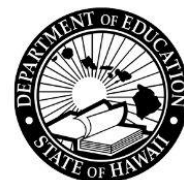


Ready to Return. Reconnect. Learn.

# COVID-19 Health and Safety Guidance for School Year 2021-22



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## Introduction

The Hawai'i State Department of Education (HIDOE) and the Hawai'i State Department of Health (DOH) recognize the benefits of children attending school in person, including the fundamental links between education and long-term health outcomes. In-person instruction is particularly important for younger children and those with special educational needs. Social and emotional support resources made available on school campuses are 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 learning.

Reopening of schools requires a broad community commitment to reduce the risk of exposure to COVID-19. It is critical that all complex areas, school administrators and school staff are prepared to contribute to the prevention, rapid identification and mitigation of the spread of COVID-19. The goal of this guidance document is to help schools protect students, teachers, administrators and staff, and to help slow the spread of COVID-19.

The [DOH COVID-19 guidance for schools](#), which this guidance document is based on, is layered, flexible and aligned with the [CDC's Guidance for COVID-19 Prevention in K-12 Schools](#). Each school is different, and not every strategy outlined in this guidance can be implemented at every school.

All guidance, including this document, is subject to change as new information regarding COVID-19 becomes available.

# Considerations for Schools

## Guiding Principles

Based on CDC's [Guidance for COVID-19 Prevention in K-12 Schools](#).

- 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., 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.

Table 1. Mitigation Strategies

<p><b>Core Essential Strategies</b></p>	<p><b>To be implemented in every situation.</b></p> <p>Because of the effectiveness of these strategies, <b>in-person learning always requires these strategies to be implemented in every situation.</b></p>	<ul style="list-style-type: none"> <li>● Promote vaccination of staff and eligible students</li> <li>● Stay home if sick and go home if sick at school</li> <li>● Correct and consistent masking</li> <li>● Hand hygiene</li> </ul>
<p><b>Additional Mitigation Strategies</b></p>	<p><b>To be applied in combination to the greatest extent possible,</b> 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.</p>	<ul style="list-style-type: none"> <li>● ‘Ohana bubbles or cohorting</li> <li>● Improving ventilation</li> <li>● Physical distancing</li> <li>● Screening testing</li> <li>● Cleaning and disinfection</li> </ul>

## 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

#### Promoting Vaccination

See CDC's [Vaccines for COVID-19](#) for additional information, including frequently asked questions.

People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. Evidence shows that people who are fully vaccinated against COVID-19 also are less likely to transmit COVID-19 to others than people who are not fully vaccinated. Following vaccination, it is still critical to implement DOH-recommended mitigation strategies such as mask wearing and physical distancing to prevent COVID-19 transmission.

In general, people are considered **fully vaccinated**:

- Two weeks after their second dose in a two-dose series, such as the Pfizer or Moderna vaccines, or
- Two weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

Some people may experience side effects after receiving the vaccine, which are normal signs that the body is building protection. These side effects should go away in a few days. Do not return to school or work until the symptoms are resolved. If post-vaccine side effects are substantial or persist longer than 48 hours, individuals should contact their health care provider and get tested for COVID-19.

People who have been recently exposed to COVID-19 (i.e., close contact) or have a known current infection should seek vaccination after their quarantine or isolation period has ended to avoid potentially exposing health care personnel and others during the vaccination visit. Vaccination has been found to decrease the risk of future infections in people with prior COVID-19 diagnosis.

- **COVID-19 vaccination is the most important core essential strategy.**
- **Everyone who is eligible should get fully vaccinated for COVID-19.**
- **All teachers, staff, students and families, including extended family members who have frequent contact with students, should get vaccinated as soon as possible.**



- **People who are fully vaccinated do *not* need to quarantine if they are exposed to COVID-19 and are asymptomatic, which increases in-person education.**
- 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 COVID-19 vaccination for eligible students and family members during pre-sport and extracurricular activities.
  - Develop educational messaging for vaccination campaigns to build vaccine confidence, and to emphasize that individuals are fully vaccinated 2 weeks after completing the vaccine series.
  - 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. Refer to memo [Release Time for COVID-19 Vaccination](#).
  - Remind school families that in addition to COVID-19 vaccination, children and adolescents should get all recommended routine and catch-up vaccinations in order to protect themselves, other students, staff, and families from other vaccine-preventable diseases.

## Stay Home When Sick

Staying home when sick is a core essential strategy to keep COVID-19 infection from spreading in schools and to protect others. All HIDOE staff, contracted service providers, visitors and students must complete a [Daily Wellness Check](#) each morning before going to school or work. If any of the symptoms described below are present, stay home and follow the [Return to School/Work Criteria](#) before returning to campus. Report any illness or COVID-19 exposure to the school and get tested for COVID-19.

### Step 1: Check for COVID-19-like Symptoms

Do you or your child have any of these symptoms? **If yes, do not go to school/work and get tested for COVID-19.**

- Fever (higher than 100°F or hot to the touch)



- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness, weakness)
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

## **Step 2: Check for Recent COVID-19 Diagnosis or Exposure**

Do any of the following apply to you or your child? **If yes, do not go to school/work.**

- Are sick or recently tested positive for COVID-19
- Required to quarantine due to possible COVID-19 exposure
- Living with someone with COVID-19 <sup>1,2</sup>
- You or a household member are waiting for COVID-19 test results <sup>1,2,3</sup>

<sup>1</sup> *Asymptomatic individuals who are fully vaccinated are not required to quarantine following additional exposure to COVID-19. These individuals should get tested three to five days after their last contact with the person with COVID-19, even if they do not have symptoms, and watch for symptoms for 14 days after their last contact with the person with COVID-19. If they develop symptoms, they need to immediately self-isolate and get tested.*

<sup>2</sup> *Asymptomatic individuals who were previously infected with COVID-19 and recovered in the last 90 days do not need to quarantine following additional exposure. They should watch for symptoms for 14 days after their last contact with the person with COVID-19. If they develop symptoms, they should immediately self-isolate, contact their health care provider, and be tested for COVID-19 to ensure their symptoms do not represent reinfection. A negative result from an authorized antigen or PCR test is acceptable to allow the individual to return to school/work once symptoms have resolved. If a positive result is received, the person must isolate as per usual guidance. If no test is conducted, the person must stay home for 10 days after the start of symptoms before returning to school/work.*

<sup>3</sup> *Asymptomatic individuals who are getting tested for COVID-19 for documentation purposes (e.g. travel or work) may continue to go to school/work while waiting for COVID-19 test results. Household members of these individuals may also continue to go to school/work.*

Students and staff who have symptoms of any infectious illness or symptoms consistent with COVID-19 should **not** go to school or work. Encourage students and staff to monitor themselves for signs of infectious illness including COVID-19 **every day**. A [printable Wellness Check visual](#) has been created for awareness to help keep our schools safe.

Universal symptom screening is not required upon arrival at the school or office, but symptom screening may be conducted for anyone who is showing signs of illness at school. Screening must be performed in a safe and respectful manner. Any designated adult can perform the screening.

## **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.

**Masks *must* be worn by everyone — students, staff, visitors and contracted service providers — at a HIDOE school campus or facility when indoors and outdoors.**

- Suitable cloth masks have two layers of cloth and fit snugly, covering both mouth and nose.
- Teach and reinforce the correct and consistent use of masks by students and staff.
- 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 window that cover the nose and mouth and wrap securely around the face. Clear masks are **not** face shields.
  - 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 are **not** a substitute for masks because of a lack of evidence of their effectiveness.

- A face shield should be worn with a mask as eye protection for the person wearing it (e.g., in the event of bodily fluid splashes). A face shield does not provide respiratory protection.
- Students seeking exemption from wearing a face mask for medical reasons shall complete the [Request for Face Mask Exemption at School form](#) and submit it to the school.
- Employees seeking exemption from wearing a face mask shall make an ADA request for reasonable accommodations by submitting Form RA-1 and RA-3 to the principal or Complex Area Equity Specialist.

A mask may be temporarily removed for activities such as eating or drinking, sleeping (e.g., PreK and kindergarten students), during vigorous physical activity and when taking a mask break. When not wearing a face mask, other mitigation strategies must be implemented to the greatest extent possible due to the increased risk for transmission of infection.

### Taking a Mask Break

Occasional breaks from wearing a mask may be necessary for some individuals and this will also facilitate drinking water to stay hydrated throughout the day. The necessity and duration of mask breaks will need to be determined on a case-by-case basis. A mask break should be taken outdoors and at least 6 feet of physical distance between all individuals must be maintained. A mask break may be taken in a well-ventilated area if an outdoor space is not feasible. Students taking a mask break must be supervised by an adult.

### General Guidance

Wash hands with soap and water or use hand sanitizer that is at least 60% alcohol before removing the mask and then again before placing the mask back on. Remember only to handle the mask from the ear loops or ties. When the mask is not being worn, it should stay with the person (e.g., held by the ear loop or dangling from an ear) to facilitate its prompt use again following the break.

HIDOE recognizes that some of our population may not be able to follow all recommended health and safety guidelines such as the ability to wear a mask or maintain appropriate physical distance from others. The [Maintaining Health and Safety Practices](#) guidance provides some suggestions on how schools can continue to service these students.

- Those who cannot wear a mask are urged to prioritize virtual engagement when possible.
- When a mask is not being worn, other mitigation strategies must be in place to the greatest extent possible.
- While a face shield is not recommended as a substitute for a mask, those who are not able to wear a mask should choose a face shield that wraps around the sides of the face and extends below the chin or a hooded face shield. This is based on limited available data that suggest these types of face shields are better at preventing spray of respiratory droplets.

- Consider convening a student team to address the mask exemption and propose strategies such as practicing with a mask during short periods of time, especially when physical distance cannot be maintained.

For additional information see the [CDC's Guidance for Wearing Masks](#).

## **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.

- Handwashing or sanitizing stations should be available at the entrances of school, near or inside of classrooms, and in all meeting areas (e.g. library, cafeteria, offices).
- 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 under 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, such as the health room, restrooms, hallways, classrooms and offices.
- 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.
- Consider using the following resources:
  - [DOH COVID-19 Guidance for Schools](#) provides printable resources for school administrators, students, families and the public
  - [Stop the Spread of Germs](#)
  - [CDC Wash Your Hands!](#)
  - [COVID-19 Protective Hand-washing](#)

# Mitigation Strategies to Maintain Healthy Operations and Environments

## '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. These are strategies schools may use to help limit the spread of COVID-19 by:

- Decrease opportunities for COVID-19 exposure.
- Facilitate more efficient contact tracing in the event of a person with COVID-19 infection.
- Allow for targeted quarantine of the cohort in the event of a person with COVID-19 infection or a cluster of people 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.
- Keep students and teachers in 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 the school.
- Limit mixing between groups so there is no interaction between 'ohana bubbles or cohorts.

## Ventilation

See CDC's [Ventilation in Schools and Childcare Programs](#), updated Feb. 26, 2021. See CDC's [Ventilation in Buildings](#), including frequently asked questions, updated June 2, 2021.

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 a 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 maximize ventilation.
- Ensure ventilation systems are serviced and operating properly.
- Set HVAC systems to bring in as much outdoor air as the system will safely allow to reduce or eliminate HVAC air recirculation, 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 two hours afterward.

## 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 2020-21 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 when not wearing masks (e.g eating or drinking), when possible.
- Maintain at least 6 feet of physical distance between students and staff, and between staff members who are **not** fully vaccinated, 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.
- In **cafeterias or indoor rooms** (e.g., breakrooms, classrooms) where people eat and drink and do **not** wear masks, 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.

### 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.
- In the event of a positive COVID-19 case that disrupts meal service, the school administrator should contact their complex area superintendent and school food service district supervisor. The school administrator, cafeteria manager and district supervisor will work together to determine a strategy to ensure meal service will not be interrupted. The district supervisor will then contact the School Food Service Program Administrator.



### Sleeping Spaces

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

### School Buses and Vehicles

- The CDC issued an [Order](#) on January 29, 2021 requiring the wearing of masks by people on public transportation conveyances, including school buses, to prevent the spread of COVID-19.
- Drivers and passengers **must** wear a mask over their nose and mouth on school buses and at bus stops at all times.
- Have spare masks available to ensure all students wear masks on school buses.
- No eating or drinking.
- Keep vehicle front and rear windows open to promote air circulation when it does not create a safety or health hazard.
- 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, when possible.
- Create physical distance between students on buses or transportation, when possible.
- Assign seats, in order to facilitate cohorting when possible.

## **Cleaning and Disinfection**

See CDC's [Cleaning and Disinfecting Your Facility](#), updated on June 15, 2021, for more information.

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, according to CDC.
- Cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces.
- Prioritize high-touch surfaces for 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

Upon consultation and confirmation by the COVID-19 Response Team, the Office of Facilities and Operations (OFO) will begin working with the principal, supervisor or designee on a cleaning plan and schedule. If someone is suspected to have COVID-19 while on campus, close off any areas used or accessed by the individual. The OFO representatives on the COVID-19 Response Team shall determine sanitization priorities and protocol.

- **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.

The following steps should also be taken and information relayed to the COVID-19 Response Team:

- Identify all areas accessed by the positive case during the infectious period.
- AS, CAS, principal, supervisor and/or designee decide on what areas, rooms, and buildings to close and/or sanitize.

Additional CDC guidance for [Cleaning and Disinfecting Your Facility](#) is available. For more information, contact OFO at (808) 784-5000.

### Daily Cleaning of Facilities Protocol

There are daily cleaning procedural expectations for Custodial Service Workers recommended by the [Occupational Safety and Health Administration](#) (OSHA). The cleaning schedule for school facilities should adhere to guidance from the CDC and DOH as available. School facilities should be cleaned daily including high-touch areas, such as door knobs, light switches, counters, desks and chairs, railings and water fountains.

Proper PPE, such as masks and disposable gloves, should be worn at all times during the preparation, cleaning, and disinfection of school facilities.

- Clean all frequently touched surfaces as often as possible and at minimum, each day:
  - School hardware may be cleaned before school, during recess, lunch recess, and after school.
  - When classes are in session, custodians may clean doorknobs, handrails and water fountains.
- Wear disposable gloves for all tasks in the cleaning process, including handling trash.
  - Additional PPE may be required based on the cleaning/disinfectant products being used and whether there is a risk of splashes.
  - Gloves should be removed carefully to avoid contamination of the wearer and the surrounding area.
- When disinfecting, use EPA-[registered products](#) or [diluted bleach](#) against the virus that causes COVID-19.

- Always read the labels and safety data sheet of any chemicals used in daily work before using the product.
- Follow the manufacturer's instructions for safe, effective use.
- Disinfectants are most effective when surfaces are pre-cleaned prior to disinfection.
- Be aware of the "contact" time for your disinfectant to be effective.
- Provide touch-free waste-disposal containers.
- Ensure that facilities are regularly cleaned, sanitized, and disinfected, and that hazardous materials are disposed of properly.
- Always wash hands immediately for at least 20 seconds with soap and water after removing gloves and after contact with a person who is sick.
- Principals, with head custodians, should develop a daily schedule for the custodial staff to clean school hardware. High touch surfaces outside of classrooms should be cleaned multiple times throughout the day with special attention given to high-traffic locations such as restrooms and the front office.

#### Request for PPE and Industrial Hygiene (IH) Supplies

HIDOE school, complex area, and state office requests for PPE and IH supplies will be filled based on assessments of current and future PPE needs for individuals or groups of higher risk of exposure.

- Given the dynamic nature of the pandemic, requests are subject to considerations of the overall response needs and supply chain limitations.
- OFO provides essential PPE and IH supplies to HIDOE offices and schools. These PPE and IH supplies are procured from a combination of the Hawai'i Emergency Management Agency, commercial vendors, and donations. Essential PPE items include disposable surgical face masks, KN95 face masks, face shields, gloves, surgical gowns, hand sanitizer and disinfectant.

OFO will continue to work and consult with the HIDOE Office of Talent Management (OTM) and Office of Student Support Services (OSSS) to determine the appropriate PPE needed for various categories of workers.

- Needs will continue to be based on CDC guidance and the risk of exposure levels described by the Hawai'i State Department of Labor and Industrial Relations and OSHA.

Requests:

- Please read the DOE Memo dated August 5, 2021, *Personal Protective Equipment and Industrial Hygiene Questionnaire*, that will be used for public reporting. Throughout the year, offices and schools can use this [questionnaire](#) to flag a need for any of the essential PPE/IH items.
- HIDOE offices and schools must have appointed logistics coordinators who manage their respective office or school's PPE and IH supplies. Logistics coordinators are also

responsible for updating their office or school's PPE and IH counts through the [CPT inventory system](#) on a *weekly basis* (e.g., every Friday of each week). These inventory levels are used by OFO to determine ongoing PPE and IH supply reorder and resupply needs. Replenishment of PPE and IH supplies is subject to availability (e.g., nitrile glove supply may be low across the state and/or nationally). The logistics coordinators may contact the Safety, Security, and Emergency Preparedness Branch (SSEP) at (808) 784-5170 for further guidance, if necessary.

- OFO will continue to work with the complex areas and schools to identify and provide special PPE and IH supply needs as they arise.
- In case of an emergency, schools should keep their CAS apprised and contact SSEPB whenever necessary.
- A hotline for urgent PPE and IH supply requests from HIDOE schools and offices is available at (808) 784-5185.

#### Daily Cleaning of Technology Devices

Devices that are loaned to students/staff for distance learning and telework should be cleaned upon return and reissuance to another person. For devices used throughout the day by multiple people, cleaning should occur between use by the next person.

- [General steps to cleaning commonly used technology devices](#) (e.g., computers, tablets, laptops, phones)
- For detailed steps and information:
  - Review "Cleaning of Devices" in the [HIDOE Technology Guidance for Employees](#) (employee login required).

## Additional Considerations

### Visitors

- All visitors and contractors must comply with [Governor David Ige's emergency proclamation](#) when entering, working or providing services in any state facility, including public schools, for longer than 10 minutes. Requirements include the following:
  - Provide verification of being fully vaccinated.
  - Provide a negative COVID-19 test result if not fully vaccinated.
  - Wear a mask at all times and physically distance yourself from others.
- Review protocols for arrival on campus. For example, all visitors must report to the main administration office to ensure sign-in, wellness checks and proper vetting protocols are completed.
- Limit nonessential visitors, volunteers and activities involving external groups or organizations with people who are not fully vaccinated.
- Do **not** limit access for direct service providers but ensure compliance with school visitor policies.
- Emphasize the importance of staying home when sick.
- Limit visits to multiple campuses for staff who are not fully vaccinated.

### Drop-off/Arrival Times

- Establish clear policies for student entry and dismissal from campus that ensure physical distance between individuals. Consider staggering drop-off and arrival times for students, so that large groups of people are not arriving and leaving at the same time to minimize overcrowding and close contact in confined areas.
- Parents/legal guardians should remain in their car when dropping off or picking up their child. If they must disembark their vehicle, they must wear a mask. As soon as parents/legal guardians drop-off and/or pick-up their child, they should immediately depart in order to minimize the footprint and size of crowds on the campus.

### Recess and Physical Education

- Students and staff should stay in their 'ohana bubbles or cohorts to decrease mixing across classes and grades and to facilitate identification of close contacts if a case is reported.
- When physical education activities or recess is held indoors, masks must be worn and mitigation strategies such as ventilation and physical distancing implemented to the greatest extent possible to reduce the risk for transmission.

## Field Trips, Meetings, and Assemblies

- Promote as much physical distancing as possible between students, staff and members of the public, and limit group size.
- 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 seating charts.
- [HIDOE COVID-19 Guidance for offices, training facilities and meeting rooms.](#)

## After-school Child Care Programs

- Students and staff should comply with school day policies and procedures.
- Avoid mixing students from different classes and cohorts within a school and across different schools to reduce 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 **must** 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.
  - 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 should stay in their 'ohana bubbles or cohorts to decrease mixing across classes and grades and facilitate identification of close contacts. 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.](#)
  - See [What to Do If a Person at School has COVID-19.](#)
  - Immediately notify the school that the student attends or the school where the staff is employed.

## Sports and Extracurricular Activities

Students and staff who are fully vaccinated **and** asymptomatic do **not** have to quarantine following a known exposure, 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 fully vaccinated 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.

- 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** fully vaccinated 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.

View the Department's [COVID-19 Guidance for Athletics for School Year 2021-22](#).

## Communications

- Staff and families should self-report to their school or office if they or their students have symptoms of COVID-19, a positive COVID-19 test, or were in close contact with someone with COVID-19 within the last 14 days.
- If the case was on campus during the infectious period, notification to the school community must go out. If the case was on campus within the last two weeks but not during the infectious period, notification is strongly recommended. If the case was off campus for more than two weeks, notification is optional.
- A summary of all cases reported at HIDOE schools is posted online at [HIDOE COVID-19 Information and Updates](#).

## Travel

See [Safe Travels Hawai'i](#) for questions regarding Hawai'i travel requirements and recommendations for staff.

Student travelers must follow all applicable state and county rules at the time of the trip, including compliance with any required COVID-19 testing or quarantine periods. The Department's protocol offers four options for students who travel out of state to return to school:

1. Be fully vaccinated before the start of out-of-state travel and show proof of vaccination to the school; or



2. If participating in the Safe Travels Pre-Travel Test program or if under 5 years of age, obtain a COVID-19 test after returning to Hawaii and show proof of both the pre- and post-travel test results to the school (if the traveler is under 5 years of age, the adult traveling companion must show proof of a negative pre-travel test result); or
3. Quarantine for ten (10) days after returning to Hawaii; or
4. Provide the school with proof of a COVID-19 diagnosis obtained during out-of-state travel and return is allowed upon completion of the 10-day isolation period; no fever for at least 24 hours without the use of medication; and symptoms resolving (i.e., no COVID-19 test or quarantine required).

Schools may request documentation of COVID-19 vaccination, negative test results, diagnosis, and/or travel itinerary. If health information is provided, it must be stored like a medical record. If documentation is not provided, the student who traveled out of state must wait for 10 days after returning to Hawaii before going to school.

See [HIDOE Memos & Notices](#) for the most recent travel requirements.

# Preparing for When Someone is Sick with COVID-19

## Before a Case of COVID-19 Occurs

- Schools should establish a COVID-19 point of contact.
  - Provide a telephone number and email address to the DOH and the school community that will be checked at least daily, including on weekends and holidays.
  - This will help ensure timely notification of schools when a positive case or close contact occurs or when DOH becomes aware of a cluster of infected persons related to a school setting.
- Schools should be familiar with the processes to:
  - Report persons with COVID-19 infection to DOH.
  - [Identify close contacts](#).
  - Notify school close contacts at school and provide them with the [COVID-19 Close Contact Notification for Schools](#) and the [Home Isolation and Quarantine Guidance for Schools](#).

## Response Procedures for Cases of COVID-19

On Monday, Oct. 11, 2021, the following revised procedures will take effect.

Take these steps when:

- A positive case is confirmed: An individual received a positive diagnostic test result, a diagnosis from an authorized medical professional, or the DOH reported the case to the school.
- A probable case is identified: An individual has one or more COVID-19-like symptoms and known exposure (i.e., close contact) to a positive case, or there is presumptive laboratory evidence (e.g. positive antigen test result).
- For more information about the definition of a case see the [CDC website](#).
- These steps do not apply to asymptomatic close contacts.

**Step 1: Email HIDOE COVID-19 Response Team at [covid19@k12.hi.us](mailto:covid19@k12.hi.us)** and copy your Complex Area Superintendent/Assistant Superintendent. In the subject line state: [Positive/probable] case at [school name/office]. In the body of the email, describe any issues that need support. You will receive an immediate auto-reply with instructions and templates to facilitate the response process.

**Step 2: Determine if the case was on campus during the infectious period**, which begins two days before the onset of symptoms or if asymptomatic, two days before the date the positive test was conducted, until they meet the criteria for [ending isolation](#).

- If YES, on campus during the infectious period:

- a. **Send a text** to notify your CAS/AS stating a positive case was on campus at school name/office.
  - b. **Identify close contacts** at school (e.g., students, employees, casual hires and vendors). See [Identifying and Talking to Your Close Contacts](#) (updated 7/29/21) for close contact criteria.
  - c. **Notify close contacts:**
    - Provide [Close Contact Notification for Schools](#) (updated 9/14/21)
    - Provide [Home Isolation and Quarantine Guidance for Schools](#) (updated 9/15/21).
    - Document all outreach (e.g., date/time of phone call or email).
  - d. **Keep track of close contacts** using the [Close Contact Report Form for Schools](#) ([bit.ly/2XScd1x](http://bit.ly/2XScd1x) updated 9/14/21) or another format that you have developed. The form is no longer required by the DOH, but the information may be requested during a cluster investigation. It is highly recommended that schools upload or enter the close contact information into the DOH online case report website (see Step 4) so that all records related to a case are in one secure location for reference.
  - e. **Clean and disinfect if less than 24 hours** have passed since the case has been in the facility. If more than 24 hours have passed, cleaning is sufficient. See [Cleaning and Disinfecting Your Facility](#) for more information.
- If NOT on campus during the infectious period, proceed to Step 3.

**Step 3: Prepare a broad [school community notification](#).** If the case was on campus during the infectious period, notification must go out. If the case was on campus within the last two weeks but not during the infectious period, notification is strongly recommended. If the case was off campus for more than two weeks, notification is optional. Edit the draft template as needed. Do not include medical info or identify the individual. Multiple cases may be mentioned in one letter. [Translated notifications](#) are available, if needed, with broad language. [DOH guidance](#) is available that can be included with your notification letters. Send notifications to families via School Messenger and/or hard copy. Do not post to the school's social media platforms or website. A copy of the notification may be uploaded to the DOH online case report website for records (see Step 4).

**Step 4: Report the case to the DOH** at [hawaiiomt.sharepoint.com/sites/docd-schools](http://hawaiiomt.sharepoint.com/sites/docd-schools) within 24 hours. If the case visited multiple campuses, it should only be reported to the DOH one time. The individual's supervisor or the program contract manager is responsible for reporting the case. Upload any documents such as the record of close contacts, proof of diagnosis, and a copy of the school community notification so that all materials are in one secure location for reference.

**Step 5: Determine when it is safe for employees and/or students to return** to their worksite or campus. See the [Return to School/Work Criteria](#). Schools should **not** require a negative

COVID-19 test for return to school if the person has completed 10 days of isolation and meets the criteria for release from isolation.

**Step 6: If any household members of the case attend another HIDOE school**, please notify the principal of the other school.

For immediate assistance, please contact your POCs below.

- Facility cleaning & disinfection: Monica Kauai Baron
- School health & COVID-19 response process: Jennifer Ryan
- Communication & templates: Derek Inoshita
- Disruptions to the school/office operations (e.g., personnel shortage) as a result of this case, contact your CAS/AS and Deputy Superintendent

If you would like to request guidance from the DOH regarding the COVID-19 response process, call or email [doh.c19schools@doh.hawaii.gov](mailto:doh.c19schools@doh.hawaii.gov).

Phone numbers for the DOH:

- Monday-Friday 7:45 am-4:30 pm
  - Honolulu County, (808) 587-6845 option 4
  - Kaua'i County, (808) 241-3387
  - Maui County, (808) 984-8213, ask for School Liaison
  - Hawai'i County, (808) 796-0098
- After Hours/Weekends/Holidays
  - O'ahu (808) 600-3625
  - Neighbor Islands (800) 360-2575, toll-free number

### Considerations

- More information about [distance learning support](#) in the event of a classroom or school closure.
- For more information about the types of leave to use in the event of a positive case and/or possible staff exposure, view the following memos:
  - Dec. 31, 2020: [Leave of Absence Update for Classified Employees and a Reminder Regarding Quarantine Leave](#) (Lotus Notes login required).
  - Dec. 16, 2020: [Quarantine Leave - COVID-19 for Certificated Employees and Leave of Absence Update for Classified Employees](#) (Lotus Notes login required).

### **Close Contacts**

If a school can clearly identify the students and staff who meet the definition of a close contact, it will help limit the number of persons quarantined and tested to those with greatest risk for exposure to the infected person. Definitions of close contacts in the school setting:

- A **close contact** is defined as within 6 feet of a person with COVID-19 infection for a combined total of 15 minutes or more over a 24-hour period (regardless of mask use).
- **Exception:** In K–12 indoor classroom settings, where everyone is wearing a mask correctly and consistently, close contacts are students who were within 3 feet (approximately one arm length) of a student with COVID-19 infection for 15 minutes or more, over a 24-hour period.
  - This exception does not apply to teachers, staff, or other adults in the indoor classroom setting, nor does this apply to students who were **not** wearing masks.
- Examples where all persons in the class would be considered close contacts includes:
  - Cohorts in classrooms that spend the entire day together and have prolonged close interaction.
  - 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

- Provide the [COVID-19 Close Contact Notification for Schools](#) form and [Home Isolation and Quarantine Guidance for Schools](#) to all close contacts.
- **Unvaccinated** close contacts **must** quarantine for 10 days and should get tested immediately even if asymptomatic and should be tested again five to seven days after their last contact with the person with COVID-19. A negative test does not shorten the quarantine period.
  - **Unvaccinated** close contacts can return to school when **both** of the following conditions are met:
    - At least 10 days have passed since the last contact with the infected person; **and**
    - No symptoms.
  - Schools should **not** require a negative COVID-19 test to return to school if the person has completed 10 days of quarantine and meets the conditions above.
- **Fully vaccinated** close contacts who remain asymptomatic do **not** have to quarantine and should get tested three to five days after exposure.
- Close contacts who have recovered from COVID-19 in the last 90 days **and** remain asymptomatic do not need to quarantine and should get tested three to five days after exposure. The 90-day period begins on the date the symptoms first appeared or, if asymptomatic, the date when the positive test was conducted.

## When Someone Becomes Sick or Receives a Positive Diagnosis at School

- If someone develops any COVID-19-like symptoms or receives a positive COVID-19 diagnosis at school, separate the sick person at least six feet from others and ensure that they are wearing a mask. The individual should be sent home or to a health care facility depending on symptom severity. Provide a copy of the [Return to School/Work Criteria](#) so that it is clear when it is safe to return to campus.
- If the person must wait for pick-up, identify an isolation area, 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.
  - If more than one person is in the isolation area, everyone must wear a mask and stay 6 feet apart.
- 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 an ill student or staff in the last 24 hours.

## Reporting a Potential Outbreak

Schools are required to immediately report (by telephone) 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 classroom.

The DOH and HIDEOE work collaboratively to identify any potential clusters involving schools and the DOH investigates the source of infection. The DOH defines a cluster as three or more confirmed or probable cases of SARS-CoV-2 (the virus that causes COVID-19) linked to a particular site or event within one incubation period (14 days) as long as those cases do not have outside exposure to each other (i.e., they are not household members or close contacts outside the selected location). The DOH cluster report is published [online](#).

## When Someone Has Recovered from COVID-19 in the Last 90 Days

The following guidelines apply to someone who was diagnosed with COVID-19 and recovered in the last 90 days. The 90-day period begins on the date the symptoms first appeared or, if asymptomatic, the date when the positive test was conducted.

Someone who has recently recovered from COVID-19 and remains without COVID-19-like symptoms does not need to quarantine after close contact with someone with COVID-19. However, close contacts with prior COVID-19 infection in the previous 90 days should:

- [Wear a mask](#) indoors in public for 14 days after exposure.
- Monitor for [COVID-19 symptoms](#) and [isolate](#) immediately if symptoms develop.
- Consult with a healthcare professional for testing recommendations if new symptoms develop.

If a previously infected person develops new COVID-19-like symptoms, they should immediately self-isolate, contact their health care provider, and be tested for COVID-19 to ensure their symptoms do not represent reinfection. A point of care antigen test performed by an authorized provider is acceptable and may be preferable to a molecular test to avoid confusion between new infection and persistent shedding of non-infectious virus related to their initial infection. However, a negative result from an authorized antigen or PCR test is acceptable to allow the individual to return to school/work once symptoms have resolved. If a positive result is received, the person must isolate as per usual guidance. If no test is conducted, the person must stay home for 10 days after the start of symptoms before returning to school/work.

Someone who has been diagnosed with COVID-19 and is eligible to receive a COVID-19 vaccine, should wait until their isolation period is complete before obtaining a vaccine.

## **Hawai'i Keiki: Healthy and Ready to Learn Program**

In partnership with the University of Hawai'i at Mānoa School of Nursing and Dental Hygiene, the Hawai'i Keiki (HK) program is helping to address the impact of COVID-19 on students and schools. HK nurses, located in every complex area statewide, are available to support schools with the following services during school year 2021-22:

- [Telephone hotline and telehealth services](#);
- COVID-19 school readiness assessment;
- Contingency planning for medically fragile students;
- Rapid response to reported cases at school;
- Training for students and staff to decrease the spread of COVID-19; and
- Advice for COVID-19 exposed and positive families.

Please reach out to the Complex Area RN or APRN, contact information can be found [here](#).



# Additional Information on Testing Strategies for COVID-19 Prevention

## Testing as a Mitigation Strategy

See CDC's [Testing Strategies for COVID-19 Prevention in K-12 Schools](#), updated August 5, 2021, and [HIDOE's COVID Testing webpage](#) for more information.

COVID-19 testing is a mitigation strategy that schools can consider for an additional layer of protection and to reduce the risk to in-person education. In partnership with the DOH and health service providers, schools may consider offering COVID-19 testing for staff, contracted service providers, students and their families. 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 participation in school-based testing.

Schools should recommend testing to any student or staff who exhibits [symptoms of COVID-19](#) or is identified as a close contact of a positive case at school, regardless of vaccination status.

- If NOT a close contact and negative test, can return to school/work when fever free for at least 24 hours without the use of medication and symptoms resolving.
- If NOT fully vaccinated and a close contact of a positive case, must quarantine for 10 days regardless of test result.
- Anyone who is fully vaccinated or testing for travel purposes only and asymptomatic, may continue to go to school or work while waiting for test results.
- See [What To Do If You Have Been Tested for COVID-19](#).

To fulfill the COVID-19 test requirement for return to school/work, an antigen or PCR test taken through a CLIA-certified laboratory or under an approved CLIA Certificate of Waiver will be accepted. Home-based COVID-19 test results will not be accepted.

## 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. A PCR is a diagnostic test and serves as the final diagnosis, even if the person previously received a different result from an antigen test. Do not repeat diagnostic tests to validate the findings as this decreases the availability of scarce resources within the community.

- Schools should always recommend [diagnostic testing](#) to any student or staff who exhibits [symptoms of COVID-19](#) at school.
- Schools should also recommend testing to all close contacts, whether or not they are fully vaccinated or have symptoms.
- To offer diagnostic testing, including rapid point-of-care testing at school:

- School-based test administrators must be trained in specimen collection.
- Appropriate [personal protective equipment \(PPE\)](#) must be available and worn during the testing process.
- The school must have a Clinical Laboratory Improvement Amendments (CLIA) [certificate of waiver](#).
- All diagnostic testing performed at school **must** be reported to DOH as mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
- For persons who test positive for COVID-19, see section above, Response Procedures for Cases of COVID-19.
  - See [What to Do If a Person at School has COVID-19](#).
  - See [What To Do If You Have Been Tested for COVID-19](#).
  - See [Home Isolation and Quarantine Guidance](#).

## 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. Students and staff who were diagnosed with COVID-19 in the past 90 days should not participate in screening testing. An antigen test is considered a screening test. A positive antigen test result constitutes a probable case and is cause for initiation of the COVID-19 response process at school. The antigen test should be followed up with a diagnostic test to confirm if the person has COVID-19. If no confirmatory test, actions should be based on positive antigen test. If the diagnostic test result is negative, the close contacts can be notified and released from quarantine and the person who was tested will remain out of school until symptoms resolve. A PCR test serves as the final diagnosis, even if the person previously received a different result from an antigen test.

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** fully vaccinated.
- 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.

## References

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

September 30, 2021

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

July 9, 2021

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

July 16, 2021

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

Reviewed July 23, 2021

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

April 15, 2021

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

April 2, 2021

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

May 23, 2021

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

February 26, 2021

[Ventilation in Buildings | CDC](#)

June 2, 2021

[CDC Order: Requirement for Persons to Wear Masks While on Conveyances and at Transportation Hubs](#)

January 29, 2021

[National Collegiate Athletic Association \(NCAA\) Risk Stratification for Sports Table](#)

May 3, 2021

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

July 6, 2021

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

June 15, 2021

[Safe Travels Hawai'i](#)

Reviewed July 23, 2021

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

February 22, 2021

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

June 9, 2020

## Resources

[Increasing Community Access to Testing](#) 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.

### Additional Print Resources

- [CDC Cover Coughs and Sneezes](#)
- [CDC A Healthy Future Is In Your Hands!](#)
- [CDC Germs Are Everywhere](#)
- [CDC 10 Things You Can Do To Manage Your COVID-19 Symptoms At Home](#)
- [A Parent's Guide: Helping Your Child Wear a Face Mask](#)
- [Help your Child Feel Good about Using and Seeing Others Wearing Face Masks](#)
- [I Can Stay Healthy by Wearing a Face Mask \(PPT\)](#)
- [I got my COVID-19 vaccine! Soccer player](#)
- [I got my COVID-19 vaccine! Educator](#)
- [I got my COVID-19 Vaccine! Bus Driver](#)
- [You are Essential: Vaccine Educator](#)

### **DOH Contacts by Island**

(Direct contact for specific DOH personnel will be provided by COVID-19 Response Team to impacted school or office.)

Oahu	7:45 a.m.-4:30 p.m.	<a href="#">Oahu Office</a>	(808) 587-6845 option 4
	After hours/weekends		(808) 600-3625
Maui Molaka'i Lanai	7:45 a.m.-4:30 p.m.	Maui Office	(808) 984-8213
Kauai	7:45 a.m.-4:30 p.m.	Kauai Office	(808) 241-3387
Hawaii	7:45 a.m.-4:30 p.m.	Hilo & Kona Offices	(808) 796-0098
	After hours/weekends	All neighbor islands	(800) 360-2575

\*\* Please note that the answering service will say "Physician's Exchange." You reached the correct number.

Email: [doh.c19schools@doh.hawaii.gov](mailto:doh.c19schools@doh.hawaii.gov)

#### Authorities and References

- **American Academy of Pediatrics**  
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- **Governor's Emergency Proclamations**  
<https://governor.hawaii.gov/emergency-proclamations/>
- **Centers for Disease Control and Prevention (CDC)**  
Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)  
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- **U.S. Department of Labor/Occupational Safety and Health Administration (OSHA)**  
Guidance on Preparing Workplaces for COVID-19  
<https://www.osha.gov/Publications/OSHA3990.pdf>
- **U.S. Equal Employment Opportunity Commission**  
<https://www.eeoc.gov/coronavirus/>
- **Department of Health**  
<https://health.hawaii.gov/coronavirusdisease2019/>
- **Society for Human Resources Management**  
<https://www.shrm.org/ResourcesAndTools/tools-and-samples/hr-forms/Pages/covid-19-back-to-work-checklist.aspx>
- **American Society of Heating and Air-Conditioning Engineers**  
<https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic>

## Summary of Significant Updates

See a [summary of significant updates](#) made from the previous version of this guidance.