INTRODUCTION

The following are general guidelines and considerations as the state prepares for the reopening of schools. The document is divided into two parts:

I. **Reopening thresholds** – measures for school decision-making in transitioning between learning models
II. **Considerations for schools** - steps schools can take to reduce risks of COVID-19 for students and staff

Reopening of schools requires a broad community commitment to reduce the risk of exposure to COVID-19 (e.g., physical distancing, wearing face coverings, cleaning and disinfection, and good hygiene practices). Additionally, it is critical that all district, school administrators, and school staff are prepared to contribute to the prevention, rapid identification, and mitigation of the spread of COVID-19 in Hawaii's schools.

This guidance is based on the best available evidence at this time and will be updated as new information becomes available.

I. REOPENING THRESHOLDS

THRESHOLDS FOR TRANSITIONING BETWEEN IN-PERSON/BLENDED/LEARNING FROM HOME MODELS*[1]

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

LEARNING MODELS

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

[1] Adapted from Minnesota's Guidance for Public Schools/Safe Learning Plan for 2020-21

Blended Learning
Combined approach of rotating in-person attendance and learning from home

(decreases in-person class size and allows physical distancing)


+


In-person Learning
Students participate in in-person learning

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

Learning Model Parameters

Number of cases per 10,000 over 14 days, by **island** of residence*	Consider the following Learning Model
0–5	In-person learning for students
6–15	In-person learning for elementary students; blended learning for secondary students
16–25	Blended learning for students
26–35	Blended learning for elementary students; learning from home for secondary students
36+	Learning from home for students

*Case chart will be posted every two weeks at: https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-hawaii/

Preparedness and Capacity to Implement Mitigation Strategies

In addition to levels of community transmission of COVID-19, selecting a Learning Model depends on the school's level of preparedness and capacity to implement the recommended mitigation strategies outlined below. As part of the learning model determination process, **schools should carefully assess their preparations to ensure all recommended health practices are addressed to confirm they are prepared to operate**

with student learning in-person, regardless of whether they plan to operate an in-person, blended, or learning from home model.

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

REQUIRED FOR IN-PERSON AND BLENDED LEARNING:

- ☐ Masking Policy
- ☐ Physical distancing (ideally, at least 6 feet))
- ☐ Policies that encourage students/families/staff to stay home if sick
- ☐ Plan for organizing students/staff into small groups (cohorts) that remain together, with limited mixing between groups (all day for young students and as much as possible for older students).
- ☐ Plan for monitoring and excluding if someone gets sick at school
- ☐ All Student Support Personnel equipped with PPE including a face shield and mask
- ☐ Plan to incorporate and continually reinforce routines of hygiene education and safe practices using STOIC strategy*
- ☐ Promotion of appropriate hand hygiene through signage, accessibility to restrooms to wash hands or availability of hand sanitizer (as age appropriate)
- ☐ Cleaning/disinfection plan including schedule for at least daily cleaning high-touch surfaces throughout the day and additional cleaning as needed, person(s) responsible for cleaning and availability of cleaning/disinfection supplies
- ☐ School COVID-19 program coordinator
- ☐ Limiting nonessential visitors/volunteers/external groups
- ☐ Discontinuing large gatherings/activities that do not allow for physical distancing
- ☐ Communication Plan when COVID-19 case identified at school

REQUIRED FOR BLENDED LEARNING:

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

REQUIRED FOR LEARNING FROM HOME:

- ☐ Students have internet connectivity and appropriate electronic device at home

- □ Plan to incorporate and continually reinforce routines of hygiene education and safe practices using STOIC strategy*

*STOIC Strategy:
S: Structure - educators promote and practice responsible behaviors
T: Teach - educators teach students how to be successful in all school settings and situations
O: Observe - educators monitor behavior
I: Interact Positively - educators acknowledge responsible behavior
C: Correct - educators' responses to unsafe behaviors are brief, calm, and consistent

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

Planning Scenarios for Moving Between Learning Models

SCENARIO 1: IN-PERSON LEARNING FOR STUDENTS
Assumptions:

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

What situations under Scenario 1 *may not* necessitate transition to a blended or learning from home model?

- Single, standalone cases are confirmed, but close contacts in the school setting can be quickly identified and are limited to individual classrooms or areas in the school.
    - Temporary learning from home could be implemented for the affected classroom(s) rather than shifting the learning model for the entire school.
- Multiple cases are identified but can be linked to a specific classroom or individual activity with minimal impact or exposures to other classrooms/activities in the

school setting. All close contacts can be quickly identified and are limited to individual classrooms and/or activities.
    - Temporary learning from home could be implemented for affected classrooms rather than shifting the learning model for the entire school.
- Multiple cases are identified, but are linked to a clear alternative exposure unrelated to the school setting and unlikely to be a source of exposure for the larger community (e.g., social or household clusters where multiple people who attend the same school have become ill because of an exposure outside of school).

SCENARIO 2: BLENDED MODEL WITH STRICT PHYSICAL DISTANCING AND CAPACITY LIMITS

Assumptions:

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

What situations under Scenario 2 *may* necessitate a transition to a blended learning model?

- A significant community outbreak is occurring (e.g., large community event, large local employer) with potential to impact staff, students, and families served by the school community but has not yet resulted in increased cases within the school setting

SCENARIO 3: LEARNING FROM HOME ONLY

Assumptions:

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

What situations may necessitate a transition to a learning from home only model?

- Confirmed cases are identified but contact tracing and notification of close contacts in the school setting cannot be completed within 24–48 hours. Consider short-term use of learning from home to allow schools to coordinate with HDOH to complete contact tracing and to develop a clearer picture of the COVID-19 situation impacting the school.
- Multiple cases are identified within a short period of time (e.g., one week) that occur across multiple classrooms or activities and a clear connection between cases or to a suspected/confirmed case of COVID-19 cannot be easily identified.
- A significant community outbreak is occurring (e.g., large community event, large local employer) and is impacting multiple staff, students, and families served by the school community.
- Substantial, uncontrolled community transmission is occurring at the county or state level, and there are multiple confirmed cases of COVID-19 among students and/or staff.

CONSIDERATIONS FOR MOVING BACK TO BLENDED OR IN-PERSON LEARNING MODELS AFTER A LEARNING FROM HOME PERIOD

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

II. CONSIDERATIONS FOR SCHOOLS

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

GUIDING PRINCIPLES[2]:

- The goal is to prioritize the reopening of schools as safely as possible given the many known and established benefits of in-person learning.

[2] Based on CDC's Considerations for Operating schools during COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

- The more people with whom a student or staff member interacts, and the longer that interaction, the higher the risk of COVID-19 spread.
- Schools must adopt and diligently implement actions to slow the spread of COVID-19 inside the school and out in the community.
    - ***Multiple*** mitigation strategies (e.g., physical distancing, cloth face coverings, hand hygiene, cohorting) should be implemented
- Students, families, teachers, school staff and all community members must take actions to protect themselves and others.

As the COVID-19 pandemic continues and community spread persists, even when a school carefully coordinates, plans, and prepares, cases of COVID-19 **will** still occur in the schools. To best prepare, schools should plan to mitigate the impact of COVID-19 cases by:

- Lowering the risk of exposure and spread of COVID-19
- Preparing for when someone in school gets sick.

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

MINIMIZING EXPOSURE AND SPREAD OF COVID-19

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

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

PROMOTING BEHAVIORS THAT REDUCE THE SPREAD OF COVID-19

A) Stay Home when Appropriate
- Educate students, families, and staff on when they should stay home, to protect others and prevent the spread of illness in school:
    - Are sick or tested positive for COVID-19
    - Have had recent close contact (within 6 feet for 15 minutes or more) with a person with COVID-19

B) Hand Hygiene and Respiratory Etiquette
- Teach and reinforce handwashing with soap and water for at least 20 seconds

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

C) Cloth Face Coverings or Masks

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

- Teach and reinforce the correct use of cloth face coverings by students and staff
- For preschools, children should learn about proper mask wearing
- Appropriate and consistent use of cloth face coverings or masks is most important when students, teachers, and staff are indoors and when physical distancing is difficult to implement or maintain.
- Students and staff should be frequently reminded NOT to touch the face covering or mask and to wash their hands or use hand sanitizer frequently.
- Consider the use, by some teachers and staff, of clear face coverings (e.g., mask with clear window) that cover the nose and wrap securely around the face. Note: clear face coverings are NOT face shields. Clear face coverings should be determined not to cause any breathing difficulties or over heating for the wearer. Teachers and staff who may consider using clear face coverings include:
  - Those who interact with students or staff who are deaf or hard of hearing
  - Teachers of young students learning to read
  - Teachers of students who are English language learners
  - Teachers of students with disabilities
- Cloth face coverings should NOT be placed on:
  - Children younger than 2 years old
  - Anyone who has trouble breathing or is unconscious
  - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance

- Face shields should **NOT** be used as a substitute for cloth face coverings because of a lack of evidence of their effectiveness for source control. A face shield is primarily used for eye protection for the person wearing it.

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

E) Signs and Messages
- Post signs that promote everyday protective measures in highly visible locations.
- Use simple, clear, and effective language about behaviors that prevent COVID-19 spread when communicating with staff and families.
- Translate materials into common languages spoken by students, faculty, and staff in the school community.

MAINTAINING HEALTHY ENVIRONMENTS

A) Clean and Disinfect

Cleaning and disinfecting are part of a broad approach to prevent infectious diseases, including COVID-19, in schools. Cleaning and disinfecting reduce the risk of spreading infection by removing and killing germs on surfaces people frequently touch. SARS-CoV-2, the virus that causes COVID-19 can be reduced and killed from surfaces, objects, and hands if the right products are used correctly. The virus is thought to spread mainly from person to person, but it may also spread by touching a surface or object that has the virus on it and then touching your own mouth, nose, or possibly your eyes. Consider cleaning and disinfecting at least daily at your school to reduce the spread of the virus that causes COVID-19.

Cleaning physically removes germs, dirt, and impurities from surfaces or objects by using soap (or detergent) and water. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. Clean surfaces and objects using soap and water prior to disinfection.

- Clean and disinfect frequently touched surfaces (e.g., door handles, sink handles, handrails, etc.) within the school at least daily.
- Use of shared objects should be limited, or cleaned between use

- Develop a schedule for at least daily, routine cleaning and disinfection
- Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
- Use products that meet EPA disinfection criteria (list includes ready-to-use sprays, concentrates, and wipes)
- Cleaning products should not be used near children, and staff should ensure there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

B) Shared Objects
- Limit sharing of items that are difficult to clean or disinfect
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials
- Avoid sharing electronic devices, toys, books, and other games or learning aides

C) Ventilation[3]
- Increase outdoor air ventilation, using caution in highly polluted areas
  - 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. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into room via other open windows and doors without generating strong room air currents).
    - Decrease occupancy in areas where outdoor ventilation cannot be increased.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space
- Increase total airflow supply to occupied spaces
- Ensure restroom exhaust fans are functional and operating at full capacity when the school is occupied.
- Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as the health room and special education classrooms).

[3] See CDC's website, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html, for more on ventilation.

D) Modified Layouts
- Space seating/desks, ideally at least 6 feet apart
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart
- Modify learning stations and activities so there are fewer students per group, placed at least 6 feet apart

E) Physical Barriers and Guides
- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain 6 feet apart (e.g., reception desks)
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating "one-way routes" in hallways)

F) Communal Spaces
- For preschools, children should learn about physical distancing.
  - Nap mats and cribs should be spaced 6 feet apart
- Limit clutter and have enclosed containers for manipulatives
- Close communal use shared spaces such as cafeterias and playgrounds with shared playground equipment; if unable to close communal use shared spaces, stagger use and clean and disinfect between use.
  - If cafeterias will be used, ensure children remain at least 6 feet apart in food service lines and at tables while eating.
  - Clean and disinfect tables and chairs between each use
- Add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart.

MAINTAINING HEALTHY OPERATIONS

A) Ohana Bubbles or Cohorting

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

Cohorting Implementation:

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

B) Field Trips, Gatherings, and Visitors
- Pursue virtual group events, gatherings, or meetings
- Promote physical distancing of at least 6 feet between people if events are held
- Limit group size
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations.
- Limit cross-school transfer for special programs
- Limit visits to multiple campuses for staff who travel between schools

C) Communications Systems
- Staff and families should self-report to the school if they or their students have symptoms of COVID-19, a positive COVID-19 test, or were in close contact with someone with COVID-19 within the last 14 days
- Notify staff, families, and the public of school closures and any restrictions to limit COVID-19 exposure (e.g., limited hours of operation)

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

PREPARING FOR WHEN SOMEONE IS SICK WITH COVID-19

WHEN A CASE OF COVID-19 OCCURS

- Schools are notified if the Hawaii Department of Health (HDOH) determines that a person with COVID-19 (case) was at school while infectious.
- If a school learns of a COVID-19 case and has NOT been contacted by HDOH:

- If case is currently at school, isolate and send person home immediately
- Close off areas used by case for at least 24 hours (see further details below)
- Call HDOH:

Island	Hours	Contact	Telephone Number
Oahu	M-F 7:45 am-4:30 pm	HDOH School Liaison	(808) 587-6845 (ask for school liaison)
	After hours/weekends		(808) 600-3625
Maui	M-F 7:45 am-4:30 pm	Maui District Health Office	(808) 984-8213
Kauai	M-F 7:45 am-4:30 pm	Kauai District Health Office	(808) 241-3563
Hawaii (Hilo)	M-F 7:45 am-4:30 pm	Big Island DHO (Hilo)	(808) 933-0912
Hawaii (Kona)	M-F 7:45 am-4:30 pm	Big Island DHO (Kona)	(808) 322-4877
Neighbor Islands After Hours/weekends			(808) 360-2575

- Provide HDOH with the following information:
  - School Name and location
  - Case's Name, date of birth, and contact information
  - Name, title (e.g., school principal), and contact information of caller
- HDOH will interview the case. If HDOH determines the case was at school while infectious, investigator will contact school principal/administrator.
- While awaiting call from HDOH investigator, school should do the following:
  - Ensure case's identity remains confidential
  - Close off areas utilized by the case for at least 24 hours (e.g., office, classroom, bathroom, faculty lounge, common areas etc.) to minimize the potential for exposure to respiratory droplets.
    - After 24 hours, clean and disinfect areas used by the person with COVID-19 per CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html
    - Focus especially on frequently touched surfaces
  - Compile a list of case's close contacts (see appendix for sample list), from 2 days prior to case's symptoms (or if no symptoms, 2 days prior to specimen collection date). Close contact is defined as:
    - Within 6 feet of the case for 15 minutes or longer
    - In direct contact with case's secretions (e.g., being coughed on)
  - If identified close contacts are at school, send them home immediately (do not disclose case's identity when speaking with close contacts) with the following instructions:
    - Close contacts must remain in quarantine for 14 days after last contact with case

        - Close contacts should call their healthcare provider to advise them of exposure and to be tested for COVID-19
          Note: Close contacts must remain in quarantine even if they test negative for COVID-19
        - Close contacts should monitor their health while in quarantine
    - Provide list of close contacts to HDOH
    - All information provided to HDOH by the school will be kept confidential
    - Persons not identified as close contacts do not need to be in quarantine and may attend school

COMMUNICATION

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

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

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

STUDENTS OR STAFF WHO BECOME SICK DURING THE SCHOOL DAY:

- Immediately separate the person(s) from others at the school.

- Individuals who are sick should immediately go home or to a healthcare facility depending on symptoms severity
- Identify an isolation area to separate anyone who has COVID-19 symptoms, ideally with a dedicated restroom not used by others
  - Ensure students are isolated in a non-threatening manner, within the line of sight of adults, and for very short periods of time
- Ensure personnel managing sick students or employees are appropriately protected from exposure
  - Personnel who need to be within 6 feet of a student or employee should be provided appropriate personal protective equipment (PPE), including gloves, a gown, a face shield or goggles, and an N95 or equivalent (or a surgical facemask if a respirator is not available) and follow Standard and Transmission-Based Precautions.
  - Personnel should be trained on appropriate use of PPE
- Clean and disinfect any isolation areas, work areas, shared common areas (including restrooms) and any supplies, tools, or equipment handled by ill student/staff member.

Absentee Rate at School

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

References

Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19) Schools and Child Care Programs
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

CDC Indicators for Dynamic School Decision-Making
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html

Operating schools during COVID-19: CDC's Considerations
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

Preparing K-12 School Administrators for a Safe Return to School in Fall 2020
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html

Cleaning, Disinfection, and Hand Hygiene in Schools
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html

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

Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/cloth-face-cover.html

Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html

FAQ for School Administrators on Reopening Schools
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools-faqs.html

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

Operating schools during COVID-19: CDC's Considerations – Students with disabilities or special healthcare needs
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

Appendix

Preschool and Daycare 'Ohana Bubble

Decreasing Exposure to COVID-19

Remain with your same bubble throughout the day

Practice Good Habits

Stay home when sick.

Wash hands when entering the classroom and frequently throughout the day.

Clean and sanitize toys regularly.
Do not share toys with other bubbles.

Learn about and practice physical distancing.
Nap mats and cribs should be 6 ft apart.

Learn about proper mask wearing.

Use Caution

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

Avoid

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

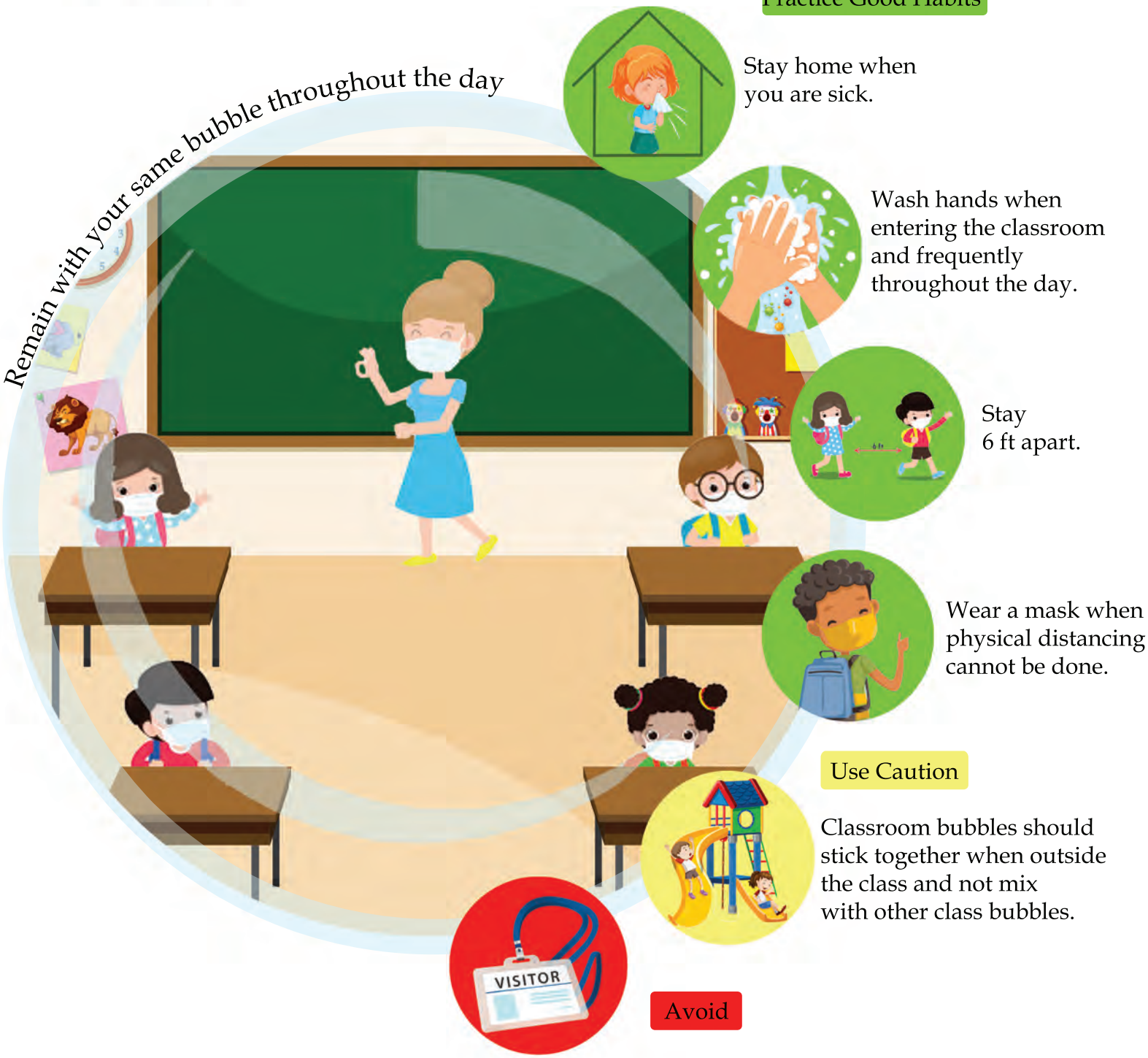
Remaining inside your Ohana Bubble

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

Elementary School Ohana Bubble

Decreasing Exposure to COVID-19

Remain with your same bubble throughout the day



Practice Good Habits

Stay home when you are sick.

Wash hands when entering the classroom and frequently throughout the day.

Stay 6 ft apart.

Wear a mask when physical distancing cannot be done.

Use Caution

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

Avoid

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

Remaining inside your Ohana Bubble

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

Middle and High School Cohorts

Decreasing Exposure to COVID-19

COVID is like a zombie.
If the zombie gets someone,
they become a zombie and try
to get everyone around them.

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

Be A Hero! Protect your Ohana!

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

Practice Good Habits

Stay home when
you are sick.

Wash hands when
entering your classrooms
and frequently
throughout the day.

Stay
6 ft apart.

Wear a mask.

Use Caution

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

Avoid

Any visitor to campus
must wear a mask and
maintain 6 feet apart.

Remaining inside your Cohort

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

Zombie and Hero Art found on Freepik.com

Remember, you are a HERO to so many!

Keep you and your fellow teachers healthy.

Stay home when you are sick.

Wear a mask when you are around others.

Stay 6 feet away from other people.

Wash your hands for 20 seconds frequently.

General Quarantine Protocol

Confirmed Case

Must Quarantine

Does Not Need To Quarantine*

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

Close Contact

Close Contact

No Close Contact

Adapted from the Oregon State Department of Education and the Oregon Health Authority

COVID-19

HAWAII DEPARTMENT OF HEALTH

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

BEFORE A CASE OF COVID-19 OCCURS:

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

WHEN A CASE OF COVID-19 OCCURS:

- Schools are notified if the Hawaii Department of Health (HDOH) determines that a person with COVID-19 (case) was at school while infectious.
- If a school learns of a COVID-19 case and has NOT been contacted by HDOH:
  - If case is currently at school, isolate and send person home immediately
  - Close off areas used by case for at least 24 hours (see further details below)
  - Call HDOH:

Island	Hours	Contact	Telephone Number
Oahu	M-F 7:45 am-4:30 pm	HDOH School Liaison	(808) 587-6845 (ask for school liaison)
	After hours/weekends		(808) 600-3625
Maui	M-F 7:45 am-4:30 pm	Maui District Health Office	(808) 984-8213
Kauai	M-F 7:45 am-4:30 pm	Kauai District Health Office	(808) 241-3563
Hawaii (Hilo)	M-F 7:45 am-4:30 pm	Big Island DHO (Hilo)	(808) 933-0912
Hawaii (Kona)	M-F 7:45 am-4:30 pm	Big Island DHO (Kona)	(808) 322-4877
Neighbor Islands After Hours/weekends			(808) 360-2575

  - Provide HDOH with the following information:
    - School Name and location
    - Case's Name, date of birth, and contact information
    - Name, title (e.g., school principal), and contact information of caller

- HDOH investigator will interview the case. If HDOH determines the case was at school while infectious, investigator will contact school principal/administrator.
- While awaiting call from HDOH investigator, school should do the following:
  - Ensure case's identity remains confidential
  - Close off areas utilized by the case for at least 24 hours (e.g., office, classroom, bathroom, faculty lounge, common areas, etc.) to minimize the potential for exposure to respiratory droplets
    - After 24 hours, clean and disinfect areas used by the person with COVID-19 per Centers for Disease Control and Prevention (CDC) guidance:
      https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
      https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html
      https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html
    - Focus especially on frequently touched surfaces
  - Compile a list of case's close contacts (see Appendix for sample list), from 2 days prior to case's symptoms (or if no symptoms, 2 days prior to specimen collection date). Close contact is defined as:
    - Within 6 feet of the case for 15 minutes or longer
    - In direct contact with case's secretions (e.g., being coughed on)
  - If identified close contacts are at school, send them home immediately (do not disclose case's identity when speaking with close contacts) with the following instructions:
    - Close contacts must remain in quarantine for 14 days after last contact with case
    - Close contacts should call their healthcare provider to advise them of exposure and to be tested for COVID-19
      Note: Close contacts must remain in quarantine even if they test negative for COVID-19
    - Close contacts should monitor their health while in quarantine
  - Provide list of close contacts to HDOH
- All information provided to HDOH by the school will be kept confidential
- Persons not identified as close contacts do not need to be in quarantine and may attend school

COMMUNICATION

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

For further Guidance, please visit the CDC COVID-19 Schools and Childcare Programs website.

COVID-19

HAWAII DEPARTMENT OF HEALTH

COVID-19 Interim Return to Work/School Guidance

Person with:	Recommendation:	Outcome:
CLOSE CONTACT* WITH A CONFIRMED COVID-19 CASE	• **Test for COVID-19**, whether symptomatic or asymptomatic o Will not shorten *required* 14-day quarantine o If positive, investigation may identify other contacts that possibly have been exposed • Advise patient they must quarantine for 14 days after date of last exposure (and if continued exposure, 14 days after confirmed case released from isolation)	• Positive COVID-19 test: HDOH will work with clinician re: identification of contacts, period of isolation,† etc. • Negative COVID-19 test: Continue 14-day quarantine
COVID-19-LIKE SYMPTOMS‡ (for example: • fever • cough • new loss of taste or smell • difficulty breathing)	• **Test for COVID-19**; advise patient to self-isolate pending results of COVID-19 testing • Consider testing for influenza and other pathogens	• If COVID-19 testing result is o Positive: HDOH will work with clinician re: identification of contacts, period of isolation,† etc. o Negative: May return to work/school as long as symptoms resolving and no fever for 24 hours without the use of fever-reducing medications • If other explicative etiology (and COVID-19 negative), then manage same as if negative for COVID-19
ILLNESS with low clinical suspicion for COVID-19 or **PAST MEDICAL HISTORY OF OTHER ETIOLOGY** (e.g. allergy, asthma) in person well-known to clinician	• Use clinical judgement on a case-by-case basis	• May return to work/school as long as symptoms resolving and no fever for 24 hours without the use of fever-reducing medications

* Someone who was within 6 feet of an infected person for at least 15 minutes or had direct contact with infected person's secretions (e.g., coughed directly into face of contact); healthcare personnel wearing appropriate personal protective equipment (see https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) are considered protected.
† https://health.hawaii.gov/docd/files/2020/07/Med-Adv-Update-14-Coronavirus-Disease-2019-COVID-19-attach-correction.pdf
‡ https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

If a person whom you suspect has COVID-19 refuses testing, patient should remain isolated until:

- At least 10 days have passed *since symptoms first appeared* **AND**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **AND**
- Symptoms have improved (e.g., cough, shortness of breath)

July 31, 2020

COVID-19 ISOLATION AND QUARANTINE

HAWAII DEPARTMENT OF HEALTH

HOME ISOLATION AND QUARANTINE GUIDANCE

PERSON WITH COVID-19

(Mild to Moderate Illness who is not Severely Immunocompromised)

Must stay home in ISOLATION until:

- At least 10 days have passed since symptoms first appeared; **AND**
- At least 24 hours have passed since last fever without use of fever-reducing medications; **AND**
- Symptoms have improved (e.g., cough, shortness of breath)

HOUSEHOLD CONTACT

If having ongoing contact, must stay home in QUARANTINE until 14 days after **PERSON WITH COVID-19** is released from ISOLATION

NON-HOUSEHOLD CONTACT

Must stay home in QUARANTINE for 14 days after last contact with **PERSON WITH COVID-19**

- Stay separate from others, especially people at higher risk for severe illness
- Self-monitor for symptoms (fever, cough, shortness of breath)

CONTACTS OF CONTACTS

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

If **HOUSEHOLD/NON-HOUSEHOLD CONTACTS** are **not** symptomatic, **CONTACTS OF CONTACTS** who are healthy are not required to be in QUARANTINE (e.g., may leave household following recommendations for social distancing, cloth face coverings).

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

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

Note: CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. In some circumstances, it is possible that a person with *known* COVID-19 could leave isolation earlier than a person who is quarantined because of the *possibility* they are infected.

7/21/2020

COVID-19 ISOLATION & QUARANTINE PERIODS

HAWAII DEPARTMENT OF HEALTH

Isolation Period for Persons with COVID-19*

A person diagnosed with COVID-19 must remain at home in isolation until:

- At least 10 days have passed since symptoms first appeared (or if there are no symptoms, at least 10 days have passed since the date the laboratory test was collected); **AND**
- At least 24 hours have passed since the person last had a fever without the use of fever-reducing medications; **AND**
- Symptoms have improved (e.g., cough, shortness of breath).

*Certain persons with COVID-19 (severely ill [e.g., hospitalized in ICU] and those with severe immune system problems) may require a longer period of isolation (up to 20 days after symptoms first appeared).

Quarantine Period for Close Contacts of a Person with COVID-19

- Close Contacts must remain at home in quarantine for 14 days after their last contact with a person with COVID-19.
- If there is ongoing contact (e.g., same household), close contacts must remain at home in quarantine for 14 days *after* the person with COVID-19 is released from isolation.

August 31, 2020

2019 Novel Coronavirus Close Contact Report Form – SCHOOLS

Fax completed form to:
DOH Disease Investigation Branch
(808) 586-4595

School Name: ______________________________

Case Name (last, first) ______________________________
(Keep Confidential)

COVID-19 SCHOOL CONTACTS

Name of Contact (First and Last)	**Date of Birth** (enter age if DOB unknown)	**Date Last Exposed**	**Contact Information** (phone and/or email)	**Contact Notified by School of:** • Exposure • Quarantine Period (Date Notified)	****DOH use**** **Symptomatic?**	**Test Ordered?**	**Notes:** Services needed, etc.
	/ /	/ /		/ /	Yes ☐ No ☐ Unk ☐	Yes ☐ No ☐ Unk ☐	
	/ /	/ /		/ /	Yes ☐ No ☐ Unk ☐	Yes ☐ No ☐ Unk ☐	
	/ /	/ /		/ /	Yes ☐ No ☐ Unk ☐	Yes ☐ No ☐ Unk ☐	
	/ /	/ /		/ /	Yes ☐ No ☐ Unk ☐	Yes ☐ No ☐ Unk ☐	
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	/ /	/ /		/ /	Yes ☐ No ☐ Unk ☐	Yes ☐ No ☐ Unk ☐	
	/ /	/ /		/ /	Yes ☐ No ☐ Unk ☐	Yes ☐ No ☐ Unk ☐	
	/ /	/ /		/ /	Yes ☐ No ☐ Unk ☐	Yes ☐ No ☐ Unk ☐	

Rev. 9/06/2020

DOH use **MAVEN ID #** ______________________