



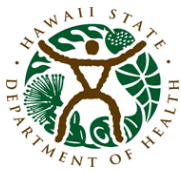
INTRODUCTION

The Hawai'i State Department of Health (DOH) 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 education is particularly important for younger children and those with special educational needs. Social and emotional support resources made available on school campuses are also critical to the health of our keiki, and for some families, food security is provided through school meal programs. All these factors must be considered in the overall health benefits of in-person education.

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 Hawai'i'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. Although COVID-19 clusters have occurred in school settings, [multiple studies](#) have shown that transmission rates within school settings are typically lower than or similar to community transmission levels when multiple layered prevention strategies are in place. Updated guidance for COVID-19 prevention in K-12 schools released by the Centers for Disease Control and Prevention (CDC) on January 13, 2022, emphasizes that implementing layered prevention strategies (e.g., using multiple mitigation strategies together consistently) can reduce transmission of SARS-CoV-2 in schools and protect students, teachers, staff, and members of their households. As the pandemic evolves, there is widespread availability of COVID-19 vaccines that reduce the risk of severe outcomes, high level of infection- or vaccine-induced immunity, and increased accessibility to COVID-19 testing and treatments that has allowed us to begin to adapt our approach to COVID-19 response in schools and other settings. We will continue to adjust as we learn more about COVID-19, with a focus on prioritizing in-person education and reducing disruptions in the school settings caused COVID-19 while also keeping students and staff safe.

The DOH COVID-19 guidance for K-12 schools is intentionally layered, flexible, and aligned with CDC guidance. Each school is different, and not every strategy outlined in this guidance can be practically implemented at every school. Therefore, multiple mitigation strategies are described. The DOH has identified some mitigation strategies as core essential strategies. **Core essential strategies are so effective that they should always be implemented during in-person education.** Core essential strategies include promoting COVID-19 vaccination among all staff and eligible students 5 years of age and older, directing staff and students to stay home when sick, correct and consistent masking indoors, and hand hygiene. Other strategies (e.g., designated cohorts, improving ventilation, physical distancing, screening testing, and cleaning and disinfection), should be applied in combination to the greatest extent possible, with priority given to those strategies higher on the list.



Multiple mitigation strategies should be applied to the greatest extent possible for a layered approach. Physical distancing is **not** listed as a core essential strategy because physical distancing of at least 3 feet is not practical in all school settings. Using multiple mitigation measures consistently and in combination gives schools the flexibility to achieve safe learning environments even when not every mitigation measure can be applied.

One of the most critical strategies to help schools safely maintain full in-person operations is for eligible students, teachers, staff, and household members to be [up to date](#) on all recommended COVID-19 vaccines for their age group. Vaccination is the leading public health prevention strategy to stop the COVID-19 pandemic in the United States.

Summary of Guidance for School Changes, updates as of March 22, 2022

- Individual case investigation, contact identification, and quarantine of in-school exposures is no longer recommended for K-12 schools when universal indoor masking is implemented.
- Schools that implement optional indoor masking policies after March 25th, 2022 should continue individual case investigation, contact identification, and quarantine of all COVID-19 exposures.

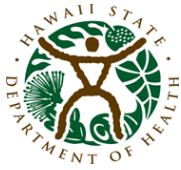
This document provides interim guidance for K-12 schools. The guidance is based on the best available evidence at this time and will continue to be updated as new information becomes available or CDC guidance is updated. The most recent key changes to the COVID-19 Guidance for K-12 Schools are highlighted below.

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

- American Academy of Pediatrics, Hawai'i Chapter
- Hawai'i Association of Independent Schools
- Hawai'i Catholic Schools
- Hawai'i Department of Education
- Hawai'i Keiki Nurses
- Hawai'i State Public Charter Schools Commission
- Kaua'i District Health Office

CONSIDERATIONS FOR K-12 SCHOOLS

The COVID-19 Guidance for K-12 Schools is to help protect students, teachers, administrators, and staff and slow the spread of COVID-19. The information in this document is adapted from the CDC's [Guidance for COVID-19 Prevention in K-12 Schools](#) and is subject to change as new information regarding the COVID-19 pandemic becomes available.



GUIDING PRINCIPLES¹

- The goal is to open schools as safely as possible given the many known and established benefits of in-person education.
- The more people with whom a student or staff member interacts and the longer that interaction, the higher the risk of COVID-19 spread.
- Schools must adopt and implement actions to slow the spread of COVID-19 in schools and the community.
 - **Multiple** mitigation strategies (e.g., promoting vaccination, directing students and staff to stay home when sick, correct and consistent masking, hand hygiene, cohorting, improving ventilation, physical distancing, screening testing, and cleaning and disinfection) should be implemented.
- Students, families, teachers, school staff, and all community members must take actions to protect themselves and others.

As the COVID-19 pandemic continues and community spread persists, even when a school carefully prepares, plans, and coordinates, students and staff **will** test positive for SARS-CoV-2 and be diagnosed with COVID-19 infection. To prepare, schools should plan to reduce the impact of COVID-19 on in-person education by:

- Lowering the risk of exposure and spread of COVID-19 by implementing multiple, layered mitigation strategies **and**
- Preparing for when students and staff get sick.

Every school should have a well-established plan to protect staff, children, and their families from the spread of COVID-19. Additionally, schools should have a response plan in place for when a student, teacher, or staff member tests positive for COVID-19.

See <https://health.hawaii.gov/coronavirusdisease2019/resources/school-guidance/> for additional DOH K-12 school guidance documents.

¹ Based on CDC's [Guidance for COVID-19 Prevention in K-12 Schools](#), updated January 13, 2022.

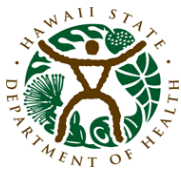


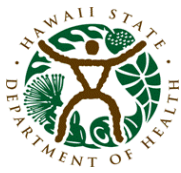
Table 1. Mitigation Strategies

<p>Core Essential Strategies</p>	<p>Strongly recommended in every situation.</p> <p>Because of the effectiveness of these strategies, these strategies are strongly recommended to be implemented in every situation.</p>	<ul style="list-style-type: none"> • Promote staying up to date on COVID-19 vaccinations for staff and students • Stay home if sick and go home if sick at school • Correct and consistent indoor masking • Hand hygiene
<p>Additional Mitigation Strategies</p>	<p>To be applied in combination to the greatest extent possible, with priority given to those strategies higher on this list.</p> <p>Schools should evaluate which mitigation strategies they cannot practically implement, and which strategies can supplement the intended effects of that mitigation measure. For example, keep students within established small `Ohana bubbles (cohorts), open windows to increase ventilation, and utilize air filtration systems for interior rooms, where 3 feet of physical distancing between students cannot be achieved.</p>	<ul style="list-style-type: none"> • `Ohana bubbles or cohorting • Improving ventilation • Physical distancing • Screening testing • Cleaning and disinfection

MINIMIZING EXPOSURE AND SPREAD OF COVID-19

Implement **multiple mitigation strategies** to encourage behaviors and create environments that reduce the spread of COVID-19:

- Core essential strategies
- Additional mitigation strategies
- Preparing for when someone gets sick



CORE ESSENTIAL STRATEGIES THAT REDUCE THE SPREAD OF COVID-19

A) Promoting Vaccination²

People 5 years and older are now eligible for COVID-19 vaccination. Vaccination protects people from severe illness, hospitalization, and death from COVID-19. Evidence shows that people who are [up to date](#) on all recommended COVID-19 vaccinations are less likely to have asymptomatic or symptomatic infection and less likely to transmit COVID-19 to others than people who are not [up to date](#).

- **[COVID-19 vaccination is the most important core essential strategy.](#)**
- **'Up to date' defined:** People are [up to date](#) on their vaccines when they have received all [recommended vaccine doses](#) for their age group.
 - For people who are ages 18 years and older that includes the [primary series](#) of COVID-19 vaccines AND [boosters](#), plus [additional primary shots](#) for some immunocompromised people.
 - For people who are ages 5–17 years that includes the [primary series](#) of COVID-19 vaccines.
- **People who are [up to date](#) on their vaccines and are asymptomatic do *not* need to quarantine following a COVID-19 exposure**, which increases in-person education.
- All teachers, staff, and families, including extended family members who have frequent contact with students, should stay [up to date](#) on all recommended COVID-19 vaccines for their age group.
- See the [State of Hawai'i COVID-19 Portal](#) for vaccine information, including where to get vaccinated.
- Schools can help increase vaccine uptake among students, families, and staff by providing information about COVID-19 vaccination, promoting vaccination, and establishing supportive policies and practices that make it easy and convenient for eligible students, staff, and others to get vaccinated.
- To promote vaccination, schools should:
 - Publicize the [State of Hawai'i COVID-19 Portal](#) to share where eligible students, families, and staff can get vaccinated in their community.
 - Publicize that vaccinations are **free** regardless of health insurance status.
 - Provide COVID-19 vaccination information for students and families during enrollment and back-to-school events.
 - Encourage staying [up to date](#) on all recommended COVID-19 vaccinations for eligible students and family members for their age group during pre-sport and extracurricular activity summer physicals.

² See CDC's [Vaccines for COVID-19](#) for additional information including frequently asked questions. People are considered to have completed their primary series 2 weeks after their second dose in a 2-dose series, such as Pfizer-BioNTech or Moderna, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.



- Develop educational messaging for vaccination campaigns to build vaccine confidence.
- Use CDC's [COVID-19 Vaccination Toolkits](#) to educate school families and communities and promote COVID-19 vaccination.
- Provide students and families flexible options for excused absences to receive a COVID-19 vaccination and for possible side effects after vaccination.
- Offer flexible, supportive leave options for staff to get vaccinated and to those who may experience side effects after vaccination. See CDC's [Post-vaccination Considerations for Workplaces](#).
- Remind school families that in addition to COVID-19 vaccination, children and adolescents should get all required and recommended routine and catch-up vaccinations in order to protect themselves, other students, staff, and families from other vaccine-preventable diseases.
- Because COVID-19 vaccines are not yet approved for children less than 5 years of age, schools must continue to implement multiple mitigation strategies to slow the spread of COVID-19 in schools.

B) Stay Home when Sick

Staying home when sick is a core essential strategy to keep COVID-19 infections from spreading in schools and to protect others.

- Educate students, families, and staff that they should stay home when:
 - They are sick or test positive for COVID-19.
 - If experiencing [COVID-19 symptoms](#), get [tested](#).
 - Not [up to date](#) with COVID-19 vaccinations and are a close contact to a person with COVID-19.
 - See [Interim Isolation and Quarantine Guidance for Schools](#) for which close contacts are required to quarantine.
- Encourage parents and caregivers to monitor students for signs of infectious illness including COVID-19 **every day**.
- 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 and should get [tested](#).
- Getting [tested](#) when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent spread in schools.
- Schools should allow flexible, non-punitive, and supportive sick leave policies and practices that encourage sick staff to stay home without fear of retaliation, loss of pay, or loss of employment level.
- Schools should provide excused absences for students who are sick.



C) Masks

Correct and consistent mask use is a core essential strategy to help prevent and slow the spread of COVID-19 in schools and the community. When people wear a mask correctly and consistently, they protect others as well as themselves.

- Indoor settings
 - **Masks are strongly recommended to always be worn correctly and consistently by all students and staff when indoors** (besides when eating and drinking).
 - When [community levels are high](#), universal indoor mask usage should be implemented in K-12 settings.
- Outdoor settings
 - Students and staff do **not** need to wear masks in most outdoor settings.
 - During [high community levels](#), students and staff should wear masks in crowded outdoor settings or during activities that involve sustained close contact with other people.
 - Schools should be supportive of students and staff who choose to wear a mask outdoors.
- Suitable cloth masks should have two layers of cloth and should fit snugly, covering both mouth and nose.
- Teach and reinforce the correct and consistent use of masks by students and staff.
- All students should learn about proper mask wearing.
- Students and staff should be frequently reminded **not** to touch their mask and to wash their hands or use hand sanitizer frequently.
- Consider the use, by some teachers and staff, of masks with a clear window³ that cover the nose and mouth and wrap securely around the face.
 - Clear masks should be determined **not** to cause any breathing difficulties or over heating for the wearer.
 - Teachers and staff who may consider using clear masks include:
 - Those who interact with students or staff who are deaf or hard of hearing.
 - Teachers of young students learning to read.
 - Teachers of students who are new language learners.
 - Teachers of students with disabilities.
- Masks should **not** be worn by or placed on:
 - Children younger than 2 years of age.
 - Anyone who has trouble breathing or is unconscious.
 - Anyone who is incapacitated or otherwise unable to remove the mask without assistance.
- Face shields should **not** be used as a substitute for masks because of a lack of evidence of their effectiveness.

³ Clear masks are **not** face shields.



- A face shield provides eye protection for the person wearing it (e.g., in the event of bodily fluid splashes) and **not** respiratory protection.
- A person who [cannot wear a mask, or cannot safely wear a mask](#), because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.) should not be excluded from in-person education activities (other than for the purposes of isolation and quarantine), due to having a medical mask exemption.
 - Layered mitigation strategies should be utilized to help reduce risk (e.g., physical distancing, improving ventilation, etc.)

D) **Hand Hygiene (Handwashing and Respiratory Etiquette)**

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

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
 - If soap and water are not readily available, use hand sanitizer containing at least 60% alcohol (for staff and older children who can safely use hand sanitizer).
 - Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children less than 6 years of age.
- Provide frequent reminders to wash hands and assist young children with handwashing.
- Monitor to ensure adherence among students and staff.
- Avoid touching eyes, nose, mouth, and mask.
- Encourage staff and students to cover coughs and sneezes with a tissue.
 - Throw used tissues in the trash and wash hands immediately with soap and water for at least 20 seconds or use hand sanitizer.

Adequate Hygiene Supplies

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

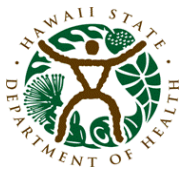
Signs and Messages

- Post signs that promote everyday protective measures in highly visible locations.
- 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. See [Hawai'i DOH: Info & Resources for Managing COVID-19](#) for printable resources available in 21 languages.

MITIGATION STRATEGIES TO MAINTAIN HEALTHY OPERATIONS AND ENVIRONMENTS

A) `Ohana Bubbles or Cohorting

`Ohana bubbles or cohorting means keeping students and staff together in a small group and having each group stay together. `Ohana bubbles or cohorting can be used to limit the



number of students and staff who interact with each other, especially when it is challenging to maintain physical distancing, such as among young children. This is a strategy schools may use to help limit the spread of COVID-19 by:

- Decreasing opportunities for COVID-19 exposure.
- Facilitating more efficient group notification in the event of a person with COVID-19 infection.

Cohorting Implementation

- `Ohana bubbles or cohorting does **not** eliminate the risk of COVID-19 spread.
- `Ohana bubbles or cohorting helps to reduce the spread of COVID-19 to fewer people.
- Divide students and teachers into distinct groups that stay together throughout the entire school day during in-person classroom instruction, meals, and recess time to minimize exposure across classes, grades, and school.
- Limit mixing between groups so there is no interaction between `Ohana bubbles or cohorts.
- Visitors, and especially those who may cross cohorts, should wear a mask at all times when indoors, and should not visit during times when others are unmasked (e.g., mealtimes).

B) Ventilation^{4,5}

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of SARS-CoV-2 virus particles in the air. Bringing fresh outdoor air into a building helps keep virus particles from concentrating inside.

- Increase outdoor air ventilation.
 - When weather conditions allow, increase fresh outdoor air by opening windows and doors.
 - Do not open windows and doors if doing so poses a safety or health risk to children using the facility.
 - Use fans to increase the effectiveness of open windows.
 - Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.
 - Strategic window fan placement in exhaust mode can help draw fresh air into room via other open windows and doors without generating strong room air currents.
- Move activities, classes, and meals outdoors when circumstances allow.
- Ensure heating, ventilation, and air conditioning (HVAC) settings are maximizing ventilation.

⁴ See CDC's [Ventilation in Schools and Childcare Programs](#), updated February 26, 2021.

⁵ See CDC's [Ventilation in Buildings](#), including frequently asked questions, updated June 2, 2021.



- Ensure ventilation systems are serviced and operate properly.
- Set HVAC systems to bring in as much outdoor air as the system will safely allow to reduce or eliminate HVAC air recirculation, when practical.
- Increase the HVAC system's total airflow supply to occupied spaces when practical; more air flow encourages air mixing and ensures any recirculated air passes through the filter more frequently.
- Consider portable air cleaners that use high-efficiency particulate air (HEPA) filters to enhance air cleaning, particularly in higher-risk areas (e.g., interior rooms with poor ventilation), when possible.
- Use exhaust fans in restrooms and kitchens.
- Inspect and maintain exhaust ventilation systems in restrooms and kitchens.
- Ensure restroom and kitchen exhaust fans are on and operating at full capacity when the school is occupied and for 2 hours afterwards.

C) Physical Distancing

Schools should implement physical distancing to the extent possible within their structures but should **not** exclude students from in-person education to keep a minimum distance requirement. Several studies from the 2020-2021 school year show low COVID-19 transmission levels among students in schools that had less than 6 feet of physical distance when the school implemented and layered other mitigation strategies, such as the use of masks.

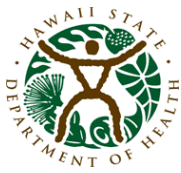
- Maintain at least 3 feet of physical distance between students within classrooms, when possible.
- Maintain at least 6 feet of physical distance between students and staff, and between staff members who are **not** [up to date](#) on all recommended COVID-19 vaccinations for their age groups, when possible.
- When it is **not** possible to maintain a physical distance of at least 3 feet, implement the core essential strategies and additional layered mitigation strategies to the extent possible to reduce the risk to in-person education.

Modified Layouts

- Space seating and desks as far apart as possible.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart as much as possible.
- Modify learning stations and activities so there are fewer students per group, spaced apart as much as possible.
- Avoid direct contact between students and staff as much as possible.

Physical Barriers and Guides

- Physical barriers are **not** a substitute for masks.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to remind staff and students to maintain as much distance as possible in lines and at other times (e.g., guides for creating "one-way routes" in hallways).



Communal Spaces

- Communal spaces such as cafeterias and bathrooms may be used with planning. Plans for each communal space should be based on the risk of COVID-19 spread in that space, with priority for mitigation strategies given to higher-risk spaces.
For example:
 - Cafeterias pose a higher risk of COVID-19 spread because they are indoors, people remove their masks to eat and drink, and meals are usually more than 15 minutes in duration.
 - Bathrooms pose a lower risk of COVID-19 spread because people keep their masks on, can stay 3 feet apart from others, and usually spend less than 15 minutes in bathrooms during the school day.

Food Service and School Meals

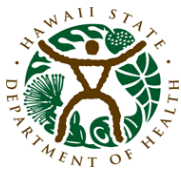
- Maximize physical distancing as much as possible when in food service lines and while eating.
- Use additional spaces for mealtime seating such as the gymnasium or outdoor seating to facilitate physical distancing.
- Layer mitigation strategies during eating and drinking indoors, such as:
 - Cohorting
 - Assigning seats
 - Having students and staff sit facing the same direction
- Improve ventilation in food preparation, service, and seating areas.
- Because of the very low risk of transmission from surfaces and shared objects, there is **no** need to limit food service approaches to single use items and packaged meals.
- Clean frequently touched surfaces.
- Surfaces with food contact should be washed, rinsed, and sanitized before and after meals.
- Promote handwashing using reminders and visual guides.

Sleeping Spaces

- Maximize physical distancing between sleep mats as much as possible.
- Place students head-to-toe to maximize distance between their faces.
- Assign nap mats to individual students and clean regularly.
- Prioritize improving ventilation in spaces for sleeping.
- Masks should **not** be worn when sleeping.

School Buses and Vehicles

- Drivers and passengers are **strongly recommended** to wear a mask on school buses.
- Have spare masks available to ensure all students wear masks on school buses.
- No eating or drinking.
- Keep vehicle windows open when it does not create a safety or health hazard.



- More open windows are better; opening a few windows even a few inches is better than keeping all windows closed.
- Sanitize hands before students get on the bus.
- Have household members sit together.
- Load the bus back to front and unload front to back to limit students standing in the aisles next to those seated, as practical.
- Create physical distance between students on buses or transportation (e.g., seat children one child per row, skip rows), when possible.
- Assign seats, in order to facilitate cohorting.
 - Assigned seating will assist in identifying close contacts if there is a person with COVID-19 infection on the bus when universal indoor masking is not implemented.

D) Screening Testing

[Screening testing](#) identifies people infected with COVID-19, including those without symptoms or before symptoms develop, early to help prevent the spread of COVID-19. Schools may consider screening testing of those who are **not up to date** on all recommended COVID-19 vaccines for their age group to facilitate safe participation in sports, extracurricular activities, and other activities with a higher risk of COVID-19 transmission⁶ (e.g., football, band, singing).

- Screening testing is to identify infected people who are asymptomatic and do **not** have known, suspected, or reported exposure to COVID-19.
- People who are [up to date](#) on all recommended COVID-19 vaccines for their age group do **not** need to participate in screening testing.
- If clusters of persons infected with COVID-19 are identified through screening testing, the DOH will provide support to schools for cluster investigations.

Screening Testing Implementation, General

- Schools would benefit from implementing routine screening testing for all students who are not [up to date](#) on all recommended COVID-19 vaccines for their age group.
- Consider screening testing for all teachers and staff who are not [up to date](#) on all recommended COVID-19 vaccinations regardless of community transmission level.
- Consider prioritizing screening testing for all students, teachers, and staff with past medical histories (e.g., allergy, asthma) that may have persistent symptoms with low clinical suspicion of COVID-19.
- Conduct screening testing at least once per week with rapid (within 24 hours) reporting of results.

⁶ The CDC provides examples of [risk stratification for sports](#). Low-risk sports examples are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling. High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors or in close proximity to others.



- Screening testing more than once a week might be more effective at preventing COVID-19 spread.
- For students, teachers, and staff who have recently recovered from COVID-19 and do not have symptoms of COVID-19, screening testing is not recommended for up to 90 days from their last positive test result.

Screening Testing Implementation, Sports and Extracurricular Activities

- Consider routinely testing student athletes, extracurricular activity participants, coaches, trainers, and other people (such as adult volunteers) who are **not up to date** on all recommended COVID-19 vaccines for their age group and come into close contact with others during higher-risk activities.
- Screening testing more than once a week might be more effective at preventing COVID-19 spread for higher-risk activities.
- Test all student athletes, extracurricular activity participants, coaches, trainers, and others who are **not up to date** on all recommended COVID-19 vaccines for their age group up to 24 hours before high-risk athletic, competition, or extracurricular events.

E) Cleaning and Disinfection⁷

Cleaning and disinfection are part of a broad approach to prevent infectious diseases, including COVID-19, in schools.

- In most situations, the risk of infection from touching surfaces is low.
- Cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces.
- Prioritize high-touch surfaces for more frequent cleaning.
- The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.
- If there has been a sick person or someone who tested positive for COVID-19 in a space within the last 24 hours, clean **and** disinfect the space.
- Use a disinfectant product from the [Environmental Protection Agency's List N](#) that is effective against COVID-19.

When to Clean and Disinfect a School When Someone is Sick

If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean **and** disinfect the space.

If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough.

If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

⁷ See CDC's [Cleaning and Disinfecting Your Facility](#), updated on November 15, 2021, for more information.
Last Revised: March 22, 2022



ADDITIONAL CONSIDERATIONS

A) Visitors

- Review rules for visitors and family engagement activities.
- Visitors on campus should mask indoors to avoid exposures on campus that may necessitate quarantine of students and staff.
- Emphasize the importance of staying home when sick.

B) Recess and Physical Education

- In general, students and staff do **not** need to wear masks when outdoors (e.g., participating in outdoor play, recess, and physical education activities).
- Students and staff should stay in their `Ohana bubbles or cohorts when unmasked outdoors to decrease mixing across classes and grades and facilitate group member notification.
- Students and staff should wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people when [community levels are high](#).
- When physical education activities or recess is held indoors, students and staff **are strongly recommended** to wear a mask.

C) Field Trips, Gatherings, and Assemblies

- Promote as much physical distancing as possible between students and staff.
- Keep students and staff within their defined cohorts, as much as possible, and ensure as much distance as possible between each cohort group (e.g., by using aisle space or other markers that separate the groups).
- No eating, drinking, and singing during indoor events.
- Keep records of attendees.
- Limit group size.
- Staff who visit multiple campuses should wear a mask at all times when indoors.

D) After-School Child Care Programs

- Students and staff should comply with school day policies and procedures.
- Mixing students from different classes and cohorts within a school and across different schools increases the risk of COVID-19 spread.
- After-school programs should implement the same core essential strategies and layered mitigation strategies as schools.
- Core essential strategies are **strongly recommended** to be implemented in after-school programs.
 - Promote vaccination for all staff and eligible students.
 - Direct students and staff to stay home when sick.
 - Correct and consistent masking when indoors.
 - Hand hygiene.

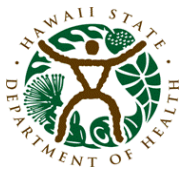


- Multiple layered mitigation strategies should be implemented in after-school programs to the extent possible.
 - Designated `Ohana bubbles or cohorts, improving ventilation, physical distancing, screening testing, and cleaning and disinfection.
- Prioritize outdoor activities.
 - Students and staff do **not** need to wear masks in most outdoor settings.
 - Students and staff should stay in their `Ohana bubbles or cohorts when unmasked outdoors to decrease mixing across classes and grades and facilitate group member notification.
 - Students and staff should wear masks in crowded outdoor settings or during activities that involve sustained close contact with other people when [community levels are high](#).
- Keep records of students and staff in attendance.
- Keep records of `Ohana bubbles or cohorts, if implemented.
- Prepare for when a student or staff has COVID-19.
 - See section below, [Preparing for When Someone is Sick with COVID-19](#).
 - Immediately notify the school that the student attends or the school where the staff is employed.

E) Sports and Extracurricular Activities

Students and staff who are [up to date](#) on all recommended COVID-19 vaccines for their age group **and** asymptomatic do **not** have to quarantine following a household or non-school related exposure when universal indoor masking is implemented, allowing continued participation in in-person education, sports, and extracurricular activities. Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others who are not [up to date](#) on all recommended COVID-19 vaccines for their age group at increased risk for spreading COVID-19. Close contact and indoor sports are particularly high risk. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and other school clubs that meet indoors. See [Risk Factors for Sports and Extracurricular Activities](#) for more information on the risk factors and examples.

- Students and staff should comply with school day policies and procedures.
- In-person education should be prioritized over sports and extracurricular activities.
- Students and staff should **not** participate in sports and extracurricular activities when they have symptoms consistent with COVID-19, and they should get [tested](#).
- Schools should consider using screening testing for students and staff (e.g., coaches, teachers, advisors) who are **not up to date** on all recommended COVID-19 vaccines for their age group and who participate in and support these high-risk activities.
- Facilitating safe participation in sports and extracurricular activities can reduce COVID-19 spread and the risk to in-person education.
- Mixing students from different classes and cohorts within a school and across different schools increases the risk of COVID-19 spread.
- Isolation and quarantine considerations for high-risk sports and extracurriculars:



- See [Interim Isolation and Quarantine Guidance for Schools](#)
- Once students have returned to campus, they may return to lower risk activities that keep them prepared to return to a higher risk sport once they complete 10 days of isolation⁸ or quarantine.

Risk Factors for Sports and Extracurricular Activities:

Setting activity. In general, the risk of COVID-19 spread is lower when playing outdoors than in indoor settings. Consider physical distancing and ventilation 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.

Level of intensity of activity. The risk of COVID-19 spread is higher with increasing intensity of the sport.

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

Masks. The risk of COVID-19 spread is higher when participants are not wearing masks during the activity (e.g., wrestling, band).

The CDC and [AAP](#) provides examples of [risk stratification for sports](#). Low-risk sports examples are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football, basketball, and wrestling. High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors or in close proximity to others.

F) Communications

- Staff and families should self-report to the school if they or their students have symptoms of COVID-19, a positive COVID-19 test, or were in close contact with someone with COVID-19 within the last 10 days.
- Notify staff, families, and the public of school closures and any restrictions to limit COVID-19 exposure (e.g., limited hours of operation).

⁸ Schools should follow the American Academy of Pediatrics' [COVID-19 Interim Guidance: Return to Sports and Physical Activity](#) regarding consultation with a medical provider prior to returning to play for student athletes who were in isolation.



G) Travel

- Students and staff who have traveled outside of the state are recommended to get tested for COVID-19 3 days following their arrival in the state and should isolate if they test positive. Quarantine is not required while awaiting post-travel test results.

RESPONDING TO COVID-19 CASES IN K-12 SCHOOLS

BEFORE A CASE OF COVID-19 OCCURS

- See [When a Person at a K-12 School Has COVID-19 \(For School Administrators\)](#).
- Schools should provide a COVID-19 point of contact to the DOH.
 - Provide a telephone number and email address that will be checked at least daily, including on weekends and holidays.
 - This helps ensure timely notification of schools when the DOH becomes aware of a cluster of persons with COVID-19 infection related to a school setting.
- Schools should be prepared to:
 - **Report persons with COVID-19 infection to the DOH.**
 - School should notify, to the extent allowable by applicable privacy laws, staff and families of students who are identified as close contacts as soon as possible (i.e., the same day if possible) after they are notified that someone in the school has tested positive for COVID-19 when indoor masking is optional.
 - Conduct group notification when exposure is greater than 15 minutes to a person with COVID-19 in a given K-12 setting when universal indoor masking is implemented.
- The DOH has a COVID-19 School Response Team that works closely with schools to:
 - Provide technical assistance.
 - Conduct cluster investigations.

WHEN A CASE OF COVID-19 OCCURS

- See [When a Person at a K-12 School Has COVID-19 \(For School Administrators\)](#) and [Interim Isolation and Quarantine Guidance for Schools](#).
- Students and staff who have tested positive for COVID-19 or have symptoms consistent with COVID-19 **must** isolate at home and should get tested.
- Students and staff can return to school when **all** the following conditions are met:
 - 5 full days have passed since symptoms first appeared or 5 days after the test was collected, if asymptomatic **and**
 - 24 hours with no fever without use of fever-reducing medications; **and**
 - Symptoms have improved.
- Schools should **not** require a clinician's note to return to school if the person has completed 5 days of isolation and meets the conditions above.
 - Additionally, schools do not need to require a negative COVID-19 test if the person has completed 5 days of isolation and meets the conditions above.



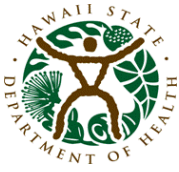
STUDENTS OR STAFF WHO BECOME SICK AT SCHOOL

- Immediately separate the sick person from others at the school.
- Individuals who are sick should immediately go home or to a healthcare facility depending on symptom severity.
- Identify an isolation area to separate anyone who has COVID-19 symptoms, ideally with a dedicated restroom not used by others.
 - Ensure students are isolated in a non-threatening manner, within the line of sight of an adult, and for very short periods of time.
- In-school testing, when feasible, should be considered to facilitate timely return to school once symptoms have resolved.
- Ensure personnel managing sick students or employees are appropriately protected from potential exposure to COVID-19.
 - Personnel who need to be within 6 feet of a sick student or staff should be provided appropriate personal protective equipment (PPE), including a face shield or goggles, an N95 or equivalent (or a surgical facemask if a respirator is not available) and follow [standard and transmission-based precautions](#).
 - Gloves and gowns are **not** routinely required but consider use during interactions with a student or employee who is actively coughing or with special medical needs which may result in aerosol generation (e.g., child with tracheostomy who requires suctioning).
 - Personnel should be trained on appropriate use of PPE.
- [Clean and disinfect](#) any isolation areas, work areas, shared common areas (including restrooms) and any supplies, tools, or equipment handled by ill student or staff.

ROUTINE DISEASE CONTROL MODEL (UNIVERSAL INDOOR MASKING POLICY)

Given the widespread availability of COVID-19 vaccines, high level of infection- or vaccine-induced immunity, and increased accessibility to COVID-19 testing and treatments, schools may choose to transition away from a case-investigation response model to a more typical routine disease control model for infectious disease control in schools. Such a model focuses more on response to clusters, and evidence of ongoing transmission in schools, and less on individual case investigation, close contact identification, and quarantining of staff and students following **school** exposures **and should only be used when universal indoor masking in schools is implemented**. Individuals that are **not** up to date with COVID-19 vaccinations and have household or non-school related exposures should continue to follow 5-day quarantine protocols as outlined in the [Interim Isolation and Quarantine Guidance for Schools](#), as these exposures are higher risk for disease transmission. Additionally, schools should be supportive of students and staff who choose to quarantine for 5 days after receiving a group notification of school exposure.

To avoid an increase in clusters and greater disruption to schools, transitioning to a routine disease control model should ideally occur once local transmission risk falls below a high level and



stabilizes. HDOH continues to recommend layered mitigation strategies in K-12 schools as outlined in this document. Schools that are implementing Test to Stay are encouraged to continue doing so. Test to Stay helps prevent clusters that result in disruption in learning, especially while community transmission rates are high.

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

NOTIFICATION OF POTENTIALLY EXPOSED INDIVIDUALS

- Schools may choose to transition from individual case investigation and close contact identification (e.g., assessing length and distance of exposures) to group notification when universal indoor masking is implemented.
 - Group members should be notified if there was 15 minutes or more of exposure to a person with COVID-19 in a given K-12 setting (e.g., class, sports team, lunchroom, etc.).
 - Secondary schools may utilize a broader group notification (e.g., grade).
 - Notification of group members with potential exposure should be timely, ideally as soon as possible, and should occur within 5 days of their last known exposure to someone with COVID-19.
 - Groups members should test immediately if symptomatic or at least five days after exposure if asymptomatic.
- If a school is experiencing a suspected cluster, schools should strongly recommend enhanced testing for all impacted students and staff.
 - Schools should recommend testing at least twice following exposure, with at least one of the tests taking place on day 4-5 to prevent further spread of COVID-19.

CASE INVESTIGATION AND CLOSE CONTACT IDENTIFICATION APPROACH (OPTIONAL MASKING POLICY)

While HDOH strongly recommends universal indoor masking to prevent spread of COVID-19 after an exposure and minimize disruption from quarantine, there may be other factors that enable schools to consider optional masking policies. These include high vaccination coverage, routine screening testing of a majority of students and staff, and low test positivity rates of students and staff. Equitable access to testing, vaccination, and healthcare services in the surrounding community helps minimize disruption if an optional masking policy is implemented.

Schools that implement optional masking policies for students and staff should continue case investigation, close contact identification and notification, and the quarantine of in-school exposures due to the higher risk of transmission during unmasked exposures. Additionally, schools



should have procedures to ensure individuals are wearing masks around others indoors for the full 10 days of isolation or quarantine.

Targeted universal indoor mask usage can be considered following in-school exposures to prevent COVID-19 spread.

CLOSE CONTACT IDENTIFICATION AND NOTIFICATION:

Definitions of close contacts in the school setting:

- An **adult close contact** is defined as within 6 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period (regardless of mask use).
- A **student close contact in a K-12 indoor classroom** setting or an outdoor setting with sustained close contact (i.e., holding class outdoors with educator supervision), where everyone is wearing a mask correctly and consistently, is defined as within **3 feet** of a person with COVID-19 infection for 15 minutes or more over a 24-hour period.
- In **cafeterias or indoor rooms** (e.g., breakroom, classroom) where people were eating and drinking or **not** wearing masks correctly and consistently, a close contact is any adult or student who was within 6 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period.

If a school can clearly identify the students and staff who meet the definitions of a close contact, it will help limit the number of persons quarantined and tested to those with exposure to the infected person.

- School should notify, to the extent allowable by applicable privacy laws, staff and families of students who are identified as close contacts as soon as possible (i.e., the same day if possible) after they are notified that someone in the school has tested positive for COVID-19.
- All persons in a class may not be identified as close contacts.
- Examples 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 and drinking indoors, singing indoors, playing brass or woodwind musical instruments indoors).
- Examples where all persons in the class may **not** be considered close contacts include:
 - Classrooms with assigned seating and students remain seated throughout class.



WHEN CLOSE CONTACTS ARE IDENTIFIED AT SCHOOL

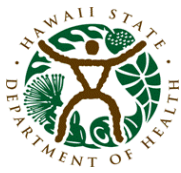
- See When a Person at a K-12 School Has COVID-19 (For School Administrators) and [Interim Isolation and Quarantine Guidance for Schools](#).
- Quarantine is for people who have been in close contact* with a person who has COVID-19.

COVID-19 SCHOOL CLUSTER RESPONSE

If a school is experiencing a suspected cluster according to the HDOH K-12 Cluster definition, additional mitigation strategies, such as enhanced testing may be recommended. Schools who need additional guidance on mitigation strategies related to suspected clusters should contact HDOH for recommended actions. Schools should notify all impacted staff and students (i.e., parent/guardian(s) of a student) of a suspected cluster impacting a group K-12 setting and strongly recommend enhanced testing following exposure. Additionally, if schools are utilizing the routine disease control model, active clusters may necessitate a temporary return to targeted case investigation, contact identification, and quarantine of in-school exposures to prevent ongoing transmission.

CLUSTER DEFINITION FOR K-12 SCHOOLS

- Three (3) or more confirmed or probable cases of COVID-19 among students, teachers, or staff within a specified core group* in a 14-day period** as long as those cases do not have suspected outside exposure (i.e. they are not close contacts of cases outside the school setting).
 - *A “core group” includes but is not limited to extracurricular activity†, cohort group, classroom, before/after school care, bus route, etc.
 - ** Cases have symptom onset or positive test result (whichever comes first) within 14 days of each other
 - †A school sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school or local education agency (LEA) or an organization sanctioned by the LEA. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities.
- If schools think they may be experiencing a cluster and need assistance, they can call the Disease Reporting Line at 808-586-4586 (option 4) or email doh.c19schools@doh.hawaii.gov for additional guidance.
- 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.



ABSENTEE RATE AT SCHOOL

- Schools are required to report COVID-19 or influenza-like illness activity to the DOH when daily:
 - Absentee rate exceeds 10% for entire school; **or**
 - Absentee rate exceeds 20% of one grade or class.

ADDITIONAL INFORMATION ON TESTING STRATEGIES FOR COVID-19 PREVENTION

TESTING⁹

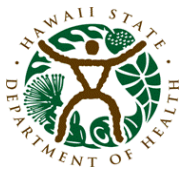
Testing is a mitigation strategy that schools can consider for an additional layer of protection and to reduce the risk to in-person education.

DIAGNOSTIC TESTING

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

- Schools should always offer referrals to [diagnostic testing](#) to any student or staff who exhibits [symptoms of COVID-19](#) at school.
- Schools should also offer testing referrals to students and staff when they have been exposed to a person who is confirmed or suspected of having COVID-19, whether or not they have symptoms.
- In some schools, school-based healthcare professionals (e.g., school nurses) may perform SARS-CoV-2 diagnostic testing, including rapid point-of-care testing.
 - School-based healthcare professional must be trained in specimen collection **and**
 - Obtain a Clinical Laboratory Improvement Amendments (CLIA) [certificate of waiver](#).
- School-based healthcare professionals **must** have access to, and training on, the proper use of [personal protective equipment \(PPE\)](#).
- All testing performed by school-based healthcare professionals **must** be reported to the DOH as mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
- Consent from a parent or legal guardian (for minor students) or from the individual (for adults and students 18 years of age and older) is required for voluntary school-based testing.
- For persons who test positive for COVID-19, see section above, [When a Case of COVID-19 Occurs](#).
 - See [When a Person at a K-12 School Has COVID-19 \(For School Administrators\)](#) and [Interim Isolation and Quarantine Guidance for Schools](#).

⁹ See CDC's [Testing Strategies for COVID-19 Prevention in K-12 Schools](#), updated January 13, 2022, for more information.



SCREENING TESTING

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

- In schools, screening testing can help to do the following:
 - Promptly identify and isolate students and staff with COVID-19.
 - Promptly identify and quarantine students and staff who may have been exposed to COVID-19 and are **not up to date** on all recommended COVID-19 vaccines for their age group.
 - Promptly identify clusters indicating spread of COVID-19.
 - Reduce the risk to in-person education.
- Screening testing is a mitigation strategy for schools to consider if they are **not** able to implement multiple layered mitigation measures.
- Screening testing is a mitigation strategy for schools to consider for students and staff (e.g., coaches, trainers, advisors, volunteers) who participate in higher-risk sports and extracurricular activities (e.g., football, band, singing).
- Screening testing is likely to be most feasible in larger settings and for older children and adolescents.
- Schools considering implementing screening testing programs should review CDC's [Guidance for COVID-19 Prevention in K-12 Schools, Appendix 2: Testing Strategies for COVID-19 Prevention in K-12 Schools](#), which addresses the following topics:
 - Testing benefits
 - Testing strategies
 - Choosing a test
 - Reporting results
 - Ethical considerations for school-based testing
 - Collaboration between education (i.e., Department of Education) and public health (i.e. DOH)
 - Resources to support school screening testing programs
 - Shah Family Foundation [Open and Safe Schools](#) toolkit, which provides school leaders resources and tools to implement COVID-19 screening testing.
 - Rockefeller Foundation [playbook](#) with detailed, step-by-step guidance to help design and implement effective testing programs in schools, including operational challenges and everyday realities of implementing a complex, logistical program in an easy-to-understand, practical guide.

TEST TO STAY

See [DOH Guidance For Test To Stay \(TTS\) In K-12 Schools](#).

- TTS can be utilized by schools implementing universal indoor masking policies as an additional mitigation strategy.



References

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

January 13, 2022

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

March 10, 2022

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

Reviewed March 22, 2022

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

November 3, 2021

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

April 2, 2021

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

September 1, 2021

[Ventilation in Schools and Childcare Programs | CDC](#)

February 26, 2021

[Ventilation in Buildings | CDC](#)

June 2, 2021

[List N: Disinfectants for Coronavirus | EPA](#)

December 3, 2021

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

November 15, 2021

[Safe Travels Hawai'i](#)

Reviewed March 22, 2022

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

February 22, 2021

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

August 19, 2020

[COVID-19 Interim Guidance: Return to Sports and Physical Activity | AAP](#)

February 18, 2022



Resources

Hawai'i State Department of Health's [COVID-19 Guidance for Schools](#) provides printable resources for school administrators, students, families, and the public.

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

[Operation Expanded Testing](#) provides COVID-19 testing, training, and support for K-12 schools and select community groups by delivering a **free on-site** screening testing solution for implementation by schools.

National Institutes of Health RADx Initiative provides a [When to Test](#) impact calculator which shows how different mitigation strategies can minimize the spread of COVID-19.

Shah Family Foundation's [Open and Safe Schools](#) toolkit provides school leaders resources and tools to implement COVID-19 screening testing.

[Rockefeller Foundation's playbook](#) provides detailed, step-by-step guidance to help design and implement effective testing programs in schools, including addressing operational challenges and everyday realities of implementing a complex, logistical program in an easy-to-understand, practical guide.