INTRODUCTION

The Hawaii Department of Health recognizes multiple health benefits of children attending school in person, including first and foremost 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 of 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. Additionally, it is critical that all district, school administrators, and school staff are prepared to contribute to the prevention, rapid identification, and mitigation of the spread of COVID-19 in Hawaii’s schools.

As we have learned more about COVID-19 and schools, it has become apparent that schools are not, as initially anticipated, amplifiers of COVID-19 transmission. Rather, schools that have implemented mitigation measures are able to control COVID-19 transmission better than many community settings, where children may interact in less structured ways or attend gatherings with their families. New guidance for schools released by the Centers for Disease Control and Prevention on February 12, 2021, emphasizes that schools that implement layered mitigation strategies to reduce transmission of SARS-CoV-2 in schools have been able to safely open for in-person instruction and remain open.

The HDOH COVID-19 guidance for schools is intentionally layered and flexible. Each school is different, and not every strategy outlined in this guidance can be practically implemented at every school. It is with this understanding that multiple mitigation strategies are described. The HDOH has identified some mitigation strategies as core essential strategies. Core essential strategies are strategies that are so effective that in-person learning always requires these strategies be implemented in every situation (with the exception of masking while eating and drinking). Core essential strategies include directing students and staff to stay home when sick, consistent masking, and hand hygiene. Other strategies (e.g., designated cohorts, physical distancing, improving ventilation, installing physical barriers, and cleaning), should be applied in combination to the greatest extent possible, with priority given to those strategies higher on this list. Additional mitigation strategies should be applied to the greatest extent possible for a layered approach. Physical distancing is not listed as a Core Essential strategy, but should be implemented to the greatest extent possible. The combination of multiple mitigation measures gives schools the flexibility to achieve safe learning environments even when not every measure can practically be met.
The document is divided into two parts:

I. **Considerations for schools** - steps schools can take to reduce risks of COVID-19 for students and staff

II. **Reopening thresholds** – measures for school decision-making in transitioning between learning models

This document was created by the Hawaii Department of Health in collaboration with representatives from the following Hawaii schools and organizations (in alphabetical order):

- American Academy of Pediatrics, Hawaii Chapter
- Hawaii Association of Independent Schools
- Hawaii Catholic Schools
- Hawaii Department of Education
- Hawaii Keiki Nurses
- Hawaii State Public Charter Schools Commission
- Kauai District Health Office

This guidance is based on the best available evidence at this time and will continue to be updated as new information becomes available.
I. CONSIDERATIONS FOR SCHOOLS

This guidance is for schools to help protect students, teachers, administrators, and staff and slow the spread of COVID-19. The information in this guidance is adapted from the Centers for Disease Control and Prevention (CDC) guidelines and is subject to change as new information regarding the COVID-19 pandemic becomes available.

GUIDING PRINCIPLES:

- The goal is to prioritize the reopening of schools as safely as possible given the many known and established benefits of in-person learning.
- 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 diligently implement actions to slow the spread of COVID-19 inside the school and out in the community.
  - Multiple mitigation strategies (e.g., directing students and staff to stay home when sick, consistent masking, hand hygiene, designated cohorts, physical distancing, improving ventilation) 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 coordinates, plans, and prepares, cases of COVID-19 will still occur in the schools. To best prepare, schools should plan to mitigate the impact of COVID-19 cases by:
- Lowering the risk of exposure and spread of COVID-19
- Preparing for when someone in school gets sick.

Regardless of the number of cases in a community, 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>
<thead>
<tr>
<th>Mitigation Strategies</th>
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<tbody>
<tr>
<td><strong>Core Essential Strategies</strong></td>
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<tr>
<td>To be implemented in every situation.</td>
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<tr>
<td>Because of the effectiveness of these strategies, in-person learning always requires these strategies be implemented in every situation.</td>
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<tr>
<td><strong>Staying home if unwell and go home if become unwell at school</strong></td>
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<tr>
<td><strong>Consistent masking</strong></td>
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<td><strong>Hand hygiene</strong></td>
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1 Based on CDC’s Considerations for Operating schools during COVID-19


Last Revised: March 12, 2021
| Mitigation Strategies | To be applied in combination to the greatest extent possible, with priority given to those strategies higher on this list. Schools should evaluate which measures they are unable to implement, and which measures can supplement the intended effects of that measure. For example, where physical distancing cannot be achieved, ensure open air ventilation, utilize air filtering systems, and keep students within established cohorts. | • Cohorting  
• Physical distancing (ideally, at least 6 feet)  
• Adjusting ventilation systems to introduce additional outside air and/or increase air exchange to introduce fresh air  
• Physical barriers (most important where masking and physical distancing cannot be maintained)  
• Cleaning (most important for high touch areas) |

**MINIMIZING EXPOSURE AND SPREAD OF COVID-19**

Implement *multiple strategies* to encourage behaviors that reduce exposure and spread of COVID-19 by:

- Promoting behaviors that reduce the spread of COVID-19
- Maintaining healthy environments
- Maintaining healthy operations
- Preparing for when someone gets sick

**PROMOTING BEHAVIORS THAT REDUCE THE SPREAD OF COVID-19**

A) Stay Home when Appropriate

- Educate students, families, and staff on when they should stay home, to protect others and prevent the spread of illness in school:
  - Are sick or tested positive for COVID-19
  - Have had recent close contact with a person with COVID-19 (within 6 feet of an infected person over a 24-hour period for a combined total of 15 minutes or more)
B) Cloth Face Coverings or Masks

Cloth masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or raises their voice. This is called source control. **Cloth masks** are meant to protect other people in case the wearer is unknowingly infected. When used consistently and correctly, along with important mitigation strategies, masks are important to help slow the spread of COVID-19. **Cloth masks should be worn by all students and staff at all times except for eating and drinking.**

- Suitable cloth masks should have two layers of cloth and should fit snugly, covering both mouth and nose
- Teach and reinforce the correct use of masks by students and staff
- For preschools, children should learn about proper mask wearing
- Appropriate and consistent use of masks is most important when physical distancing is difficult to implement or maintain.
- Students and staff should be frequently reminded NOT to touch the face covering or mask and to wash their hands or use hand sanitizer frequently.
- Consider the use, by some teachers and staff, of clear face coverings (e.g., mask with clear window) that cover the nose and wrap securely around the face. Note: clear face coverings are **NOT** face shields. Clear face coverings should be determined not to cause any breathing difficulties or over heating for the wearer. Teachers and staff who may consider using clear face coverings 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 English language learners
  - Teachers of students with disabilities
- Masks should **NOT** be placed on:
  - Children younger than 2 years old
  - Anyone who has trouble breathing or is unconscious
  - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance
- Face shields should **NOT** be used as a substitute for masks because of a lack of evidence of their effectiveness for source control. A face shield is primarily used for eye protection for the person wearing it.

C) Hand Hygiene and Respiratory Etiquette

- Teach and reinforce handwashing with soap and water for at least 20 seconds
  - If soap and water not readily available, can use hand sanitizer containing at least 60% alcohol (for staff and older children who can safely use hand sanitizer)
- Increase monitoring to ensure adherence among students and staff
• Avoid touching eyes, nose, mouth, and cloth face covering with unwashed hands
• Encourage staff and students to cover coughs and sneezes with a tissue
  o Throw used tissues in the trash and wash hands immediately with soap and water for at least 20 seconds.
  o If soap and water not available, can use hand sanitizer containing at least 60% alcohol (for staff and older children who can safely use hand sanitizer)

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

E) Signs and Messages
• Post signs that promote everyday protective measures in highly visible locations.
• 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.

MAINTAINING HEALTHY ENVIRONMENTS

A) Ventilation
• Increase outdoor air ventilation, using caution in highly polluted areas
  o 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.
  o Use fans to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into room via other open windows and doors without generating strong room air currents).
  o Decrease occupancy in areas where outdoor ventilation cannot be increased.
• Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space
• Increase total airflow supply to occupied spaces

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• Ensure restroom exhaust fans are functional and operating at full capacity when the school is occupied.
• Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
• Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning. This is especially important in higher risk areas such as the health room and special education classrooms and in spaces where other ventilation is poorer (for example, there are no windows or there is lower air exchange).
• Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas such as the nurse’s office).
• Ventilation considerations are also important on school buses. See below for details.

B) Modified Layouts
• Space seating/desks as much as possible, ideally at least 6 feet apart
• 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
• 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 in the classroom

C) Physical Barriers and Guides
• Physical barriers are not a substitute for masking.
• Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain 6 feet apart (e.g., reception desks). Prioritize barriers for locations where there’s higher risk (e.g., where many people will be coming to speak to employees, where people may stay longer than 15 minutes, where people take off their masks to eat or drink)
• Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating “one-way routes” in hallways)

D) Communal Spaces
• Communal use shared spaces such as cafeterias, bathrooms and playgrounds with shared playground equipment may be used with careful planning. Plans for each communal space should be based on how high the risk of transmission is in that space, with priority mitigation given to riskier spaces. For example, cafeterias pose a higher risk of transmission because they are indoors and because people will remove their masks; bathrooms pose less risk because people typically spend less than 15 minutes inside and everyone can keep their
masks on; playgrounds pose a lower risk of transmission because they are outside and everyone can keep their masks on.

- Because 6 feet of distancing is difficult in communal spaces, emphasis should be on maintaining what distance is possible as well as other mitigation strategies (e.g., cohorting, ventilation, physical barriers). Additionally, stagger use to the extent possible.
- If cafeterias will be used, ensure children remain at least 6 feet apart in food service lines and at tables while eating. If 6 feet of distancing is not possible, considerations should be made to keep as much distance as possible between people while unmasked and eating, along with other mitigation strategies (e.g., cohorting, ventilation, physical barriers).
  - Clean and disinfect high touch areas (e.g., tables and chairs) between each use
- For preschools, children should learn about physical distancing.
  - Nap mats and cribs should be spaced 6 feet apart
  - Consider using physical barriers in places where young children have difficulty maintaining distance
  - Limit clutter and have enclosed containers for manipulatives

E) Buses
- On buses, masks should always be worn by everyone. No eating or drinking.
- Open windows to increase fresh air ventilation, as much as possible
- Hand hygiene before students get on the bus
- Have household members sit together
- As much as possible, load the bus back to front and unload front to back to limit students standing in the aisles next to those seated
- Assign seats, in order facilitate cohorting
  - Ensuring students are sitting in their assigned seats every day will assist in identifying close contacts if there is a positive case identified on the bus. Only persons identified as close contacts (within 6 feet of an infected person over a 24-hour period for a combined total of 15 minutes or more) will be required to quarantine. Without assigned seating, all persons on the same bus as the case for 15 minutes or longer may be identified as a close contact.
- No more than two to a seat

F) Clean and Disinfect
Cleaning and disinfecting are part of a broad approach to prevent infectious diseases, including COVID-19, in schools. Cleaning and disinfecting generally reduce the risk of spreading infection, including COVID-19, by removing and killing germs on surfaces people frequently touch. COVID-19 spreads mainly from person to person, but it may also spread by touching a surface or object that has the virus on it and then touching your own mouth, nose, or possibly your eyes. Cleaning and
disinfecting at least daily at your school may reduce the spread of the virus that causes COVID-19.

Not every surface needs to be disinfected every time it is cleaned. Prioritize disinfecting surfaces that ill persons have touched and those that are routinely touched or shared between students.

- Develop a schedule for routine cleaning and disinfection of frequently touched surfaces (e.g., door handles, sink handles, handrails, etc.) within the school.
- Cleaning high-touch surfaces between uses is more important in areas such as dining halls, where students will remove their masks and are more likely to touch their faces. Cleaning other areas trafficked transiently by multiple cohorts, such as hallways, is less important.

G) Shared Objects
- Clean shared objects between use and limit sharing of items that are difficult to clean or disinfect.
- Playground equipment need not be cleaned between each use, as long as pre- and post-playground use hand hygiene is observed by all users.
- Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should continue existing cleaning and hygiene practices for outdoor areas.
- The targeted use of disinfectants can be done effectively, efficiently, and safely on outdoor hard surfaces and objects frequently touched by multiple people (e.g., handrails, benches); make sure disinfectant has thoroughly dried before allowing children to play.
- Keep each child’s belongings separated from others’ and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials
- Avoid sharing electronic devices, toys, books, and other games or learning aides

MAINTAINING HEALTHY OPERATIONS

A) Ohana Bubbles or Cohorting
Ohana Bubbles or Cohorting is a strategy schools may use to limit contact between students and staff as part of the effort to limit transmission of COVID-19. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort, which may help prevent the spread of COVID-19 by limiting cross-over of students and teachers to:
- Decrease opportunities for COVID-19 exposure or transmission
- Reduce contact with shared surfaces
• Facilitate more efficient contact tracing in the event of a positive case
• Allow for targeted quarantine/isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases

Cohorting Implementation:

• Ohana bubbles or cohorting does not eliminate the risk of COVID-19 but helps to reduce the spread
• Divide students and teachers into distinct groups that stay together throughout the entire school day during in-person classroom instruction and during meals and playground time to minimize exposure across the school environment
• Limit mixing between groups so there is no interaction between bubbles or cohorts
• Avoid unnecessary visitors

B) Field Trips, Gatherings, Assemblies, and Visitors

• Choose virtual group events, gatherings, or meetings
• Promote physical distancing of at least 6 feet between people if events are held
• Keep students and staff within their defined cohorts, as much as possible, and ensure 6 feet of distance between each cohort group (by using aisle space or other markers that separate the groups by at least 6 feet)
• Restrict eating, drinking, or singing during events
• Keep records of seating charts
• Limit group size
• Limit any nonessential visitors, volunteers, and activities involving external groups or organizations.
• Limit cross-school transfer for special programs
• Limit visits to multiple campuses for staff who travel between schools

C) School Athletics

• Returning students to classrooms in-person takes precedence over returning to competitive sports
• Intermixing of students from different classes and cohorts within a school increases risk of transmission. Intermixing of students across different schools introduces even more risk, and should be considered only in conditions of low community transmission and where in-person learning has been successfully implemented with minimal transmission at participating school campuses.

D) Communications Systems
• 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)

E) Screening
• Strongly encourage parents or caregivers to monitor their children for signs of infectious illness including COVID-19 every day.
• Similarly, strongly encourage staff to monitor themselves for signs of infectious illness including COVID-19 every day.
• Students and staff who have symptoms of any infectious illness or symptoms consistent with COVID-19 should not attend school. See “Return to Work/School” guidance in Appendix.

PREPARING FOR WHEN SOMEONE IS SICK WITH COVID-19

CLOSE CONTACTS AT SCHOOL
Close contact is defined as (regardless of whether persons were wearing face masks):
• Within 6 feet of an infected person over a 24-hour period for a combined total of 15 minutes or more
• In direct contact with case’s secretions (e.g., being coughed on)

If a school can clearly identify which persons meet those criteria, all persons in the class may not be identified as close contacts. Instances where all persons in the class would be considered close contacts includes:
• Cohorts in classrooms that spend the entire day together and interact with others within the cohort (typically younger grade levels)
• 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/drinking, singing, using musical instruments that require blowing)

Instances where all persons in the class may not be considered close contacts include:
• Classrooms with assigned seating and students remain seated throughout class

BEFORE A CASE OF COVID-19 OCCURS
• Provide point of contact information to HDOH. Please provide a telephone number that will be checked at least daily, including on weekends and holidays. This helps ensure timely notification of schools in the event that HDOH becomes aware of a potential exposure at the school.
• See “What to do if a person at School has COVID-19” - Appendix
WHEN A CASE OF COVID-19 OCCURS
• See “What to do if a person at School has COVID-19” - Appendix

STUDENTS OR STAFF WHO BECOME SICK DURING THE SCHOOL DAY:
• Immediately separate the person(s) from others at the school.
• Individuals who are sick should immediately go home or to a healthcare facility depending on symptoms severity
• Identify an isolation area to separate anyone who has COVID-19 symptoms, ideally with a dedicated restroom not used by others
  o Ensure students are isolated in a non-threatening manner, within the line of sight of adults, and for very short periods of time
• Ensure personnel managing sick students or employees are appropriately protected from exposure
  o Personnel who need to be within 6 feet of a sick student or employee 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).
  o 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 ill student/staff member.

ABSENTEE RATE AT SCHOOL
• Schools are required to report COVID-19-like illness activity to the HDOH when daily:
  o Absentee rate exceeds 10% for entire school; OR
  o Absentee rate exceeds 20% of one grade or class.

ADDITIONAL COVID-19 PREVENTION IN SCHOOLS

TESTING
Testing can provide an added layer of protection for schools.

DIAGNOSTIC TESTING
• Schools should always offer referrals to diagnostic testing to any student, teacher, or staff member who exhibits symptoms of COVID-19 at school.

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3 See CDC’s website, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html, for more on testing.
• Schools should also offer testing referrals to teachers, staff, and students if they have been exposed to a confirmed or suspected case of COVID-19, whether or not they have symptoms.
• In some schools, school-based healthcare professionals (e.g., school nurses) may perform SARS-CoV-2 diagnostic testing (including rapid, point-of-care testing, and antigen testing) if they are trained in specimen collection and obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver.
• It is important that school-based healthcare professionals 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.
• Testing should be offered on a voluntary basis. Consent from a parent or legal guardian (for minor students) or from the individual (for adults, including adult students and teachers and staff) is required for school-based testing.

**SCREENING TESTING**
• Some schools may be interested in screening testing as a strategy for early disease detection and transmission prevention.
• Screening testing programs should be developed in consultation with DOH, to develop appropriate sampling policies and procedures.

**VACCINATION**
Vaccination is important for the health and well-being of school staff. Policies should allow for COVID-19 vaccination of all school personnel. Policies should not place extra demands on those who are vaccinated that single them out or may place them at higher risk for exposure to COVID-19.
• Vaccines are an important tool to help stop the COVID-19 pandemic.
• Vaccinating teachers and school staff can be considered one layer of mitigation and protection for staff and students.
• Access to vaccination should not be considered a condition for reopening schools for in-person instruction.
• Implementation of layered mitigation strategies will need to continue until we better understand potential transmission among people who received a COVID-19 vaccine and there is more vaccination coverage in the community. In addition, vaccines are not yet approved for use in children under 16 years old. For these reasons, even after teachers and staff are vaccinated, schools need to continue mitigation measures for the foreseeable future, including requiring masks in schools, hand hygiene, ventilation, and physical distancing to the greatest extent possible.
II. REOPENING THRESHOLDS

**THRESHOLDS FOR TRANSITIONING BETWEEN IN-PERSON/BLENDED/LEARNING FROM HOME MODELS**

In general, the risk of COVID-19 spread in schools increases across the continuum Learning from Home, Blended Learning, to In-person Learning with the risk moderated for Blended and In-person learning based upon the range of mitigation strategies put in place and the extent to which they are followed.

**LEARNING MODELS**

- **Learning from Home**
  Students and teachers engage in virtual-only classes

- **Blended Learning**
  Combined approach of rotating in-person attendance and learning from home
  (decreases in-person class size and allows physical distancing)

- **In-person Learning**
  Students participate in in-person learning

The decision to transition between in-person, blended, and learning from home models resides with the Complex Area (in collaboration with the State) for Department Public Schools, individually for Public Charter schools, or with the individual independent school. **School officials should make decisions regarding learning models based on available data on levels of community transmission and, especially, their capacity to implement appropriate mitigation measures in schools.** The following are considerations to assist in making this decision.

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4 Adapted from [Minnesota’s Guidance for Public Schools/Safe Learning Plan for 2020-21](https://www.mn.gov/p Policymaker/mndoc/other/COVID-19/ParentInformation/Documents/Plan.pdf)
Considerations for Differential Elementary and Secondary School Learning Models

The learning model determination may not be the same for all grades. Early reports suggest the number of COVID-19 cases among children may vary by age and other factors. Adolescents aged 10 – 17 years may be more likely to become infected with SARS-CoV-2 (the virus that causes COVID-19 disease) compared with children younger than 10 years of age. This combined with understanding that distance learning is more difficult with younger learners and creates a more significant burden on families, accounts for the learning model framework of earlier return to in-person learning for elementary students than for secondary students.

Within the general framework, considerations should be made for student populations with special educational or health concerns. In-person instruction may be particularly beneficial for students with additional learning needs and may warrant prioritization of these students for return to in-person learning regardless of grade. Conversely, it may be appropriate to adopt a more conservative approach to return to in-person learning for children with underlying medical conditions that put them at risk for more severe outcomes from COVID-19 infection. Competing factors may have to be weighed by schools in determining learning models for particular student populations.

Preparedness and Capacity to Implement Mitigation Strategies

In addition to levels of community transmission of COVID-19, selecting a Learning Model depends on the school’s level of preparedness and capacity to implement the recommended mitigation strategies outlined below. As part of the learning model determination process, schools should carefully assess their preparations to ensure all recommended health practices are addressed to confirm they are prepared to operate with student learning in-person, regardless of whether they plan to operate an in-person, blended, or learning from home model.

Whichever model is selected, schools must monitor constantly, establish regular evaluations, and correct any issues immediately.

**REQUIRED FOR IN-PERSON AND BLENDED LEARNING:**

- Policies that encourage students/families/staff to stay home if sick
- Plan for monitoring and excluding of someone who gets sick at school
- Limiting nonessential visitors/volunteers/external groups
- Discontinuing large gatherings/activities that do not allow for physical distancing
- All Student Support Personnel equipped with PPE, starting with a face mask and appropriate supplies for their duties
Plan to incorporate and continually reinforce routines of hygiene education and safe practices using STOIC strategy*

Promotion of appropriate hand hygiene through signage, accessibility to restrooms to wash hands or availability of hand sanitizer (as age appropriate)

Plan for organizing students/staff into small groups (cohorts) that remain together, with limited mixing between groups (all day for young students and as much as possible for older students).

Plan for physical distancing (ideally, at least 6 feet) including what to do when distancing is not possible

Cleaning/disinfection plan including schedule for at least daily cleaning high-touch surfaces throughout the day and additional cleaning as needed, person(s) responsible for cleaning and availability of cleaning/disinfection supplies

School COVID-19 point of contact

Communication Plan when COVID-19 case identified at school

**REQUIRED FOR BLENDED LEARNING:**

- School facilities at 50% capacity
- Transportation at 50% capacity
- Sufficient staffing levels to meet the requirements of the model
- Plan to incorporate and continually reinforce routines of hygiene education and safe practices using STOIC strategy*

**REQUIRED FOR LEARNING FROM HOME:**

- Students have internet connectivity and appropriate electronic device at home
- Plan to incorporate and continually reinforce routines of hygiene education and safe practices using STOIC strategy*

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*STOIC Strategy:

S: Structure - educators promote and practice responsible behaviors

T: Teach - educators teach students how to be successful in all school settings and situations

O: Observe - educators monitor behavior

I: Interact Positively - educators acknowledge responsible behavior

C: Correct - educators’ responses to unsafe behaviors are brief, calm, and consistent

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As community transmission increases (e.g., when there are increasing numbers of cases over a short period of time or clusters of cases are identified), adjustments to the learning plan may be needed.
model that reduces the number of people in a school building or requires more stringent mitigation strategies are needed. In contrast, schools utilizing a learning from home or blended model may consider cautiously transitions to increasing the number of students learning in-person as declining cases in the schools and community occurs.

Planning Scenarios for Moving Between Learning Models

SCENARIO 1: IN-PERSON LEARNING FOR STUDENTS
Assumptions:
- Minimal to moderate community spread is occurring with limited impact (confirmed cases among students and staff) on the school community
- Sporadic cases may be occurring, but in general each confirmed case can be traced to a likely source of exposure and all or most close contacts can be identified and excluded in the school setting.
- Staffing is sufficient to continue in-person instruction
- Contacts at school can be identified quickly (e.g., all close contacts can be notified and excluded within 24–48 hours of being notified of the confirmed case)

What situations under Scenario 1 may not necessitate transition to a blended or learning from home model?
- Single, standalone cases are confirmed, but close contacts in the school setting can be quickly identified and are limited to individual classrooms or areas in the school.
  o Temporary learning from home could be implemented for the affected classroom(s) rather than shifting the learning model for the entire school.
- Multiple cases are identified but can be linked to a specific classroom or individual activity with minimal impact or exposures to other classrooms/activities in the school setting. All close contacts can be quickly identified and are limited to individual classrooms and/or activities.
  o Temporary learning from home could be implemented for affected classrooms rather than shifting the learning model for the entire school.
- Multiple cases are identified, but are linked to a clear alternative exposure unrelated to the school setting and unlikely to be a source of exposure for the larger community (e.g., social or household clusters where multiple people who attend the same school have become ill because of an exposure outside of school).

SCENARIO 2: BLENDED MODEL WITH STRICT PHYSICAL DISTANCING AND CAPACITY LIMITS
Assumptions:
- Moderate to substantial community spread is occurring; higher degree of impact on the school community with multiple confirmed cases among students and staff.
- Higher numbers of confirmed cases over shorter periods of time, and/or clusters of cases identified within classrooms or the school community generally; however, all or most close contacts can still be identified and excluded in the school setting.
- Staffing is sufficient to continue in-person instruction
• Measures, including overall capacity limits, are needed to allow for strict physical distancing
• Testing capacity is sufficient to allow symptomatic individuals to access testing as needed and asymptomatic close contacts are prioritized for testing.
• Extracurricular activities with higher risk for transmission are modified to reduce risk or discontinued.

What situations under Scenario 2 may necessitate a transition to a blended learning model?
• A significant community outbreak is occurring (e.g., large community event, large local employer) with potential to impact staff, students, and families served by the school community but has not yet resulted in increased cases within the school setting

**SCENARIO 3: LEARNING FROM HOME ONLY**

Assumptions:
• Substantial, uncontrolled community spread is occurring and/or there is a considerable degree of impact on the school community
• Multiple confirmed cases or large-scale outbreaks occurring among students and staff
• Staffing impacted to the degree that a school is not able to offer in-person instruction.
• Extracurricular activities are discontinued
• In general, implementation should occur for a minimum of one incubation period (two weeks)

What situations may necessitate a transition to a learning from home only model?
• Confirmed cases are identified but identification and notification of close contacts in the school setting cannot be completed within 24–48 hours. Consider short-term use of learning from home to allow schools to coordinate with HDOH to complete identification of contacts and to develop a clearer picture of the COVID-19 situation impacting the school.
• Multiple cases are identified within a short period of time (e.g., one week) that occur across multiple classrooms or activities and a clear connection between cases or to a suspected/confirmed case of COVID-19 cannot be easily identified.
• A significant community outbreak is occurring (e.g., large community event, large local employer) and is impacting multiple staff, students, and families served by the school community.
• Substantial, uncontrolled community transmission is occurring at the county or state level, and there are multiple confirmed cases of COVID-19 among students and/or staff.
CONSIDERATIONS FOR MOVING BACK TO BLENDED OR IN-PERSON LEARNING MODELS AFTER A LEARNING FROM HOME PERIOD

- Schools should wait a minimum of two weeks (or one incubation period) before bringing any students back for in-person or blended learning (most people in the school community who will develop symptoms of illness could be identified and self-quarantine, as appropriate during this time).
- A blended learning model could be used as a bridge to safely move back toward in-person learning. For example, a school could use a blended learning model for 2 incubation periods (28 days) and carefully monitor for any additional clusters of COVID-19 cases before transitioning back to a full in-person learning model.

Learning Model Parameters

<table>
<thead>
<tr>
<th>7-day Daily Average per 100,000 population, by Island*</th>
<th>Percent Positivity¶</th>
<th>Consider the following Learning Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–2.0</td>
<td>0-0.99%</td>
<td>In-person learning</td>
</tr>
<tr>
<td>2.1-5.0</td>
<td>1.0%-2.49%</td>
<td>In-person learning for elementary students; blended learning for secondary students</td>
</tr>
<tr>
<td>5.1-10.3</td>
<td>2.5%-5.0%</td>
<td>Blended learning for students</td>
</tr>
<tr>
<td>10.4-15.4</td>
<td>5.1-7.5%</td>
<td>Blended learning for elementary students; learning from home for secondary students</td>
</tr>
<tr>
<td>15.5+</td>
<td>&gt;7.5%</td>
<td>Learning from home</td>
</tr>
</tbody>
</table>

*Hawaii metrics for school reopening will be posted every week at: https://health.hawaii.gov/coronavirusdisease2019/school-guidance/

¶The testing positivity rate is defined as the percentage of all tests reported that are positive. Tracking percent positivity along with the number of new cases is important in understanding how the virus is spreading in the community.

A minimum of two cycles of data should be reviewed before considering transition to a new learning level. The percent of tests that are positive is included as a secondary measure. Both criteria (7-day Daily Average and Percent Positivity) should be met for at least two 7-day cycles in a row in order to move to a less restrictive learning model; however, only case rate criteria need to be met to move to a more restrictive model.

Thresholds alone should not determine movement between learning levels. Other factors to consider when deciding to move toward an in-person model include the school’s ability to implement mitigation practices, such as consistent masking, hand hygiene, designated cohorts, physical distancing, and improving ventilation (see Section I: Considerations for Schools).
References

Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19) Schools and Child Care Programs

CDC Operational Strategy for K-12 Schools through Phased Mitigation

CDC Indicators for Dynamic School Decision-Making

Operating schools during COVID-19: CDC’s Considerations

Preparing K-12 School Administrators for a Safe Return to School in Fall 2020

Cleaning, Disinfection, and Hand Hygiene in Schools

Strategies for Protecting K-12 School Staff from COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html

Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools

Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations

FAQ for School Administrators on Reopening Schools

Strategies for Protecting K-12 School Staff from COVID-19 – Music, choir, and performing arts teachers
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html

Operating schools during COVID-19: CDC’s Considerations – Students with disabilities or special healthcare needs
Resources

What To Do If You Have Been Tested For COVID-19

Instructions For Close Contacts of Person With COVID-19

What To Do If You Test POSITIVE for COVID-19

Caring For Someone With COVID-19 At Home
## Appendix – Record of Change

<table>
<thead>
<tr>
<th><strong>DATE OF CHANGE</strong></th>
<th><strong>DOCUMENT</strong></th>
<th><strong>DESCRIPTION OF CHANGE</strong></th>
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<tr>
<td>Oct 22, 2020</td>
<td>Contact Notification Guidance for Schools</td>
<td>Updated definition of Close Contact</td>
</tr>
<tr>
<td>Oct 23, 2020</td>
<td>Instructions for Close Contacts of a Person with COVID-19</td>
<td>Added document to Appendix Updated definition of Close Contact</td>
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<tr>
<td>Oct 23, 2020</td>
<td>COVID-19 Interim Return to Work/School Guidance</td>
<td>Updated definition of Close Contact</td>
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<td>Nov 4, 2020</td>
<td>What to Do if a Person at School has COVID-19</td>
<td>Added a second contact telephone number for the Big Island (Hilo and Kona)</td>
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<td>Jan 8, 2021</td>
<td>Contact Notification Guidance for Schools; COVID-19 Contact Notification; Instructions for Close Contacts of a Person with COVID-19; COVID-19 Interim Return to Work/School Guidance; Home Isolation and Quarantine Guidance; COVID-19 Isolation &amp; Quarantine Periods; What to do when a case of COVID-19 occurs in a school</td>
<td>Update duration of quarantine period</td>
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<tr>
<td>Jan 11, 2021</td>
<td>What to Do if a Person at School has COVID-19</td>
<td>Update phone number for Neighbor Islands After Hours</td>
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<td>Mar 12, 2021</td>
<td>Elementary School ‘Ohana Bubble; Middle and High School Cohorts; Middle and High School ‘Ohana Bubble; Teacher Hero</td>
<td>“When able” language added to staying 6 feet apart</td>
</tr>
<tr>
<td>Mar 12, 2021</td>
<td>Contact Notification Guidance for Schools; COVID-19 Contact Notification</td>
<td>Included language for vaccinated persons</td>
</tr>
</tbody>
</table>

Updated 3/12/21
Preschool and Daycare 'Ohana Bubble
Decreasing Exposure to COVID-19

Practice Good Habits
- Stay home when sick.
- Wash hands when entering the classroom and frequently throughout the day.
- Clean and sanitize toys regularly. Do not share toys with other bubbles.
- Learn about and practice physical distancing. Nap mats and cribs should be 6 ft apart.
- Learn about proper mask wearing.

Avoid
- Avoid unnecessary visitors to the classroom. Any visitor must wear a mask.

Use Caution
- Classroom bubbles should stick together when outside the class and not mix with other class bubbles.

Remaining inside your Ohana Bubble
1. decreases the number of people that students and staff are exposed to throughout the day
2. decreases the number of contacts exposed if a case is diagnosed within the bubble
3. does not eliminate the risk of COVID-19 but helps reduce the spread
Elementary School Ohana Bubble
Decreasing Exposure to COVID-19

Practice Good Habits
- Stay home when you are sick.
- Wash hands when entering the classroom and frequently throughout the day.
- Stay 6 ft apart when able.
- Wear a mask when physical distancing cannot be done.

Use Caution
- Classroom bubbles should stick together when outside the class and not mix with other class bubbles.

Avoid
- Avoid unnecessary visitors to the classroom.
  - Any visitor must wear a mask.

Remaining inside your Ohana Bubble
1. decreases the number of people that students and staff are exposed to throughout the day
2. decreases the number of contacts exposed if a case is diagnosed within the bubble
3. does not eliminate the risk of COVID-19 but helps reduce the spread
Middle and High School Cohorts
Decreasing Exposure to COVID-19

COVID spreads to those that are around the sick person.

School Cohorts create a boundary around different groups within the school to help prevent the spread of COVID-19.

Stay within your Cohort and practice good habits to help protect you, your friends, your teachers, and your families.

Remaining inside your Cohort
1. decreases the number of people that students and staff are exposed to throughout the day
2. decreases the number of contacts exposed if a case is diagnosed within the cohort
3. does not eliminate the risk of COVID-19 but helps reduce the spread

Practice Good Habits
Stay home when you are sick.
Wash hands when entering your classrooms and frequently throughout the day.
Stay 6 ft apart when able.
Wear a mask.

Use Caution
When moving between classes, wear masks, and stay 6 ft apart.

Avoid
Any visitor to campus must wear a mask and maintain 6 feet apart.
Middle and High School Ohana Bubble
Decreasing Exposure to COVID-19

Practice Good Habits
- Stay home when you are sick.
- Wash hands when entering the classroom and frequently throughout the day.
- Stay 6 ft apart when able.
- Wear a mask when physical distancing cannot be done.

Use Caution
- When moving between classes, wear masks, and stay 6 ft apart.

Avoid
- Avoid unnecessary visitors to the classroom.
- Any visitor must wear a mask.

Remaining inside Ohana Bubble
1. decreases the number of people that students and staff are exposed to throughout the day
2. decreases the number of contacts exposed if a case is diagnosed within the cohort
3. does not eliminate the risk of COVID-19 but helps reduce the spread
Remember, you are a HERO to so many!
Keep you and your fellow teachers healthy.

Stay home when you are sick.

Wear a mask when you are around others.

Stay 6 feet away from other people when able.

Wash your hands for 20 seconds frequently.
General Quarantine Protocol

Confirmed Case

Must Quarantine

Does Not Need To Quarantine*

*Assuming the close contact of the confirmed case is healthy and not showing any symptoms

Close Contact

Close Contact

No Close Contact

Adapted from the Oregon State Department of Education and the Oregon Health Authority
COVID-19
HAWAII DEPARTMENT OF HEALTH

WHAT TO DO IF A PERSON AT SCHOOL HAS COVID-19

BEFORE a CASE of COVID-19 OCCURS:

• Provide point of contact information to HDOH. Please provide a telephone number that will be checked at least daily, including on weekends and holidays. This helps ensure timely notification of schools in the event that HDOH becomes aware of a potential exposure at the school.
• Remind all families, faculty, and staff that they should stay home when sick, to protect others and prevent the spread of illness in the school
• Implement preventive measures at school:
  o Maintain distance of ideally at least 6 feet from others
    ▪ For preschools, children should learn about physical distancing. Nap mats and cribs should be spaced ideally at least 6 feet apart.
  o Wear a cloth face covering, especially when distancing measures are hard to maintain
    ▪ For preschools, the emphasis should be placed on maintaining ‘ohana bubbles and learning about proper mask wearing.
  o Wash hands often with soap and water for at least 20 seconds
    ▪ If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
  o Avoid touching eyes, nose, mouth, and cloth face covering
  o Cover coughs and sneezes with a tissue or inside of elbow, throw tissue away, and wash hands.
  o Limit use of shared objects
  o Clean and disinfect frequently touched surfaces
  o Avoid unnecessary visitors on school campus
• Have a plan for students/staff who become ill at school
  o Isolate
  o Send home as soon as possible
  o Clean and disinfect affected area

WHEN a CASE of COVID-19 OCCURS:

• When a school learns of a COVID-19 case:
  o If case is currently at school, isolate and send person home immediately
  o Close off areas used by case for at least 24 hours (see further details below)
  o Call Hawaii Department of Health (HDOH) [see telephone numbers below] within 24 hours
  o Provide notification to school administrators, supervisors, etc. per school protocol
  o Provide HDOH with the following information:
    ▪ School Name and location
    ▪ Case’s Name, date of birth, and contact information
    ▪ Date of when case was last on campus
    ▪ Date of case’s symptom onset or, if asymptomatic, when case was tested
    ▪ Name, title (e.g., school principal), and contact information of caller (including how person may be reached after hours, weekends, and holidays)
• HDOH investigator will interview the case and will determine if the case was at school while infectious. Following the case interview, investigator will contact school principal/administrator.
• While awaiting call from HDOH investigator, school should do the following:
  o **Ensure case’s identity remains confidential**
  o Close off areas utilized by the case for at least 24 hours (e.g., office, classroom, bathroom, faculty lounge, common areas, etc.) to minimize the potential for exposure to respiratory droplets
    ▪ After 24 hours, clean and disinfect areas used by the person with COVID-19 per Centers for Disease Control and Prevention (CDC) guidance:
    ▪ Focus especially on frequently touched surfaces
  o Compile a list of case’s close contacts (see “Contact Notification Guidance for Schools” - Appendix)
• All information provided to HDOH by the school will be kept confidential
• Persons not identified as close contacts do not need to be in quarantine and may attend school

**COMMUNICATION**
• When a case is identified, the school will need to provide appropriate information for families, faculty, and staff.
• The bullet points below provide guidance for this communication. Each case is different and may require additional information, depending on the details of the case.
  ▪ HDOH will call persons who are identified as having close contact with the affected individual to inform them of exposure, if they have not already been notified by the school.
  ▪ Close contacts who develop symptoms of COVID-19 should call their health care provider and inform them of exposure to an infected person
  ▪ School will follow HDOH’s recommendations, including proper cleaning and disinfection of impacted areas
  ▪ Any person who develops symptoms who was not identified as a close contact should stay home and call their health care provider
  ▪ School-wide closure may not be necessary
    ➢ School will work with HDOH to make determination
    ➢ If school remains open, persons not identified as close contacts may return to school

Consider the following in consultation with HDOH to determine whether additional mitigation strategies or school closure are needed to protect the school community.

• Number of cases, close together in time or spread out over several weeks
• Are new cases traceable to the school community or are they likely from a different exposure (e.g., household exposure, travel)
• Where are the cases occurring; do they have any common themes (e.g., confined to one building within a school or to a specific group within the school)
• Number of close contacts each case has
• Is there significant COVID-19 transmission in the surrounding community that will likely impact families and staff

For further Guidance, please visit the [CDC COVID-19 Schools and Childcare Programs](https://www.cdc.gov/coronavirus/2019-ncov/kids-young-people/schools-childcare.html) website.

**Hawaii Department of Health (HDOH) Telephone Numbers**

<table>
<thead>
<tr>
<th>Island</th>
<th>Hours</th>
<th>Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oahu</td>
<td>M-F 7:45 am-4:30 pm</td>
<td>HDOH Disease Reporting Line</td>
<td>(808) 586-4586</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(808) 587-6845 (ask for school liaison)</td>
</tr>
<tr>
<td>Maui</td>
<td>M-F 7:45 am-4:30 pm</td>
<td>Maui District Health Office</td>
<td>(808) 984-8213</td>
</tr>
<tr>
<td>Molokai</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lanai</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Kauai</td>
<td>M-F 7:45 am-4:30 pm</td>
<td>Kauai District Health Office</td>
<td>(808) 241-3563</td>
</tr>
<tr>
<td>Hawaii (Hilo)</td>
<td>M-F 7:45 am-4:30 pm</td>
<td>Big Island DHO (Hilo)</td>
<td>(808) 933-0912</td>
</tr>
<tr>
<td>Hawaii (Kona)</td>
<td>M-F 7:45 am-4:30 pm</td>
<td>Big Island DHO (Kona)</td>
<td>(808) 322-4877</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(808) 974-6006</td>
</tr>
<tr>
<td><strong>After Hours/Weekends/Holidays</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oahu</td>
<td></td>
<td></td>
<td>(808) 600-3625</td>
</tr>
<tr>
<td>Neighbor Islands</td>
<td></td>
<td></td>
<td>(808) 360-2575</td>
</tr>
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</table>
CONTACT NOTIFICATION GUIDANCE FOR SCHOOLS

To reduce the spread of COVID-19 in Hawai‘i’s schools, it is important to rapidly identify and send home (Quarantine) any close contacts of a case, while KEEPING THE CASE’S IDENTITY CONFIDENTIAL. Given the school’s access to staff and student records and the relationship with staff and families, your school is best positioned to identify and notify close contacts.

Step 1: Identify date when case’s symptoms started (or if no symptoms, date positive test was collected):
_____/_____/

Step 2: Identify date when case was last at school: _____/_____/

Step 3: Infectious period at school: 2 days before case’s symptoms started (or if no symptoms, 2 days prior to specimen collection date) until case was last at school:
_____/_____/
(2 days before symptoms) Last day at school

Step 4: Identify case’s close contacts during infectious period. Close contact is defined as (regardless of whether persons were wearing face masks):
- Within 6 feet of an infected person over a 24-hour period for a combined total of 15 minutes or more
- In direct contact with case’s secretions (e.g., being coughed on)
- All persons (teachers and students) in the same classroom as the case for 15 minutes or longer**

Step 5: If identified close contacts are at school, send them home immediately.

Step 6: Provide Contact Notification to each close contact (see attached):
- Fill in Contact’s Name
- Fill in School Name
- Fill in Date (10 days from last contact with case*)

Step 7: Provide close contacts with “Instructions for Close Contacts of a Person with COVID-19”

Step 8: List contacts on “2019 Novel Coronavirus Close Contact Report Form – SCHOOLS”
Send list via Fax to (808) 586-4595, Attention: Cathy Wu or via SECURE email to:
doh.C19schools@doh.hawaii.gov

Step 9: A letter is not necessary to clear close contacts to return to school once 10 days* have passed since last exposure to the case, as long as they did not develop any symptoms or test positive.

Step 10: If you have any questions regarding contact notification, call the HDOH at:
(808) 586-4586 Monday – Friday, 7:45 a.m. – 4:30 p.m., (808) 600-3625 after hours/weekends.

* 14 days for close contacts living or working in congregate settings, including if there are household members who work in congregate settings

March 12, 2021
- Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:
  - Are fully vaccinated with a COVID-19 vaccine authorized for emergency use in the United States by the Food and Drug Administration (FDA) according to a schedule recommended by the Advisory Committee on Immunization Practices (ACIP)
  - Are at least 14 days beyond completion of the vaccine series as of their earliest date of exposure
  - Have remained asymptomatic since the current COVID-19 exposure
  - Are not an inpatient or resident in a healthcare or other congregate care setting

- Persons who do not meet all four of the above criteria should continue to follow the quarantine guidance described above

** If a school can clearly identify which persons meet the first two criteria, all persons in the class may not be identified as close contacts.Instances where all persons in the class would be considered close contacts includes:
  - Cohorts in classrooms that spend the entire day together and interact with others within the cohort (typically younger grade levels)
  - 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/drinking, singing, using musical instruments that require blowing)

Instances where all persons in the class may not be considered close contacts include:
  - Classrooms with assigned seating and students remain seated throughout class

* 14 days for close contacts living or working in congregate settings, including if there are household members who work in congregate settings

March 12, 2021
COVID-19 CONTACT NOTIFICATION

______________________________  ______________________________
Contact’s Name     School Name

You have been identified as a person in close contact with someone with COVID-19 at our school.

Per Hawaii Department of Health guidelines, you must remain at home in quarantine until:
______________________________ (10 days after last contact*).

Date

• Contact your healthcare provider to:
  o Inform them of your exposure to a person with COVID-19
  o Arrange for COVID-19 testing
  
  **NOTE: You must remain at home in quarantine even if your COVID-19 test is NEGATIVE.**

• Monitor your health
  o Contact your healthcare provider if you have concerns about your health
  o For medical emergencies, call 911 (inform dispatcher you have been exposed to COVID-19)

• While in quarantine, stay separate from others in your home (e.g., separate bedroom, separate bathroom, separate meals), in case you were infected and become sick.

• For further instructions, see attached handout “Instructions for Close Contacts of a Person with COVID-19”

• If you have questions about your quarantine, call the Hawaii Department of Health at:
  (808) 586-4586, Monday – Friday, 7:45 a.m. – 4:30 p.m.; (808) 600-3625 after hours/weekends.

  *If you live or work in congregate settings, or if you live with household members who work in congregate settings, you must remain at home in quarantine for 14 days

• **Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:**
  o Are fully vaccinated with a COVID-19 vaccine authorized for emergency use in the United States by the Food and Drug Administration (FDA) according to a schedule recommended by the Advisory Committee on Immunization Practices (ACIP)
  o Are at least 14 days beyond completion of the vaccine series as of their earliest date of exposure
  o Have remained asymptomatic since the current COVID-19 exposure
  o Are not an inpatient or resident in a healthcare or other congregate care setting

• Persons who do not meet **all four** of the above criteria should continue to follow the quarantine guidance described above

Rev. 03/21
2019 Novel Coronavirus Close Contact Report Form – SCHOOLS

School Name: ____________________________________________________

Case Name (Last, First): ____________________________________________________
(Keep Confidential) *DOH Use*  Maven ID: ____________

**COVID-19 SCHOOL CONTACTS**

<table>
<thead>
<tr>
<th>Name of Contact (First and Last)</th>
<th>Date of Birth (Enter age if DOB unknown)</th>
<th>Date Last Exposed</th>
<th>Contact Information (Email address AND phone number)</th>
<th>Close Contact Notification Provided by School (Date Provided)</th>
<th><em>DOH Use</em></th>
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<tr>
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Fax Completed form to:
Hawaii Department of Health
Disease Investigation Branch
(808) 586-4595, Attn: Cathy Wu
Or send via SECURE email:
doh.C19schools@doh.hawaii.gov

Rev. 10/16/20
INSTRUCTIONS FOR CLOSE CONTACTS OF A PERSON WITH COVID-19

Close contact is defined as any of the following:
- Living in the same household with a person with COVID-19
- Being within 6 feet of a person with COVID-19 over a 24-hour period for a combined total of 15 minutes or more
- Caring for a person with COVID-19
- Being in direct contact with secretions from a person with COVID-19 (e.g. being coughed on, kissing, etc.)

☐ Contact your healthcare provider to be tested for COVID-19:
  - Positive test result: COVID-19 case and no longer a “close contact”
    Stay home for 10 days and self-monitor for symptoms
  - Negative test result: Not infected with COVID-19 at the time of testing
    May still develop COVID-19 infection
    Must remain in quarantine for period stated below

☐ Stay home (quarantine)
  - Symptom-free household contacts (living in same house; ongoing contact with the person with COVID-19): Remain at home for 10 days after the person with COVID-19 is released from isolation.
  - Symptom-free Non-household contacts (not living with persons with COVID-19): Remain at home for 10 days after you were last in close contact with the person with COVID-19. Your family/household contacts do not need to stay home, unless you test positive or they are ill.

☐ For household and non-household contacts, during your quarantine period you must:
  - Leave home ONLY to receive medical care (call your healthcare provider first and inform them you have been in close contact with a person with COVID-19). Do not use any kind of public transportation, ridesharing, or taxis.
  - Not allow any visitors
  - Stay in a separate part of the house from others who live with you, preferably in a bedroom by yourself.
  - If you must be around others in your household, wear a cloth face covering and stay at least 6 feet apart.
  - Monitor your health daily for symptoms of COVID-19 (e.g., fever, cough, difficulty breathing, headache, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea, tiredness, body aches, etc.)
  - If you develop symptoms of COVID-19, call your usual healthcare provider and let them know you have been in contact with a person with COVID-19 and you have developed new symptoms.
  - Prevent the spread of germs
  - Do not share personal household items (e.g., dishes, towels, bedding, etc.)
    ▪ Clean all frequently touched surfaces (e.g., tables, doorknobs, handles, phones, keyboards, faucets, etc.)
    ▪ Wash hands often with soap and water for 20 seconds or hand sanitizer that contains at least 60% alcohol
    ▪ Always wash immediately after removing gloves and after contact with a sick person
      Avoid touching your eyes, nose, and mouth with unwashed hands

If you do not have a healthcare provider, or if you have questions, visit https://www.auw211.org/ or call 211

§14-day quarantine still applies to congregate settings (e.g., long-term care facilities, group care homes, assisted living facilities, correctional facilities, shelters, residential rehabilitation and treatment settings, military housing, etc.).
# COVID-19 Interim Return to Work/School Guidance

<table>
<thead>
<tr>
<th>Person with:</th>
<th>Recommendation:</th>
<th>Outcome:</th>
</tr>
</thead>
</table>
| **CLOSE CONTACT* WITH A CONFIRMED COVID-19 CASE** | - Test for COVID-19, whether symptomatic or asymptomatic  
  o Will not shorten *required* 10-day quarantine  
  o If positive, investigation may identify other contacts that possibly have been exposed  
  - Advise patient they must quarantine for 10 days after date of last exposure (and if continued exposure, 10 days after confirmed case released from isolation) | - Positive COVID-19 test: HDOH will work with clinician re: identification of contacts, period of isolation,† etc.  
- Negative COVID-19 test: Continue 10-day quarantine |
| **COVID-19-LIKE SYMPTOMS‡**, e.g.:  
  - Fever (>100.4°F)  
  - Sore throat  
  - New uncontrolled cough that causes difficulty breathing  
  - Diarrhea, vomiting, or abdominal pain  
  - New onset of severe headache  
  - New loss of taste or smell | - Test for COVID-19; advise patient to self-isolate pending results of COVID-19 testing  
  - Consider testing for influenza and other pathogens | - If COVID-19 testing result is  
  o Positive: HDOH will work with clinician re: identification of contacts, period of isolation,† etc.  
  o Negative: May return to work/school as long as symptoms resolving and no fever for 24 hours without the use of fever-reducing medications  
- If other explicative etiology (and COVID-19 negative), then manage same as if negative for COVID-19 |
| **ILLNESS** with low clinical suspicion for COVID-19 or **PAST MEDICAL HISTORY OF OTHER ETIOLOGY** (e.g. allergy, asthma) in person well-known to clinician | - Use clinical judgement on a case-by-case basis | - May return to work/school as long as symptoms resolving and no fever for 24 hours without the use of fever-reducing medications |

* Someone who was within 6 feet of an infected person over a 24-hour period for a combined total of 15 minutes or more or had direct contact with infected person’s secretions (e.g., coughed directly into face of contact) starting from 2 days before illness onset (or, for asymptomatic persons, 2 days prior to test specimen collection); healthcare personnel wearing appropriate personal protective equipment (see [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)) are considered protected.

If a person whom you suspect has COVID-19 refuses testing, patient should remain isolated until:
- At least 10 days have passed since symptoms first appeared **AND**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
- Symptoms have improved (e.g., cough, shortness of breath)

*Last updated: January 8, 2021*
COVID-19 ISOLATION AND QUARANTINE
HAWAII DEPARTMENT OF HEALTH

HOME ISOLATION AND QUARANTINE GUIDANCE

PERSON WITH COVID-19
(Mild to Moderate Illness in People Who Are Not Severely Immunocompromised)

Must stay home in ISOLATION until:

- 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

HOUSEHOLD CLOSE CONTACT
If having ongoing contact, symptom-free household close contact must stay home in QUARANTINE for 10 days* after person with COVID-19 is released from ISOLATION

- Stay separate from others, especially from people at higher risk for severe illness
- All close contacts must self-monitor for symptoms for 14 days after last contact with person with COVID-19
- If you develop symptoms, contact a healthcare provider. If you do not have a healthcare provider, or if you have questions, visit https://auw211.org or call 211

NON-HOUSEHOLD CLOSE CONTACT
Symptom-free non-household contact must stay home in QUARANTINE for 10 days* after last contact with PERSON WITH COVID-19

CONTACTS OF CONTACTS
(Co-workers of HOUSEHOLD CLOSE CONTACTS)
(Spouse, children, household members, co-workers of NON-HOUSEHOLD CLOSE CONTACTS)

If HOUSEHOLD/NON-HOUSEHOLD CLOSE CONTACTS are not symptomatic and have tested negative for COVID-19, CONTACTS OF CONTACTS who are healthy are not required stay home in QUARANTINE.

ISOLATION: Separates sick people from people who are not sick. People who are in isolation must stay home. In the home, anyone sick should separate themselves from others by staying in a specific “sick” bedroom or space and using a different bathroom. The sick person should wear a face covering if he/she needs to be in contact with others.

QUARANTINE: Separates someone who has been in contact with a person with COVID-19 from others, in case they were infected and become sick. Persons in quarantine must stay at home, separate themselves from household members, monitor their health, and wear a face covering if they need to be in contact with others. Quarantine helps limit further spread of COVID-19.

SYMPTOMS: Fever, cough, headache, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea, tiredness, body aches, difficulty breathing. If you experience difficulty breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, or need immediate medical assistance call 9-1-1. Notify the operator that you have or may have COVID-19.

*14-day quarantine still applies to congregate settings (e.g., long-term care facilities, group care homes, assisted living facilities, correctional facilities, shelters, residential rehabilitation and treatment settings, military recruit housing, etc.).

Updated December 14, 2020
If person is at school, isolate and send home.

**School** should notify HDOH School Liaison & Provide:
- Your Name, title & contact info (including after hours)
- School name & location
- Case name, date of birth and contact info

**School** should close off all areas used by the case for at least 24 hours.

**School** should ensure case identity remains confidential.

**School** should compile a list of close contacts of the case at school.

**School** provides list of contacts to HDOH.

**School** provides appropriate COVID-19 notification to families, faculty and staff.

Close contacts should quarantine for 10 days since their last contact with the case.

Any person not identified as a close contact who develops symptoms should call their healthcare provider.

**School** should clean & disinfect areas used by the case.

After at least 24 hours, **school** should clean & disinfect areas used by the case.

**HDOH** will interview case.

**HDOH** notifies any non-school contacts.

**HDOH** works with the school to identify any additional procedures.

If a close contact develops symptoms they should:
- Call healthcare provider
- Tell them they were in contact with a positive COVID-19 case

Case remains in isolation until:
- It has been at least 10 days since symptom onset
- It has been at least 24 hours with no fever and no fever reducing medications were taken (e.g. Tylenol)
- Their symptoms have improved

**School** should ensure case identity remains confidential.

**School** should compile a list of close contacts of the case at school.

**School** provides list of contacts to HDOH.

Close contacts should quarantine for 10 days since their last contact with the case.

Any person not identified as a close contact who develops symptoms should call their healthcare provider.

**School** closes off all areas used by the case for at least 24 hours.

After at least 24 hours, **school** should clean & disinfect areas used by the case.

**HDOH** will interview case.

**HDOH** notifies any non-school contacts.

**HDOH** works with the school to identify any additional procedures.

If a close contact develops symptoms they should:
- Call healthcare provider
- Tell them they were in contact with a positive COVID-19 case
STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

Return of Students/Staff to School after having TESTED POSITIVE for COVID-19
(Release from Isolation)

<table>
<thead>
<tr>
<th>Patient Name: ____________________________________________</th>
<th>Patient Birth Date: <em><strong>/</strong></em>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: <em><strong>/</strong></em>/____</td>
<td>Date of positive COVID-19 test: <em><strong>/</strong></em>/____</td>
</tr>
</tbody>
</table>

In relation to the COVID-19 diagnosis, did the patient ever exhibit symptoms?  [ ] Yes  [ ] No

For patients who had symptoms of COVID-19:

The following return to work/school criteria apply (must meet ALL requirements)

- [ ] It has been AT LEAST 10 days since the patient’s symptoms first appeared*
  Date first symptoms appeared ___/___/____ (Day 0);

- [ ] It has been AT LEAST 24 hours since the patient last had a fever without the use of fever-reducing medications

- [ ] The patient’s symptoms have improved (e.g., cough, shortness of breath).

*For example, if the patient’s COVID-19 symptoms appeared on 11/01 (Day 0), then Day 10 is 11/11, and 11/12 is the Release from Isolation date.

For patients who did not have COVID-19 symptoms (asymptomatic):

The following return to work/school criteria applies (must meet ALL requirements)

- [ ] It has been at least 10 days since the positive test was collected*
  Date of specimen collection: ___/___/____ (Day 0);

- [ ] The patient has had no symptoms

*For example, if the patient’s date of positive COVID-19 test was 11/01 (Day 0), then Day 10 is 11/11, and 11/12 is the Release from Isolation date.

The patient may return to work or school on this date: ___/___/____

Clinician name: ________________________________  Title: [ ] MD/DO  [ ] PA  [ ] NP
Clinician signature: ________________________________
Clinician phone number: (___)___-_______  Fax number: (___)___-_______
Return of Students/Staff to School after CLOSE CONTACT with a person known to have COVID-19
(Release from Quarantine)

Patient Name: _________________________________________ Patient Birth Date: ____/____/______
Date: ____/____/______

The following return to school criteria apply (must meet at least one requirement)

☐ If the patient is a household contact (living in the same house with ongoing contact with the person with COVID-19,) it has been 10 days (14 if living or working in a residential congregate setting) AFTER the person with COVID-19 was released from Isolation and the patient has not developed any symptoms.
  Date person with COVID-19 was released from Isolation ____/____/______ (Day 0)
  Patient lives or works in a residential congregate setting: Yes No

-OR-

☐ If the patient is a non-household contact (not living with a person with COVID-19,) it has been 10 days (14 days if living or working in a residential congregate setting) since they were last in contact with the person that had COVID-19 and the patient has not developed any symptoms.
  Date of the patient's last contact with the person that has COVID-19 ____/____/______ (Day 0)
  Patient lives or works in a residential congregate setting: Yes No

The patient may return to work or school on this date: ____/____/______
10 days after the date specified above* (14 days if patient lives or works in a residential congregate setting)

*For example, if the patient’s date of last contact with a known COVID-19 case was 11/01 (Day 0), in a non-congregate setting, then Day 10 is 11/11, and 11/12 is Release from Quarantine date. In a congregate setting, if date of last contact with a known COVID-19 case was 11/01 (Day 0), then Day 14 is 11/15, and 11/16 is the Release from Quarantine date.

Close contacts of a confirmed case should be tested to rule out infection with COVID-19 (if positive, use Release from Isolation letter template). A negative result does not shorten the duration of quarantine.
The patient must still have completed the above quarantine time before returning to work or school.

Note: a negative test result is NOT a requirement to be released from Quarantine and return to work/school.

Close contacts of a confirmed case should monitor for symptoms for a total of 14 days past their last contact with the confirmed case.

Clinician name: _________________________________________ Title: MD/DO PA NP
Clinician signature: _____________________________________________
Clinician phone number: (____)____-_______ Fax number: (____)____-_______