medium or high, additional prevention strategies are recommended.

Schools also consult with the DOH to consider other local conditions and factors when deciding to implement prevention strategies. 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. 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) and recommend enhanced testing (i.e., testing twice after exposure with at least one of the tests on day 5 post exposure).

Stay Up to Date on Vaccinations

Staying up to date on [routine vaccinations](#) is essential to prevent illness from many different infections. For COVID-19, [staying up to date with COVID-19 vaccinations](#) is the leading public health strategy to prevent severe disease. 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, and communities.

“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 the [CDC 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 [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 [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 DOH [Isolation and Exposure Guidance for K-12 Schools](#).

<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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Stay Home When Sick

People with symptoms of illness, including COVID-19, [influenza](#), respiratory syncytial virus (RSV), and gastrointestinal infection, should **stay home and get tested** for COVID-19. All HIDEOE 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 Symptoms of COVID-19

- 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 [Isolation and Exposure Guidance for K-12 Schools](#). Report any illness or positive COVID-19 test result 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 or tests positive at school/work, they will be sent home. Those with symptoms who have not been tested, should be tested as soon as possible.

Isolation and Exposure Protocols

Isolation Protocol for a COVID-19 Positive Test or COVID-19 Symptoms	
Who Must Isolate	When to Return to School/Work
<p>Students and staff who test positive for COVID-19 or who have COVID-19 symptoms must isolate for 5 days, regardless of vaccination status.</p> <p>Day 0 is the day of symptoms onset or the test specimen was collected.</p>	<p>On Day 6, if positive test and NO symptoms.</p> <ul style="list-style-type: none"> ● Wearing a well-fitted mask around others indoors from day 6 to day 10 after completing isolation is strongly recommended. <p>On Day 6, if positive test and symptoms improving:</p> <ul style="list-style-type: none"> ● 24 hours with no fever (and no fever-reducing medications) and ● Symptoms are improving. <ul style="list-style-type: none"> ○ If you have a fever or are not yet improving, remain in isolation through day 10 and consult a healthcare provider. ● Wearing a well-fitted mask around others indoors from day 6 to day 10 after completing home isolation is strongly recommended.
<p>Students and staff who have symptoms of COVID-19 but do not yet have test results, regardless of vaccination status.</p>	<p>After a negative test* if:</p> <ul style="list-style-type: none"> ● 24 hours with no fever (and no fever-reducing medications) and ● Symptoms are improving. <ul style="list-style-type: none"> ○ If you have a fever or are not yet improving and the negative test was from a home test, continue to isolate and test again after 24 to 48 hours. <p>*Any COVID-19 test that is approved by the U.S. Food and Drug Administration (FDA) under Emergency Use Authorization (EUA) may be used; including most <u>over-the-counter self-tests</u>. The parent/legal guardian may verbally attest to the negative COVID-19 test result; documentation to the school is not required.</p>

Isolation Protocol for a COVID-19 Positive Test or COVID-19 Symptoms	
Who Must Isolate	When to Return to School/Work
	<p>With clearance from a licensed medical provider.</p> <ul style="list-style-type: none"> Students and staff who have chronic symptoms due to a medical etiology (e.g. allergies, asthma) and no known exposure to COVID-19, do not need to isolate unless they develop new or worsening symptoms or test positive for COVID-19.

Exposure Protocol	
Exposure	When to Return to School/Work
<p>Students and staff who have known or potential exposure to a person with COVID-19 at school or a non-school setting are not required to quarantine.</p> <p>Day 0 is the day of exposure.</p>	<p>Immediately if there are NO symptoms.</p> <ul style="list-style-type: none"> Wearing a well-fitted mask around others indoors for 10 days after exposure is strongly recommended. <p>Watch for symptoms.</p> <ul style="list-style-type: none"> If symptoms start, isolate immediately. Test for COVID-19 and stay home until you know the result. If the test result is positive, follow the isolation protocol. <p>Test on Day 6, even if there are no symptoms, unless tested positive for COVID-19 in the last 30 days.</p> <ul style="list-style-type: none"> If the test result is positive, follow the isolation protocol. If the test result is negative, continue to wear a mask indoors through day 10. COVID-19 can develop up to 10 days after exposure.

See the DOH [Isolation and Exposure 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.
 - Strategic fan settings and placement can help draw fresh air into a room via other open windows and/or doors without generating strong room air currents.
 - Use of fans without open doors or windows does not improve ventilation.
 - Do not open windows and doors if doing so poses a safety or health risk.
- Ensure heating, ventilation and air conditioning (HVAC) settings maximize ventilation.
- Ensure ventilation systems are serviced and operating properly.
- Set HVAC systems to bring in as much outdoor air as the system will safely allow to reduce or eliminate HVAC air recirculation.
- Increase the ventilation system’s total airflow supply to occupied spaces; more air flow encourages air mixing and ensures recirculated air passes through filters more frequently.
- Use portable air cleaners with high-efficiency particulate air (HEPA) filters, particularly in high-risk areas (e.g., interior rooms with poor ventilation).
- Use exhaust fans in restrooms and kitchens.
- Inspect and maintain exhaust ventilation systems in restrooms and kitchens.
- Ensure restroom and kitchen exhaust fans are on and operating at full capacity when the school is occupied and for 2 hours afterwards.

The Environmental Protection Agency’s (EPA) [Clean Air in Buildings Challenge](#) describes additional steps to improve indoor air quality and reduce the risk of airborne spread of viruses and other contaminants.

The HIDOE has approximately 12,000 classrooms with a wide range of ventilation configurations. The chart below includes best practice recommendations to improve ventilation in classrooms based on the existing cooling system or configuration in place.

Classroom Cooling Configuration	Best Practice Recommendations for Improved Ventilation
Classrooms With a Large Area of Operable Windows (must exceed at least 5% of the floor area)	Option 1: Open windows, turn off air conditioning (AC) <ul style="list-style-type: none"> ● If present, remove the plexiglass on jalousie windows, mark each plexiglass (to be replaced in the exact room and location in the future), and store/reuse the plexiglass in the same room if possible. ● Open many or all the jalousie windows during school hours. ● Use box fans to exhaust air (point the fan to blow out of the room) and increase air exchange.

Classroom Cooling Configuration	Best Practice Recommendations for Improved Ventilation
No AC, Window AC, Ductless Split AC, Small Packaged AC	<ul style="list-style-type: none"> If the room has AC, notify the Office of Facilities and Operations (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 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. 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>Chillers, 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.

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.

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 the CDC website on [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.

Masking

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 in the following situations:
 - When [COVID-19 Community Levels](#) are medium or high;
 - On days 6 to 10 after completing home isolation;
 - For 10 days after known or potential exposure to someone with COVID-19; and
 - For 5 days following travel.
- 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, outbreak, or high absenteeism associated with COVID-19.

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 at school/work.
- 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 wear an N95 respirator or equivalent (e.g., KN95), or double mask with a surgical mask and tight-fitting cloth mask if a respirator is not available.
- Masks should be worn at all times in the school health room, unless a health condition (e.g., shortness of breath or vomiting) makes it unsafe to do so.
- 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 when someone is within the days 6-10 following 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.

Testing

If COVID-19 testing is conducted at school, it must be in accordance with applicable rules and regulations such as training, proper personal protective equipment, 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.

Diagnostic Testing

Through partnership with health care providers (e.g., Hawaii Keiki program and Community Health Centers), diagnostic testing may be offered for students and staff with symptoms of COVID-19 or who were exposed to COVID-19 at school.

Screening Testing

Schools are recommended to have screening testing programs at high or medium COVID-19 Community Levels, for high-risk activities (e.g., sports, choir, theater), before/after large events (e.g., prom, tournaments, group travel), and when returning from breaks (e.g., summer, holidays, and spring break). In any screening testing program, testing should include both vaccinated and unvaccinated people. Routine screening in K-12 schools is no longer recommended by the CDC.

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 potential exposure to a person with COVID-19 - on day 6 after exposure (unless tested positive for COVID-19 in the last 30 days);
- Following travel - between three to five days after returning home regardless of symptoms; or
- Before and after participating in a high risk activity or event.

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](#).

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.

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

Due to increased and forceful exhalation, some activities are considered high-risk for getting and spreading the virus that causes COVID-19. Facilitating safe participation in high-risk activities can reduce COVID-19 spread and the risk to in-person education. Examples of high risk activities include indoor or close-contact sports, singing, oli/chanting, theater 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 Physical Education) during this time period, but they should do lower risk activities following return from isolation.
- Students and staff must not participate in high-risk activities when they have symptoms consistent with COVID-19, and they should get tested.

- Schools are recommended to have screening testing for extracurricular high risk activities, especially during periods of high [COVID-19 Community Levels](#).
- Schools may consider temporarily stopping these activities to control a school- or program-associated outbreak, or during periods of high COVID-19 Community Levels.

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 levels 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.

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.

Residential Dorms

While shared housing, such as K-12 residential dorms or camps, is considered a congregate setting, it is considered a low-risk congregate setting due to the lower risk of severe health outcomes (such as [hospitalizations](#) and [death](#)) for children and young adults. Therefore, CDC recommends shared housing facilities follow the general population guidance for [isolation](#), management of [exposures](#), and recommendations under [COVID-19 Community Levels](#).

In specific circumstances where the student population may be at risk for getting very sick with COVID-19, schools may opt to follow the guidance for high-risk congregate settings, which includes recommendations of a 10-day period for isolation. Schools should balance the potential benefits of following that guidance with the impact these actions would have on student well-being, such as the ability to participate in in-person instruction, food service access, and

social interactions. Screening testing at all COVID-19 Community Levels can also be appropriate in these settings to reduce transmission and improve health outcomes for people who are at risk of getting very sick with COVID-19.

Responding to COVID-19 Cases

Before a Case of COVID-19 Occurs

- 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 When a COVID-19 Case is Reported 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 was on campus/in the facility during the infectious period.

The infectious period 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 NO, proceed to Step 3.
- If YES, there was potential exposure on campus. Follow the steps below:
 - a. If the case is still on campus - **send the person home or to the designated isolation area** if they need to wait for pick-up. More information is described in the section [When Someone Becomes Sick or Receives a Positive Diagnosis at School](#).
 - b. **Conduct group notification** to staff and families of students when exposed to a person with COVID-19 as soon as possible (i.e., the same day) if students and staff stay in the same space (e.g., class) throughout the day.

- 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 the case, a potential cluster, or outbreak 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), it does not need to be reported using this tool unless there is a potential cluster or outbreak. 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 [Isolation and Exposure Guidance for K-12 Schools](#).

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

When Someone Gets Sick or Receives a Positive Diagnosis at School

If someone develops symptoms of illness or receives a positive COVID-19 test result at school:

- 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 not the health room.
 - Offer a mask if they do not already have one.
 - Keep the person at least six feet of distance away from others.
 - Students must stay 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.
 - Designate a bathroom.
 - If more than one person is in the isolation area, everyone must wear a mask (unless a health condition makes it unsafe to do so) and stay six feet apart.
- Provide [COVID-19 Return to School/Work Criteria School Year 2022-23](#).
- 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 wear an N95 respirator or equivalent (e.g., KN95), or double mask with a surgical and tight-fitting cloth mask if a respirator is not available.

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:

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.
- Move activities, classes and meals outdoors when circumstances allow.
- Avoid crowding.
- 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 illness to the DOH when daily:

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

Resources

[Guidance for K-12 Schools](#) for the Hawai'i State Department of Health guidance for schools.

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

[HawaiiCOVID-19.com](#) provides printable resources for students, families, and the public (translations in 21 languages available).

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

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.