

The Hawai`i State Department of Health (DOH) recognizes the benefits of children attending school in person, including 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 on school campuses are critical to the health of our keiki, and food security is provided through school meal programs. Schools also promote equity in learning and health, particularly for groups disproportionately affected by COVID-19. All these factors must be considered in the overall benefits of in-person education.

The widespread availability of COVID-19 vaccines, high levels of infection-induced and vaccine-induced immunity, increased access to testing, and effective treatments have allowed an adapted approach to COVID-19 prevention and mitigation in schools as we transition to a routine disease control model. The K-12 school guidance is based on the best available evidence and will continue to be updated as new information becomes available. Although this guidance is specific to COVID-19 prevention, many of the strategies help prevent the spread of other common infectious diseases such as influenza, respiratory syncytial virus (RSV), and norovirus.

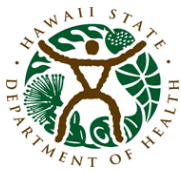
Although COVID-19 clusters and outbreaks occur in school settings, [multiple studies](#) have shown that transmission rates within school settings are typically lower than or similar to community transmission levels when multiple layered prevention strategies are in place. The DOH COVID-19 guidance for K-12 schools is intentionally layered, flexible, and aligned with [CDC's Operational Guidance for K-12 Schools](#). Each school is different, and not every strategy outlined in this guidance can be practically implemented at every school. This guidance takes into account CDC's [COVID-19 Community Levels](#), which allow schools to adapt to changing local situations, including COVID-19 surges.

### **Summary of Guidance for School Changes, updates as of August 15, 2022**

- Removed recommendation for `Ohana bubbles or cohorting
- Removed recommendation for routine screening testing.
- Removed recommendation to quarantine.

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 Keiki Nurses
- Hawai`i State Public Charter School Commission
- Kaua`i District Health Office



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.

## COVID-19 Community Levels

CDC's [COVID-19 Community Levels](#) can help communities and individuals make decisions on mitigation strategies based on their community classification level of low, medium, or high. When the COVID-19 Community Level increases or is at medium or high, schools should consider adding layered strategies for safe in-person learning and to decrease absenteeism.

When a school experiences a COVID-19 cluster or outbreak, they should consider adding mitigation strategies regardless of the [COVID-19 Community Levels](#). For example, schools with [high absenteeism](#) or a COVID-19 cluster or outbreak should consider implementing universal or targeted indoor masking, improving ventilation (e.g., moving activities outdoors), and screening testing.

## Mitigation Strategies that Reduce the Spread of COVID-19

### Staying [Up to Date](#) on Vaccinations<sup>1</sup>

People 6 months and older are eligible for COVID-19 vaccination. Vaccination protects people from severe illness, hospitalization, and death from COVID-19. Vaccination provides individual-level protection, and high vaccination coverage reduces the burden of COVID-19 on people, schools, healthcare systems, communities, and individuals who are not vaccinated or may not develop a strong immune response from the vaccines.

- **[Staying up to date on COVID-19 vaccination is the most important strategy.](#)**
- **'Up to date' definition:** People are [up to date](#) on their vaccines when they have received all [recommended vaccine doses](#) for their age group, including recommended booster doses.
- All students, families, teachers, and staff, 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.
- Schools can help increase vaccine uptake among students, families, teachers, 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:

<sup>1</sup> 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.



- 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 physicals.
- Encourage evidence-based [trust and confidence in vaccines](#).
- 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<sup>2</sup>.
- All students, families, teachers, and staff, including extended family members who have frequent contact with students, should get all required and recommended routine and vaccinations in order to protect themselves, other students, staff, and families from other vaccine-preventable diseases.

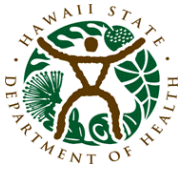
## Stay Home when Sick

People with symptoms of infectious diseases, including COVID-19, [influenza](#), respiratory syncytial virus (RSV), and gastrointestinal infections should **stay home and get tested** for COVID-19. **Staying home when sick is an important mitigation strategy** to keep COVID-19 and other common infectious diseases from spreading in schools.

- Educate students, families, and staff that they should stay home when:
  - They are sick or test positive for COVID-19.
    - If experiencing symptoms of any illness or [COVID-19 symptoms](#), **test** to prevent spread in schools.
- Encourage parents and caregivers to monitor students and staff to monitor themselves for signs of illness **every day**.
- 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.

---

<sup>2</sup> See CDC's [Post-vaccination Considerations for Workplaces](#), updated March 7, 2022.



## Ventilation<sup>3, 4, 5</sup>

Improving ventilation is an important COVID-19 prevention strategy that can reduce SARS-CoV-2 virus in the air. Bringing fresh outdoor air into a building reduces virus concentration inside.

- Move activities, classes, and meals outdoors when circumstances allow.
- Increase outdoor air ventilation.
  - Increase fresh outdoor air by opening windows and doors.
  - Use fans to increase the effectiveness of open windows.
    - Safely secure window fans facing outward or in exhaust mode to draw potentially contaminated air out of the room and blow it outside.
    - Strategic fan settings and placement can help draw fresh air into a room via other open windows and/or doors without generating strong room air currents.
    - Use of fans without open doors or windows does not improve ventilation.
- Ensure ventilation and air conditioning settings are maximizing ventilation.
- Ensure ventilation systems are serviced and operate properly.
- Set HVAC systems to bring in as much outdoor air as the system will safely allow to reduce or eliminate air recirculation.
- Increase the ventilation system's total airflow supply to occupied spaces; more air flow encourages air mixing and ensures recirculated air passes through filters more frequently.
- Use portable air cleaners with high-efficiency particulate air (HEPA) filters, particularly in high-risk areas (e.g., interior rooms with poor ventilation).
- Use exhaust fans in restrooms and kitchens.
- Inspect and maintain exhaust ventilation systems in restrooms and kitchens.
- Ensure restroom and kitchen exhaust fans are on and operating at full capacity when the school is occupied and for 2 hours afterwards.

## Masking

Wearing a [well-fitting mask](#) consistently and correctly reduces the spread of COVID-19 and other respiratory pathogens. Masks are highly effective and inexpensive tools to protect yourself and others. Indoor masking should be strongly encouraged when [COVID-19 Community Levels](#) are medium or high. If a school is experiencing a cluster of cases or outbreak, universal indoor masking or targeted indoor masking at the appropriate level (e.g., class or grade) is strongly recommended. Schools should support anyone who chooses to wear a mask regardless of [COVID-19 Community Levels](#).

Schools with students at high risk for serious COVID-19 disease must make reasonable modifications to ensure that all students, including those with disabilities, are able to access in-person learning.<sup>6, 7</sup>

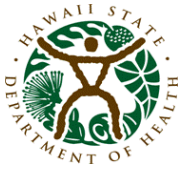
<sup>3</sup> See CDC's [Ventilation in Schools and Childcare Programs](#), updated February 26, 2021.

<sup>4</sup> See CDC's [Ventilation in Buildings](#), including frequently asked questions, updated June 2, 2021.

<sup>5</sup> See [Managing Air Quality During the Pandemic](#), updated May 2022.

<sup>6</sup> [U.S. Department of Education Disability Rights](#)

<sup>7</sup> [U.S. Equal Employment Opportunity Commission](#)



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

## Masking, General

- Indoor setting
  - Individuals who have been diagnosed with or tested positive for COVID-19 **must** wear a well-fitting mask on days 6 to 10 of their illness, after completing home isolation.
  - Individuals who have been exposed to COVID-19 should start wearing a mask immediately when they learn of the exposure and for 10 full days.<sup>8</sup>
  - Indoor masking should be strongly encouraged when [COVID-19 Community Levels](#) are medium or high.
  - Schools should implement universal indoor masking or targeted indoor masking at the appropriate level (e.g., class or grade) when they have a cluster of cases or outbreak, high absenteeism, or staffing shortages.
- Outdoor settings
  - Individuals do **not** need to wear masks in most outdoor settings.
  - Schools should be supportive of individuals who choose to wear a mask outdoors.
- Schools should provide masks to students who do not have a mask at school but want to use one.
- Masks should have multiple layers of non-woven material, a nose wire, and fit snugly over the nose and mouth to prevent leaks.
  - See [Types of Masks and Respirators](#) for more information on types of masks and alternative masks for special situations (e.g., people with disabilities).
- Masks should **not** be worn by or placed on:
  - Children younger than 2 years of age.
  - Anyone who has trouble breathing or is unconscious.
    - Anyone who is incapacitated or otherwise unable to remove the mask without assistance.

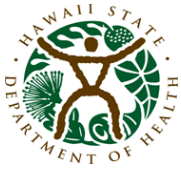
## Hand Hygiene

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

- Educate students and staff to:
  - Avoid touching eyes, nose, mouth, and mask.
  - Cover [coughs and sneezes](#) with a tissue.
  - Throw used tissues in the trash and wash hands immediately with soap and water for at least 20 seconds or use hand sanitizer.
- Teach and reinforce handwashing with soap and water for at least 20 seconds.

---

<sup>8</sup> CDC's [What to Do If You Were Exposed to COVID-19](#), updated August 11, 2022.



- If soap and water are not readily available, use hand sanitizer containing at least 60% alcohol.
- Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children less than 6 years of age.
- Provide frequent reminders to wash hands and assist young children with handwashing.
- Monitor and reinforce these behaviors, especially during [key times](#) in the day (e.g., before and after eating, after using the restroom, and after recess)
- Provide adequate supplies, including soap and water, hand sanitizer with at least 60% alcohol, masks, paper towels, tissues, disinfectant wipes, and trash cans.
- Post signs that promote everyday protective measures in highly visible locations. [Printable resources](#) are available in 21 languages.

## Testing

Testing is a strategy that schools can implement to reduce the spread of COVID-19. Consent is required for individuals aged 18 years and older or from a parent or legal guardian for minor students.

### 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 to someone with COVID-19, regardless of symptoms.

- Any student or staff who has [symptoms of COVID-19](#) should test.
- Any student or staff who has been exposed to a person with COVID-19 should test, regardless of their vaccination status and whether they have symptoms.
- School-based providers (e.g., school nurses) may perform SARS-CoV-2 diagnostic testing, including rapid point-of-care testing, in accordance with applicable rules and regulation.<sup>9, 10, 11</sup>
- For persons who test positive for COVID-19, see:
  - [When a Case of COVID-19 Occurs](#)
  - [When a Person at a K-12 School Has COVID-19 \(For School Administrators\)](#)
  - [Isolation and Exposure Guidance for K-12 Schools](#)
- See [COVID-19 Self-Test guidance](#) for best practices.

### Screening Testing

[Screening testing](#) identifies people early who are infected with COVID-19, including those without symptoms or before symptoms develop, to reduce the spread of COVID-19.

- At high [COVID-19 Community Levels](#), schools can benefit from screening testing for high-risk activities such as indoor sports, extracurricular activities (e.g., band, choir, theater), events (e.g., prom, graduation), and when returning from breaks (i.e., holidays).

---

<sup>9</sup> [Clinical Laboratory Improvement Amendments \(CLIA\) Certificate of Waiver](#)

<sup>10</sup> See CDC's [Personal Protective Equipment \(PPE\)](#), October 21, 2021.

<sup>11</sup> All testing must be reported to DOH as mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.



- Screening testing should include both vaccinated and unvaccinated students and staff.
- Students and staff who have recently recovered from COVID-19 and do **not** have symptoms of COVID-19, should not participate in screening testing for 90 days from their last positive test result.<sup>12</sup>

### Screening Testing, Travel

- Students and staff who have traveled should test for COVID-19 if they develop any symptoms or between 3 to 5 days after returning home regardless of symptoms.
- Students and staff should be strongly encouraged to wear a well-fitting mask for 5 days following travel.

### **Cleaning and Disinfection**<sup>13</sup>

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 remove virus that may be on surfaces.
- Prioritize high-touch surfaces for more frequent cleaning.
- Regularly washing hands or using hand sanitizer is the most reliable way to prevent infection from surfaces.
- Clean and disinfect spaces where a sick person or someone who tested positive for COVID-19 has been within the last 24 hours.
- Use a disinfectant product from the [Environmental Protection Agency's List N](#) that is effective against COVID-19.

### **Avoid Crowding**

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

### **Additional Considerations**

#### **Communications**

- Staff and families should report if they or their students have symptoms of COVID-19 or a positive COVID-19 test.

#### **Food Service and School Meals**

- Improve ventilation in food preparation, service, and seating areas.
- Because of the very low risk of transmission from surfaces and shared objects, there is **no** need to limit food service 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.

<sup>12</sup> CDC's [COVID-19 Testing: What You Need to Know](#), updated August 11, 2022.

<sup>13</sup> See CDC's [Cleaning and Disinfecting Your Facility](#), updated on November 15, 2021, for more information.



- Promote handwashing or hand sanitizing 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.

## After-School Child Care Programs

- Students and staff should comply with school policies and procedures.
- After-school programs should implement the same mitigation strategies as schools.
- Prepare for when a student or staff has COVID-19.

## Sports and Extracurricular Activities

Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others 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.

- Schools should consider temporarily stopping sports and extracurricular activities to control associated clusters or outbreaks.
- Students and staff should comply with school 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 test.
- Isolation considerations for high-risk sports and extracurriculars:
  - [See Isolation and Exposure Guidance for K-12 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 after completing 10 days of isolation.<sup>14</sup>

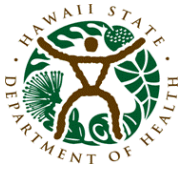
## Screening Testing, Sports and Extracurricular Activities

- Schools benefit from screening testing to facilitate safe participation in sports, extracurricular activities, and other activities with a higher risk of COVID-19 spread (e.g., football, wrestling, choir).
- Screening testing more than once a week might be more effective at preventing COVID-19 spread for higher-risk activities, particularly when [COVID-19 Community Levels](#) are medium or high.

---

<sup>14</sup> The American Academy of Pediatrics' [COVID-19 Interim Guidance: Return to Sports and Physical Activity](#) provides recommendations for student athletes who had moderate or severe COVID-19 symptoms or multisystem inflammatory syndrome in children (MIS-C).





## Risk Factors for Sports and Extracurricular Activities

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

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

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

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

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

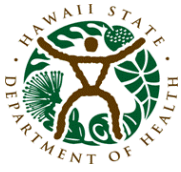
## Responding To COVID-19 Cases In K-12 Schools

### 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.
- Schools should be prepared to:
  - Report **clusters of cases or outbreaks** to the DOH.
  - Report school cases of COVID-19 to their institutions if required by policy or [law](#).
  - Conduct group [notification](#), to the extent allowable by applicable privacy laws, to staff and families of students when exposed to a person with COVID-19 as soon as possible (i.e., the same day) if students and staff stay in the same space (e.g., class) throughout the day.
- The DOH has a COVID-19 School Response Team that works closely with schools to:
  - Provide technical assistance.
  - Conduct cluster and outbreak investigations.

### When a Case of COVID-19 Occurs

- See [When a Person at a K-12 School Has COVID-19 \(For School Administrators\)](#) and [Isolation and Exposure Guidance for K-12 Schools](#).
- Students and staff who have tested positive for COVID-19 or have symptoms consistent with COVID-19 **must** isolate at home and should test.
- See [Isolation and Exposure Guidance for K-12 Schools](#) for criteria on return to school.



- 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.
  - 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 provider based on symptom severity.
- Individuals who are sick should wear a face mask, if possible.
- Identify an isolation area to separate anyone who has COVID-19 symptoms.
  - Ensure students are isolated in a non-threatening manner, within the line of sight of an adult, and only as long as necessary.
- Ensure staff managing sick students or employees are appropriately protected from potential exposure to COVID-19.
  - Staff caring for a sick student or staff should be provided appropriate personal protective equipment (PPE), including an N95 respirator or equivalent (or double masking with a surgical and tight-fitting cloth mask if a respirator is not available) and follow [standard and transmission-based precautions](#).
  - Gloves, gowns, and face shields are **not** routinely required, but consider using during interactions with a student or employee who is actively coughing or with special medical needs which may result in aerosol generation (e.g., person with a tracheostomy who requires suctioning).
  - Staff should be trained on appropriate use of PPE.
- [Clean and disinfect](#) any isolation areas, work areas, shared common areas, restrooms, and any supplies, tools, or equipment handled by an ill student or staff.

## Transitioning to a Routine Disease Control Model

A routine disease control model focuses on response to clusters of cases and outbreaks to stop ongoing spread in schools. As the pandemic evolves, school administrators should be prepared for the emergence of new variants or waning immunity that could lead to greater morbidity, mortality, and disruption, and require a return to individual case investigation and contact identification in schools.

## Notification of Potentially Exposed Individuals

- Schools should transition to group notification or broader school notification from individual case investigation and close contact identification (e.g., assessing length and distance of exposures).
- Schools should have systems in place to notify families and staff of the number of cases on campus on a weekly basis.



- For students and staff who stay in the same space (e.g., class) throughout the day, schools should notify group members if there was exposure to a person with COVID-19.
  - Notification of group members with exposure should be as soon as possible.
  - Groups members should (1) immediately mask; (2) test if symptomatic; (3) watch for symptoms; and (4) test at least 5 full days after exposure if asymptomatic.<sup>15</sup>

## Case Investigation and Close Contact Identification Approach

Although [case investigation](#) and contact identification are not routinely recommended as part of COVID-19 response, they can be useful strategies in response to a school cluster of cases or outbreaks. For case investigations and contact identification in school settings, investigations should focus on people who started having symptoms or tested positive for COVID-19 in the last 5 days. Notification of close contacts should focus on those who were exposed in the last 5 days. See [Isolation and Exposure Guidance for K-12 Schools](#) for definitions of close contacts in the school setting.

## COVID-19 School Cluster or Outbreak Response

If a school has a suspected cluster of cases or an outbreak, additional mitigation strategies may be recommended to prevent ongoing spread. Schools that want additional guidance on mitigation strategies related to clusters of cases or outbreaks should contact HDOH. Schools should notify all impacted staff and students (i.e., parent/guardian(s) of a student) of a suspected cluster of cases or outbreak and strongly recommend immediately masking for 10 full days and testing at least 5 full days after the last exposure. A cluster of cases or an outbreak may necessitate a targeted case investigation, close contact identification, masking, and screening testing to stop COVID-19 spread.

### Additional Mitigation Strategies for Clusters or Outbreaks:

- Conduct targeted case investigation and close contact identification.
- Universal or targeted indoor masking at the appropriate level (e.g., class or grade). Screening testing for all students and staff potentially involved in a cluster of cases or outbreak.
  - Test at least 5 full days following last exposure.
- Move activities, classes, and meals outdoors when circumstances allow.
- Avoid crowding.
- Suspend associated high-risk sports and extracurricular activities.

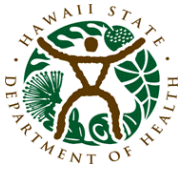
## Cluster Definition for K-12 Schools

This cluster definition is provided as a threshold to help schools identify when **increased mitigation strategies would be beneficial**.

- Three (3) or more students, teachers, or staff who have confirmed or probable COVID-19 **and** are within a specified core group\* in a 14-day period\*\* as long as those cases do **not**

---

<sup>15</sup> CDC's [What to Do If You Were Exposed to COVID-19](#), updated August 11, 2022.



have suspected exposure elsewhere (i.e. they are not close contacts of persons with COVID-19 outside the school setting).

- \*A “core group” includes, but is not limited, to extracurricular activity†, classroom, before or after school care, bus riders.
- \*\*Persons have symptom onset or a 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 need technical assistance with a cluster of cases or outbreak, call the Disease Reporting Line at 808-586-4586 (option 4) for additional guidance.
- Identifying clusters of people with COVID-19 does **not** necessarily mean that exposure or spread has occurred in school or at the associated event.

## 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.



---

## References

[Isolation and Precautions for People with COVID-19](#)

August 11, 2022

[What to do If You were Exposed to COVID-19](#)

August 11, 2022

[COVID-19 Testing: What You Need to Know](#)

August 11, 2022

[Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning | CDC](#)

August 11, 2022

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

June 22, 2022

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

July 15, 2022

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

June 17, 2022

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

March 27, 2022

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

May 17, 2022

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

February 26, 2021

[Ventilation in Buildings | CDC](#)

June 2, 2021

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

May 24, 2022

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

November 15, 2021



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

March 22, 2021

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

March 24, 2022



## Resources

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

[HawaiiCOVID19.com](#) provides printable resources for students, families, and the public (translations in 21 languages available).

[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.

[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.