

This Handbook provides Return to Learn guidance for Quarter 4,
School Year 2020-21 and the opening of School Year 2021-22.
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HAWAI'I STATE DEPARTMENT OF EDUCATION

RETURN TO LEARN: SCHOOL REOPENING PLAN

HEALTH & SAFETY HANDBOOK



Photo Credit: Wheeler Elementary

There is simply no substitute for in-person learning. But as schools reopen their doors, we must also make sure that we are meeting students' social, emotional, physical, mental-health, and academic needs, and addressing gaps that existed before—and were exacerbated by—the pandemic. This is an opportunity for us to not only reopen our schools safely, but to make sure our education systems are truly serving all our nation's students.

*U.S. Secretary of Education Miguel Cardona
April 9, 2021*

Table of Contents

Overview	4
Daily Wellness Check at Home	4
Screening for Potential Illness at School	5
Students or Staff Who Become Ill During the School Day	6
Return to School/Work Criteria Following Illness at Home or School	6
Household Members of Individuals Who Become Sick at School	7
Classrooms, Meeting Rooms, Offices & Common Areas	8
DOH Mitigation Strategies	8
Drop-off/Arrival Times	8
Frequent Hand Washing and/or Sanitizing	8
Promote and Practice Personal Hygiene	9
Physical Distancing	9
Buses	10
Meetings and Events	11
Off-campus Education	11
Cloth Face Coverings or Masks	12
Taking a Mask Break	13
How to Select, Wear, and Clean Your Mask	13
How to clean a mask:	14
Personal Protective Equipment (PPE)	15
Ventilation	15
Cleaning and Sanitizing of Facilities and Devices	16
Daily Cleaning of Facilities Protocol	17
Clean more frequently or clean AND disinfect surfaces and objects if certain conditions apply:	17
Request for PPE supplies	20
Daily Cleaning of Technology Devices	20
Cafeteria and Food Service Guidance	21
Face Coverings	21
Signage and Messages	21
Physical Distancing, Barriers, and Suggestion for Creating Space	21
Hand Hygiene and Hand Sanitizer Stations	22
Positive COVID-19 Case	23
Health Rooms & Services	23

School Health Assistants (SHAs) Perform These Essential Functions	23
Practices to Prevent COVID-19 in the Health Room	23
Caring for a Student Who is Sick	23
When to Report Illness	24
Hawaii Keiki: Healthy and Ready to Learn Program	24
Cases of COVID-19	24
COVID-19 Point of Contact and Response Team	24
Response Procedures for Cases of COVID-19	24
Case of COVID-19 at a School, Complex or State Office	25
Cleaning of Facilities for Cases of COVID-19	26
Considerations	26
Identifying Close Contacts	27
Communications Procedure for Cases of COVID-19	28
Before a Case of COVID-19 Occurs	29
Vaccination for COVID-19	29
Letter from Acting State Epidemiologist Dr. Sarah Kemble	31
A pdf version of the letter is available for download, click here.	32
Additional Resources, Authorities and References	33
Health & Safety Handbook Errata Sheet	35

Overview

The Hawai'i State Department of Education (HIDOE) continues to be proactive and agile in its tri-level response to the COVID-19 pandemic across schools, complex areas, and state offices. This handbook provides guidelines to ensure the continuity of learning on healthy and safe campuses in planning for the new school year (SY) 2021-22.

The Department is committed to the Occupational Safety and Health Administration (OSHA) duty of care, Center for Disease Control and Prevention (CDC), and Hawai'i's Department of Health (DOH) guidelines by following safety precautions and worker protection in the work environment. Consistent with Hawai'i Board of Education (BOE) policies, specifically 103-1, and HRS 302A-1509, the Department's response efforts focus on the following to cover the work and learning environments, including the employee working from home during COVID-19.

As HIDOE prepares for the opening of SY 2021-22, there are many steps needed toward ensuring that all schools are safe to welcome back students and staff. Creating and maintaining optimal learning environments for all students while minimizing the risk of spreading infectious diseases, including COVID-19 is our main objective.

During this time of uncertainty and crisis, there are a few assumptions that must be made in order to achieve our main objective.

1. COVID-19 will not be totally eliminated, there will always be cases in our communities.
2. Every COVID-19 case cannot be prevented; need to contain spread of the disease.
3. Vaccinations for employees and students ages 12+ will greatly reduce disease incidence.

This handbook is a living document that will continue to be updated as conditions change throughout the 2021-22 school year. Read this [critical letter](#) from DOH's Dr. Sarah Kemble.

Daily Wellness Check at Home

All HIDOE staff, contracted service providers, visitors and students must complete a wellness check each morning before going to school or the office. If the answer is "yes" to any of the questions below, stay home and follow the [Return to School/Work Criteria](#) before returning to campus. Please report any illness or COVID-19 exposure to the school.

STEP 1: Check for Symptoms of Illness

Do you or your child have any of these symptoms? If yes, **do not go to school.**

- 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 (stomach ache)
- Diarrhea

STEP 2: Check for Recent COVID-19 Exposure

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

- Recently tested positive for COVID-19
- Required to quarantine due to possible COVID-19 exposure (e.g. travel quarantine)
- You or a household member are waiting for COVID-19 test results*
- Recent close contact with someone with COVID-19*

* Someone who is fully vaccinated or has had COVID-19 and recovered within the past three months is not required to quarantine following exposure to COVID-19 and may go to school/work as long as they do not develop new symptoms.

A [printable Wellness Check visual](#) has been created for awareness to help keep our schools safe.

Screening for Potential Illness at School

Universal symptom screening is not required upon arrival at the school or office.

- Research has shown that symptom screening is not effective for the identification of asymptomatic, pre-symptomatic, and some mildly symptomatic cases of COVID-19.
- Screening will likely identify individuals who have symptoms that are unrelated to COVID-19 and, at times, unrelated to any infectious illness.
- Screening may cause students to be excluded from school repeatedly even though they do not have COVID-19 or any contagious illness. This may worsen disparities in students who already miss school frequently because of chronic medical conditions.

Symptoms screening shall 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.

In a well ventilated area, interview and observe the individual from at least 6 feet away or behind a physical barrier, using the following COVID-19-like symptoms checklist:

- Feverish, unusually warm, or flushed cheeks
- 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, vomiting (stomach ache)
- Diarrhea

Students or Staff Who Become Ill During the School Day

Individuals who have signs or symptoms of COVID-19 should be separated from others at the school as soon as possible in a non-threatening manner. Employees who are sick should immediately go home or to a healthcare facility depending on symptom severity. A student's parent/legal guardian will be contacted to pick up the student, or the student will be sent home if he/she drives to school.

If the person who is ill needs to wait for pick-up, he/she will be isolated in a supervised area away from those who are well, ideally with a dedicated restroom not used by others. The isolation area should have supplies such as extra face masks, tissue, hand sanitizer, and a trash can. Individuals in the isolation area **MUST** maintain a physical distance of at least six feet apart from others.

Ensure personnel managing sick students or employees are appropriately protected from exposure. Personnel who need to be within 6 feet of a sick student or employee should be provided appropriate personal protective equipment (PPE), including a face shield and an N95 or equivalent (e.g. surgical facemask). Gloves and gowns are not routinely required, but may be used during interactions with a student or employee who is actively coughing or with special medical needs which may result in aerosol generation (e.g., child with tracheostomy who requires suctioning). Personnel should be trained on appropriate use of PPE.

Clean and disinfect any isolation areas, work areas, shared common areas (including restrooms) and any supplies, tools, or equipment handled by ill student/staff member.

Return to School/Work Criteria Following Illness at Home or School

Return to School/Work Criteria for COVID-19-like Symptoms of Illness (Must meet ALL three criteria in one of these columns)		
Negative COVID-19 Test	At Least 10 Days	Doctor's Note*
<ul style="list-style-type: none"> <input type="checkbox"/> Proof of a negative COVID-19 test result. <input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medication. <input type="checkbox"/> Symptoms have improved. 	<ul style="list-style-type: none"> <input type="checkbox"/> At least 10 days have passed since symptoms first appeared. <input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medication. <input type="checkbox"/> Symptoms have improved. 	<ul style="list-style-type: none"> <input type="checkbox"/> A signed note from a licensed medical provider. <input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medication. <input type="checkbox"/> Symptoms have improved. <p style="font-size: small; margin-top: 5px;"><i>*When there is low-suspicion of COVID-19 or another</i></p>

		<i>diagnosed condition (e.g. allergy, asthma, or flu), a medical provider may use clinical judgment to allow return to school/work.</i>
Return to School/Work Criteria for Someone Who Tests Positive for COVID-19 (Must meet all of the criteria below)		
<input type="checkbox"/> 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 when the positive test was conducted.		
<input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medication.		
<input type="checkbox"/> Symptoms have improved.		
Return to School/Work Criteria for Symptoms of Illness Other Than Those That Are COVID-19-like (Must meet all of the criteria below)		
<input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medication.		
<input type="checkbox"/> Symptoms have improved.		
<input type="checkbox"/> No known risk of recent exposure to COVID-19.		

Household Members of Individuals Who Become Sick at School

If someone is sent home from school with COVID-19-like symptoms, siblings shall also be sent home and should remain home with all household members until the ill person receives a COVID-19 test result, a doctor’s clearance, or at least 10 days have passed since the symptoms first appeared.

If the COVID-19 test results are **negative**:

- Siblings may return to school if they are symptom-free and household members no longer need to quarantine if they are symptom-free.

If the COVID-19 test results are **positive**:

- Siblings and/or household members are considered close contacts and must remain at home until 10 days have passed since they had contact with the person with COVID-19, or until 10 days after the person with COVID-19 is released from isolation if there is ongoing contact.

If the household member of someone who is ill has been fully vaccinated or has had COVID-19 and recovered in the past three months, he or she may continue to go to school/work as long as new symptoms do not develop.

Classrooms, Meeting Rooms, Offices & Common Areas

DOH Mitigation Strategies

<p>Core Essential Strategies</p>	<p>To be implemented in every situation.</p> <p>Because of the effectiveness of these strategies, in-person learning always requires these strategies to be implemented in every situation.</p>	<ul style="list-style-type: none"> - Staying home if unwell and going home if an individual becomes unwell at school. - Consistent masking. - Hand hygiene.
<p>Mitigation Strategies</p>	<p>To be applied in combination to the greatest extent possible, with priority given to those strategies higher on this list.</p> <p>Schools should evaluate which measures they are unable to implement, and which measures can supplement the intended effects of that measure. For example, where physical distancing cannot be achieved, ensure open air ventilation, utilize air filtering systems, and keep students within established cohorts.</p>	<ul style="list-style-type: none"> - Cohorting. - Physical distancing. - Adjusting ventilation systems to introduce additional outside air exchange to introduce fresh air. - Physical barriers (most important where masking and physical distancing cannot be maintained). - Cleaning (most important for high-touch areas).

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 human contact in confined areas.
- Parents/legal guardians should remain off campus if possible, or in their car, when dropping off or picking up their child. If they must disembark their vehicle, they must wear a mask.
- Discourage those at increased risk of severe illness from COVID-19 from dropping off or picking up students.

Frequent Hand Washing and/or Sanitizing

Hand-washing or sanitizing stations must be available at the entrances of school, near or inside of classrooms, and in all meeting areas (e.g. library, dining hall, offices).

- All students and staff should wash or sanitize their hands frequently, including upon arrival, before and after meals, after bathroom use, after coughing or sneezing, in between classes, and before dismissal.
- Hands should be washed with soap and water for at least 20 seconds and hand sanitizer must contain at least 60% alcohol.
- Restrooms, sinks, and sanitizing stations must be regularly maintained with adequate supplies (i.e. soap, sanitizer, and paper towels).

Promote and Practice Personal Hygiene

- Do not touch your eyes, nose, or mouth.
- Sneeze or cough into a tissue and throw it away. If no tissue is available, reduce the spread of germs by coughing or sneezing into your elbow.
- As part of health education, deliver lessons to develop student skills related to personal hygiene.

Physical Distancing

Physical distancing is not listed as a Core Essential strategy, but should be implemented to the **greatest extent possible**. The combination of multiple mitigation measures gives schools the flexibility to achieve safe learning environments even when not every measure can practically be met. On Friday, March 19, 2021, the [CDC recommended](#) that, with universal masking, students should maintain a distance of at least three (3) feet in classroom settings.

- In elementary schools, all students remain at least three (3) feet apart in classrooms where mask use is universal — regardless of whether community transmission is **low, moderate, substantial, or high**.
- In middle and high schools, students should be at least three (3) feet apart in classrooms where mask use is universal and in communities where transmission is **low, moderate, or substantial**.
- Middle school students and high school students should be at least six (6) feet apart in communities where transmission is high, if cohorting is not possible. Cohorting is when groups of students are kept together with the same peers and staff throughout the school day to reduce the risk for spread throughout the school.
- Establish clear policies for student entry and dismissal from campus that ensures physical distancing to the greatest extent possible 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 human contact in confined areas.
- For younger children, minimize those times in the classroom when instruction or social skill development activities make it difficult to maintain physical distancing to the greatest extent possible between students, especially when teaching or practicing necessary social skills of personal space, sharing space, and safety.
- Teachers shall be provided at least six (6) feet of distance between their desk and the nearest student desk (refer to Memorandum of Understanding addendum dated March 14, 2021 between BOE and HSTA).

Minimize the sharing of items that are difficult to clean or disinfect. Have a cleaning schedule for any equipment, materials and assistive devices that must be shared.

- Each student's belongings should be separated from others; kept in individually-labeled containers, cubbies, or areas; and taken home each day to be cleaned, if possible.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible or limit the use of supplies and equipment to one group of children at a time and clean and disinfect between each use.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.

Consider each class as an 'Ohana Bubble for elementary schools and Cohorts for middle and high schools. Interaction should be limited and controlled between 'Ohana Bubbles and Cohorts.

- Mask wearing is required at all times, except during mask breaks, regardless of cohorts.
- For elementary schools, it is advised to keep classes in their respective 'Ohana Bubbles when using the playground. Restrict interaction between different 'Ohana Bubbles while on the playground.

Maintain at least six (6) feet of distance:

- In common areas, such as school lobbies and auditoriums.
- During activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise. These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.
- In community settings outside of the classroom.

Buses

- Everyone on the bus including the driver will be required to wear a mask at all times
- Bus drivers will be furnished with an emergency supply of face masks to replace broken or soiled masks
- Bus drivers will participate in daily wellness checks prior to starting their routes
- Windows will be open to the extent that is possible and safe
- Students from the same household are required to sit together
- Students will load the bus from back to front and unload from front to back skipping a row whenever possible to limit crowding and passing in the aisles
- Assign seats, in order to facilitate cohorting. Ensuring students are sitting in their assigned seats every day will assist in identifying close contacts if there is a positive case identified on the bus. Only persons identified as close contacts (within six (6) feet of an infected person over a 24-hour period for a combined total of 15 minutes or more) will be required to quarantine. Without assigned seating, all persons on the same bus as the case for 15 minutes or longer may be identified as a close contact.
- Bus capacities will be adjusted/limited to follow current DOH guidelines (currently two (2) students per seat), however, no student will be left behind. In this instance, students will be distanced to the greatest extent possible.

Meetings and Events

When possible, staff meetings should be held virtually. If an in-person meeting is required, safety protocols should be followed, including but not limited to wearing masks, physical distancing to the greatest extent possible between individuals, and proper hand hygiene.

- Critical school events that require gathering of students, including but not limited to distribution of instructional materials and flu clinics, are advised to implement the following safety measures:
 - Set up the event in a well-ventilated area.
 - Make sure everyone knows that face covering must be worn on campus - including the parking lot.
 - Minimize interactions
 - Make the event available by appointment only
 - Schedule an entire family at one time
 - Provide any forms ahead of time so that these do not need to be completed at the site
 - Create a waiting area outside and use tape to indicate where people must stand in order to maintain six (6) feet apart
 - Separate the entrance and exit
 - Develop a route to the event area that reduces possible interactions
 - Arrange seating at least six (6) feet of distance apart for non-household members.
 - Expedite processes so interactions are fewer than 15 minutes, to the extent possible.
 - Provide hand sanitizer and promote its use upon entry.
 - Reduce the sharing of materials - have single use pens and other materials available if necessary.
 - Clean/disinfect frequently touched surfaces in the area between use.
 - Remember that anywhere people go on campus will potentially need increased cleaning/disinfecting, so consider closing off areas such as bathrooms.

Off-campus Education

Some educational programming is best delivered to students at specific locations to enhance the educational process in the environment. Upon approval of the educational activity by the school principal, safety protocols should be followed, including but not limited to:

- Consider the risks and benefits of non-essential travel especially with students with an increased risk of severe illness from COVID-19.
- Review the off-campus site's COVID-19 mitigation plan, interventions, policies, and procedures prior to activity to ensure they are in alignment with the school's mitigation plan, if applicable.
- Include a description of the COVID-19 mitigation plan in the activity consent form
- All students, staff, and providers must complete a [daily wellness check](#).
- Maintain physical distance to the extent possible.
- Ensure students and staff wear face masks.

- Maximize ventilation.
- Assign and/or keep track of student assignments/work areas at off-campus location for contact tracing, if necessary.
- Ensure extra masks and hand sanitizer are available for the duration of the off-campus educational activity – including during transport.
- Ensure students and staff remain in their respective school ‘Ohana Bubbles/Cohorts. Maintain Bubbles/Cohorts by not mixing with students or staff from other school ‘Ohana Bubbles/Cohorts.
- Ensure cleaning and disinfection of frequently touched surfaces.
- Limit or eliminate sharing of equipment or objects, to the extent possible.
- Implement hand hygiene maintenance – frequent hand washing with soap and water and/or use of hand sanitizer with at least 60% alcohol; includes when disembarking from transportation.
- Create “one-way routes” to maximize physical distance.
- Staff sufficiently to monitor and enforce maintenance of COVID-19 mitigation measures
- Encourage students to bring extra face masks and their own reusable water bottles filled with drinking water.
- Follow and/or apply guidelines for Meal Service Operations (per annual [OFO SFSB Memo dated June 23, 2020](#)) and discourage the sharing of foods or utensils.
- Follow and/or apply guidelines for Student Transportation (per [OFO STSB Memo dated March 17, 2021](#)) as appropriate. Also see *Buses* section on page 10.

Cloth Face Coverings or Masks

Masks are required:

- Entering and exiting a school campus;
- On school buses;
- During campus transitions (e.g. moving from class to class, to an office, the library, cafeteria or locker room);
- In the bathroom;
- In the cafeteria (masks may be removed when students are eating);
- In the classroom;
 - When facial features need to be seen by teachers or students to support learning or an activity, a clear face covering (e.g. mask with a clear window) may be worn. Note: clear face coverings are NOT face shields.
- In the health room;
 - A student may temporarily lower his/her face mask to receive orally administered medications.
 - If a student is having difficulty breathing with a face mask on, the student’s mask should be removed.
- During recess.
 - When students are engaged in high-intensity activities, like running, a mask may be uncomfortable or cause difficulty breathing; however, these activities increase and can spread the distance droplets from breathing. Classes should remain in their ‘Ohana Bubble when at recess, wear their masks, and maintain at least six feet of distance to the greatest extent possible.

Face shields should NOT be used as a substitute for masks because of a lack of evidence of their effectiveness for infection control.

An individual may request an exemption for wearing a mask due to a medical condition with a signed note from a licensed medical provider (i.e. U.S. licensed physician, APRN, or PA) who is treating the individual for that condition.

Chapter 19 regulations will be implemented for students who refuse to wear a mask. Refer to the CDC's "[Additional Considerations for the Use of Cloth Face Coverings Among K12 Students.](#)"

Taking a Mask Break

Students and school employees may need occasional breaks from wearing masks in addition to meal times and during elementary and secondary recess. Taking a mask break will encourage individuals to drink water and stay hydrated throughout the day. Mask breaks are to be taken only outdoors or in a well-ventilated area if an outdoor area is not feasible, spaced greater than six (6) feet from others.

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. If this is not practical, the mask should be stored in a space designated for each individual that is separate from others (e.g., in individually labeled containers, bags, or cubbies).

The necessity and duration of mask breaks will need to be determined on a case-by-case basis. If a student seems to be seeking breaks from wearing a mask due to COVID-19-like symptoms, please refer to the section on "Students or Staff Who Become Ill During the School Day."

How to Select, Wear, and Clean Your Mask

Updated by the CDC, Feb. 22, 2021

The following [recommendations and graphics](#) from the CDC provide an overview of best practices and how to wear masks correctly.

How to select:

- Do choose masks that:
 - Have two or more layers of washable, breathable fabric.
 - Completely cover your nose and mouth.
 - Fit snugly against the sides of your face and don't have gaps.
 - Have a nose wire to prevent air from leaking out of the top of the mask.
- Do NOT choose masks that:
 - Are made of fabric that makes it hard to breathe, for example, vinyl.
 - Have exhalation valves or vents which allow virus particles to escape.
 - Are intended for healthcare workers, including N95 respirators.

- Special considerations:
 - Wear a gaiter with two layers, or fold it to make two layers
 - Face shields alone are not recommended and should be used in addition to a cloth mask.

Wear a mask correctly and consistently for the best protection.

- Be sure to wash your hands before putting on a mask.
- Do NOT touch the mask when wearing it.

Do wear a mask that:

- Covers your nose and mouth and secure it under your chin.
- Fits snugly against the sides of your face.

For more information, visit the CDC's [How to Wear Masks](#) web page.

How NOT to wear a mask:



How to take off a mask:

- Carefully, untie the strings behind your head or stretch the ear loops.
- Handle only by the ear loops or ties.
- Fold the outside corners together.
- Be careful not to touch your eyes, nose and mouth when removing and wash hands immediately after removing.

How to clean a mask:

Masks should be washed regularly. Always [remove masks correctly](#) and [wash your hands](#) after handling or touching a used mask.

- Include your mask with your regular laundry.
- Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the mask.
- Use the highest heat setting and leave in the dryer until completely dry.

Personal Protective Equipment (PPE)

A face shield may be worn with a face mask as an extra layer of protection when six feet of distance can not be maintained between individuals. A face shield must be worn with a face mask for maximum protection. A face shield is primarily used for eye protection for the person wearing it. Wearing a face shield, along with a face mask, is recommended for an adult who works in a setting such as the health room or interacts with students at close range who have special needs where there is a higher risk of coming into contact with body fluids or respiratory droplets.

It is not required to wear gowns, aprons, or shoe covers, but they may be considered when there is potential for broad distribution of body fluids (e.g. vomiting). Plastic protective gowns and disposable shoe covers are not advised when addressing a student's challenging behavior as they can be easily ripped or torn becoming hazardous and the shoe covers will provide less traction. However, plastic protective gowns or aprons may be considered when feeding a student, providing toileting or diapering support, or when cleaning and sanitizing especially when diluted bleach will be used or the clean-up involves bodily fluids. Disposable shoe covers may also be considered depending on the work involved.

Disposable gloves must be worn if an employee is likely to touch bodily fluids. Disposable gloves are recommended when using a disinfectant, disposing of used tissues, changing linens or doing laundry. When working with medically fragile students, disposable gloves may be worn when touching a student or their belongings. Gloves must be changed after each physical interaction to decrease the spread of possible infection. Be sure to safely dispose of gloves after use and wash or sanitize your hands before and after use. Disposable gloves cannot be reused. For incidental touches, such as providing a light "Safety-Care" elbow check, gloves are not needed but staff must sanitize or wash their hands before and afterwards. If gloves are unavailable when physically interacting with a student, wash hands before and immediately after touching the student or handling student belongings.

Additional staff member(s) should be available to monitor and assist with retrieving additional protective equipment for staff involved in any physical interactions, as needed. As soon as physical interaction is no longer needed, staff should remove and dispose of or clean and disinfect reusable protective equipment and wash their hands.

Ventilation

Ensure ventilation systems operate properly and increase the supply of fresh outdoor air when possible. For details, please refer to the [HIDOE AC Operation Guideline](#) during COVID-19. Do not open windows and doors if doing so poses a safety or health risk (i.e. risk of falling, triggering asthma symptoms) to children using the facility.

DOH also recommends:

- Increase outdoor air ventilation, using caution in highly polluted areas.
 - When weather conditions allow, increase fresh outdoor air by opening windows and doors.

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

Cleaning and Sanitizing of Facilities and Devices

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

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

All employees responsible for the cleaning and sanitation of facilities will be trained on proper procedures, supplies, and frequency of cleaning. Once the school or office has hired the employee, the supervisor will notify HIDOE's Office of Facilities and Operations (OFO). Training will be offered through a variety of methods: online video, webinar, and/or in-person, to ensure timely and consistent quality in services performed. View training offered by OFO [here](#).

Periodic quality assurance reviews of facilities will be required by the administration to ensure the safety of the students and staff. Procedures will be posted on HIDOE's intranet for administrators, head custodians, and cafeteria managers to access as needed.

OFO will communicate with the bus companies to ensure their employees responsible for cleaning buses are properly trained in sanitation procedures. All bus drivers have their Commercial Driver's License (CDL) and are properly trained and outfitted with supplies to follow

the protocols for health, sanitization, and as appropriate, social distancing, when using bus services.

The use of the indoor school facilities will be limited to the operations of school programming and after school services for the students enrolled at the school, and for outdoor campus requests to provide essential services (e.g., community food distribution), until the Governor has declared the impact level of “New Normal.”

Daily cleaning procedures expectations for Custodial Service Workers - [OSHA Link](#).

Daily Cleaning of Facilities Protocol

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..

Clean more frequently or clean AND disinfect surfaces and objects if certain conditions apply:

- High transmission of COVID-19 in your community
- Low number of people wearing masks or improper mask usage
- Infrequent hand hygiene
- The space is occupied by people at increased risk for severe illness from COVID-19

If someone in your school is sick or someone who has COVID-19 has been in your school in the last 24 hours, clean and disinfect your facility.

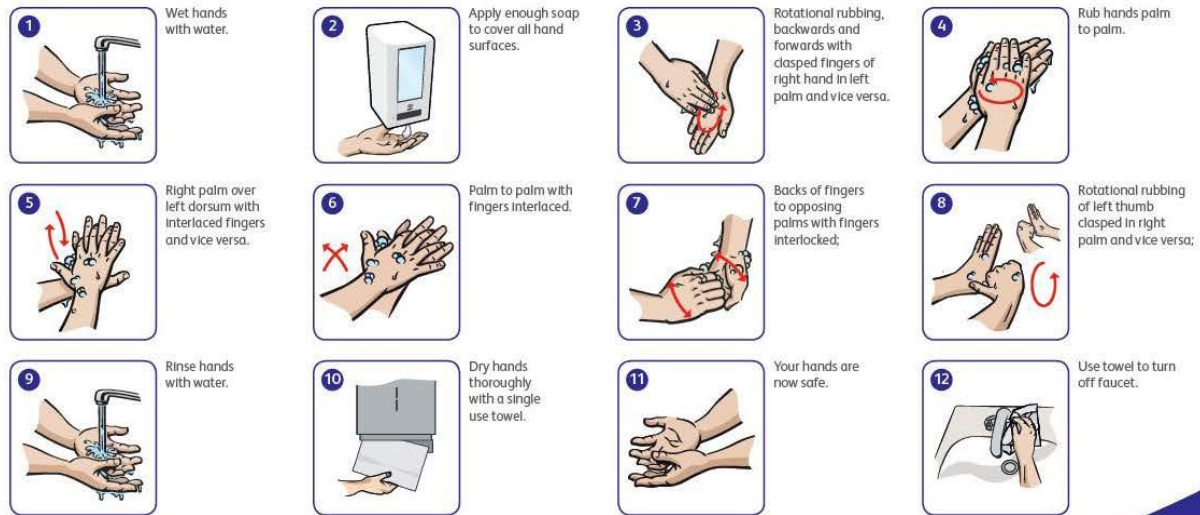
Proper personal protective equipment (PPE), such as masks and disposable gloves, should be worn at all times during the preparation, cleaning, and disinfection of school facilities.

- 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 afterschool.
 - 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 splash
 - 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.

How to **Wash your hands**

Process...



- 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.
 - Classrooms
 - Clean high touch surfaces:
 - Electronics such as computers, printers and devices.
 - Chairs, desks and table tops.
 - Light switches and door handles, including 1 foot above and below the handle (students & faculty tend to grab door edges to hold doors open).
 - Metal and plastic items like pencils sharpeners.
 - Sink handles and the surrounding countertops.
 - Empty wastebaskets
 - Vacuum carpet and spot clean
 - Dust, mop/wet mop resilient tile floors
 - Clean sink
 - Notify supervisor of any problems
 - Clean vent filters for all window and split air conditioning units as needed, and at least every six (6) months.
 - Restrooms
 - Clean high touch surfaces:
 - Door handles and light switches.
 - Soap dispensers and paper towel holders

- Bathroom handles in toilets, sinks and showers.
 - Toilet seats and splash walls.
 - Privacy stall doors, door push plates (if present) and entrance/exit doors, including 1 foot above and below the push plate or handle.
- Notify supervisor of any problems
- In cafeterias and kitchens
 - Clean high touch surfaces:
 - Door handles and light switches
 - Soap dispensers and paper towel holders
 - Food contact surfaces, hand contact areas, taps, utensils, chairs, table tops and sneeze guards (if present).
 - Water cooler handles or push buttons (if present)
 - Empty trash
 - Sweep, mop/wet mop floors
 - Clean water coolers
 - Notify supervisor of any problems
- Offices and Conference Areas
 - Empty trash
 - Vacuum carpet and spot clean
 - Dust, mop/wet mop resilient tile floors
 - Clean sink
 - Mop floor
 - Clean high touch surfaces:
 - Electronics such as computers, printers, devices and copiers.
 - Metal surfaces like file cabinets.
 - Chairs, desks and table tops.
 - Light switches and door handles, including 1 foot above and below the handle (students & faculty tend to grab door edges to hold doors open).
 - Front counters are public hubs to be cleaned frequently
 - Notify supervisor of any problems
- Athletic Facilities
 - Clean high touch surfaces:
 - Door handles and light switches.
 - Soap dispensers and paper towel holders
 - Bathroom handles in toilets, sinks and showers.
 - Toilet seats and splash walls.
 - Water coolers
 - Benches and chairs, athletic equipment and locker doors
 - Clean athletic offices
 - Sweep athletic courts, hallways and all other floor areas
 - Clean locker rooms and showers
 - Check bleachers
 - Notify supervisor of any problems
- Outdoor Areas
 - Outdoor areas, like playgrounds in schools, generally require normal routine cleaning, but do not require disinfection.
 - Do not spray disinfectant on outdoor playgrounds – it is not an

efficient use of supplies and is not proven to reduce the risk of COVID-19.

- High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers is not recommended.
- Sidewalks and roads should not be disinfected.

Request for PPE supplies

HIDOE school, complex area, and state office requests for PPE will be filled to the highest standard achievable 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 supplies to HIDOE offices and schools. These PPE 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 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 be based on CDC guidance and the risk of exposure levels described by the Hawai'i State Department of Labor and Industrial Relations and the Occupational Safety and Health Administration.

Requests:

- HIDOE offices and schools must update PPE counts through the CPT inventory system on a weekly basis. These inventory levels are used by OFO to determine ongoing PPE reorder and resupply needs.
- OFO will continue to work with the complex areas and schools to identify and provide special PPE supply needs as they arise.
- In case of an emergency, schools should keep their CAS apprised and contact the Safety, Security and Emergency Preparedness Branch.
- A hotline for urgent PPE 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).

Cafeteria and Food Service Guidance

The following guidance provided by the School Food Services Branch (SFSB) is included to assist administrators who oversee cafeteria and food service operations.

Face Coverings

DOH states that all cafeteria employees shall wear a proper mask, as described in the CDC guidance.

- Cafeteria employees who cannot wear a mask while at work must provide the school administrator with a doctor’s note stating so, and kept on file.
- Face shields do not replace masks; however, they can be used in addition to a cloth mask.

Signage and Messages

The primary element regarding signage according to the DOH policy states:

- Signage is required at all entrances to the cafeteria stating that no one with a fever or symptoms of COVID-19 will be allowed to enter into the cafeteria.
- Signage stating that everyone entering the cafeteria must wear a mask.
- SFSB recommends the following signage that schools should print and post, [click here](#).

Physical Distancing, Barriers, and Suggestion for Creating Space

Because mask use is not possible when eating or drinking, mealtimes constitute a situation at elevated risk of transmission for COVID-19 in schools. For this reason, CDC recommends maintaining six (6) feet to the greatest extent possible during mealtimes. Schools should weigh the benefits of strict adherence to a six-foot spacing rule between students during meals with the potential downside if remote learning is the only alternative.

Install physical barriers when it is difficult to maintain 6 feet of physical distance during mealtimes to reduce the spread of COVID-19 (CDC, [Modifying School Spaces During Meal times to Reduce Spread of COVID-19, pg. 4-8](#)).

Additional considerations for minimizing transmission include:

- When multiple classroom cohorts are in the cafeteria at one time, there should be six (6) feet distancing between cohorts.
- Creating separate lunch periods to minimize the number of students in the cafeteria at the same time
- Use unused or underutilized spaces for mealtimes
- Use outdoor spaces when possible
- Establish routines for children and adults to wash their hands or use hand sanitizer before and after eating

- Face masks must be worn while in line picking up food, walking to the table, and must be immediately put back on after eating.

All cafeteria employees and patrons shall maintain physical distance from each other and all other persons to the greatest extent possible. Examples of ways to create physical space may include:

- Stagger the use of cafeterias
- Closing of shared spaces within the cafeteria where students may congregate at mealtimes.
- Have students eat meals in classrooms with the same group of students.
- Adjust furniture, use signage or floor markings, to help make physical distancing intuitive.
- Tape off seats so that students cannot sit opposite of each other, creating seats in a zig-zag pattern, leaving space between seats.
- Provide physical guides to support students remaining distanced while moving around in the cafeteria or waiting in line. . For example, floor decals, colored tape, or signs to indicate where students should sit or stand can be used to guide students safely.
- Consider assigned seating in the cafeteria so that students know where to go when they enter the cafeteria. Allow students from the same household or living unit to sit together.

Hand Hygiene and Hand Sanitizer Stations

Practicing hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings.

- Install and maintain handwashing and hand sanitizer stations at the entrances to the school cafeteria.
- Alcohol-based hand sanitizer containing at least 60% alcohol can be used, but not as a substitute for cleaning hands with soap and water.
- Require hand washing and/or hand sanitizing for all those entering the cafeteria or, if eating in the classroom.
- Train all staff monitoring students at mealtimes of the proper use of handwashing and hand sanitizer stations for themselves and students.
- Encourage all staff to wash their hands often.
- Staff should wash hands after coming into contact with body fluids.
- Staff should wash hands after touching your eyes, nose or mouth.
- Staff should use tissues when coughing, sneezing, or touching their face. Throw used tissues in the trash, and then wash hands.
- Key hand washing times should include, before and after work shifts, before and after work breaks, after using the restroom, before eating or preparing food, before putting on and after taking off disposable gloves when preparing food, after touching objects with bare hands which have been handled by other staff, customers or visitors, after putting on, touching, or removing cloth face coverings.

Positive COVID-19 Case

In the event of a positive COVID-19 case that disrupts meal service, the administrator should contact their district supervisor. They will determine a strategy to ensure that meal service will not be interrupted. The district supervisor will then contact the School Food Service Program Administrator. (See Principal Handbook Appendix, *Return to Learn: SY 20-21 Fourth Quarter Ramp Up.*)

Health Rooms & Services

It is especially important to implement COVID-19 mitigation strategies in the health room to prevent and contain the spread of illness. Wearing a mask and hand hygiene are required for everyone who enters the health room. Symptoms screening may be conducted to separate those with COVID-like illness from others. Students who are exhibiting symptoms of illness should ideally be isolated in an area other than the health room so that scheduled medications, treatment for injury, and emergency response activities can be maintained. Procedures for health room visits should be in place to minimize potential exposure across students and staff. It may be necessary to identify an area for students to wait when the health room is full.

School Health Assistants (SHAs) Perform These Essential Functions

- Serve as point of contact for student health matters
- Respond in case of a health emergency (e.g., first aid and CPR)
- Administer approved prescribed medication
- Maintain student health records including HealthOffice Anywhere
- Report unusual absenteeism to the DOH
- Coordinate with school staff/students' families
- Oversee the school health room

Practices to Prevent COVID-19 in the Health Room

- Develop a route to the health room that minimizes interactions
- Avoid and prevent close contact (6+ feet)
- Wear PPE (face mask, face shield, and gloves) as appropriate
- Wash hands before and after each encounter
- Screen and send home any students who are ill
- Isolate those who are ill from others
- Clean and disinfect surfaces after each use
- Promote good airflow while maintaining privacy
- Keep supplies in stock

Caring for a Student Who is Sick

- Show empathy
- Screen the student for symptoms
- Separate those who are ill from those who are well
- Contact the parent/legal guardian for pick up
- Advise parent to contact their health care provider and distribute [Return to School Criteria](#) (for doctor's note requirement and quarantining guidelines for those who have been vaccinated)

- Clean and disinfect
- Notify school administration
- Record the health room visit in HealthOffice Anywhere
- Work with school staff to keep track of when it is safe for a sick student to return to school

When to Report Illness

If 10% of the entire school or 20% of one grade or classroom are sent home with COVID-like, flu-like, or gastrointestinal symptoms, contact DOH's Disease Investigation Branch or the local District Health Office.

Hawaii Keiki: Healthy and Ready to Learn Program

In partnership with the University of Hawaii at Manoa School of Nursing and Dental Hygiene, the Hawaii 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 2020-21:

- [COVID-19 school readiness assessment](#); (Under revision by DOH)
- 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;
- Advice for COVID-19 exposed and positive families; and
- [Telephone hotline and telehealth services](#).

The HK nurses are a resource for teachers, principals, and parent(s)/legal guardian(s) who have questions related to student health issues. Nursing services are provided to students with no out-of-pocket expense to their families and translation services are available if needed. Please reach out initially to the Complex Area RN or APRN, contact information can be found [here](#).

Cases of COVID-19

COVID-19 Point of Contact and Response Team

Each school, complex and state office should designate a staff member to serve as the point of contact responsible for responding to COVID-19 concerns. All staff, students and families should know who this person is and how to contact this person.

Schools should also create a COVID-19 Response Team to address concerns and questions. At the minimum, this team should include the Principal, the School Health Assistant, Attendance Clerk, teacher, and the Head Custodian.

Response Procedures for Cases of COVID-19

Conditions for initiating COVID-19 response:

- A positive case: confirmed by a positive laboratory test result, an authorized medical professional or DOH.

- A probable case: when an individual has one or more COVID-19-like symptoms AND known exposure (i.e. close contact) to a positive case. See CDC's [COVID-19 Interim Case Definition](#) for more information.
- In most cases, a school or office will be notified by an individual first (employee or parent/guardian of a student). The direct supervisor, principal and/or designee should request to see official documentation confirming the positive results (e.g. screenshot of lab results, letter from a healthcare professional). These results should be stored in a manner consistent with other confidential files. Note: The COVID-19 response may proceed without documentation of a positive result to prevent and contain the spread of infection as soon as possible.

Case of COVID-19 at a School, Complex or State Office

Steps to take when a person at your campus has been diagnosed with COVID-19.

These steps do not apply to close contact situations.

- **Step 1:** The principal, supervisor or designee should send a text including the CAS or AS and HIDEOE's COVID-19 Response Team. The text should only say, "Initiating a group text for a case at [insert school name]. The case was/was not on campus during the infectious period." The infectious period is 2 days before the case's symptoms started (or if no symptoms, 2 days prior to specimen collection date).
- **Step 2:** The principal, supervisor or designee, such as a Hawaii Keiki nurse, will use their best effort to obtain documentation of the positive diagnosis (e.g. test result).
- **Step 3:** 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 cleaning support is needed, please contact the OFO representative .

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. You may choose to also disinfect depending on certain conditions or everyday practices required by your facility.

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

- **Step 4:** If the case was on campus during the infectious period, identify and notify close contacts (students, employees, casual hires, and vendors) first using the template available [here](#) (updated March 15, 2021). Administration teams can use the template as a telephone script or email template. Schools should document all outreach in their case records (e.g. date/time of phone call or email).

Once all close contacts are notified, the broad staff and parent notification can be distributed. If a case has not been on campus for two weeks prior to diagnosis, a notification is optional. The COVID-19 Response Team will assist the principal, supervisor or designee with messaging.

- **Step 5:** Complete HIDOE's [Case Intake Form](#) (updated May 3, 2021) and send it to the AS or CAS and COVID-19 Response Team.
- **Step 6:** If DOH did not reach out to the school or office to report the case, the principal, supervisor or designee should contact DOH to report and/or confirm the positive case and share the intake form and [DOH Close Contact Report](#). (See DOH contact information under *Additional Resources, Authorities and References*.)
- **Step 7:** Apply [Return to School/Work Criteria](#) (for doctor's note requirement and quarantining guidelines for those who have been vaccinated) to determine when it is safe for employees and/or students to return to their worksite or campus.

Cleaning of Facilities for Cases of COVID-19

Upon consultation and confirmation by the COVID-19 Response Team, 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.

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.

If three or more days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. School custodial staff can continue with routine cleaning and disinfection.

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

Considerations

- For more information about distance learning support in the event of a classroom or school closure, [click here](#).
- 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, [click here](#) (Lotus Notes login required).
 - Dec. 16, 2020: Quarantine Leave - COVID-19 for Certificated Employees and Leave of Absence Update for Classified Employees, [click here](#) (Lotus Notes login required).

Identifying Close Contacts

Determine if the COVID-19 case had any close contacts on campus during the infectious period:

- The infectious period begins two days prior to the onset of symptoms, or if the individual is not exhibiting any symptoms, two days prior to the positive COVID-19 test specimen collection date.
- A close contact is someone who was exposed to the individual who tested positive with COVID-19 during their infectious period:
 - Within 6 feet for a combined total of 15 minutes or more over a 24-hour period.
 - In direct contact with secretions (e.g. being coughed on).
- The determination of close contact should be made irrespective of persons wearing face covering/masks.

If a school can clearly identify which persons meet those criteria, all persons in the class may not be identified as close contacts. Instances where all persons in the class would be considered close contacts includes:

- Cohorts in classrooms that spend the entire day together and interact with others within the cohort (typically younger grade levels);
- Classrooms that do not have assigned seats and/or students are frequently moving around in class;
- Cohorts that engage in activities that may increase the risk of transmission (e.g., eating/drinking, singing, using musical instruments that require blowing).

Instances where all persons in the class may not be considered close contacts include:

- Classrooms with assigned seating and students remain seated throughout class.

Steps to take when there are close contacts (also see [Return to School/Work Criteria](#)):

- **Principal, supervisor or designee** will create a list of employees, casual hires, vendors and students who were close contacts of the positive case on the [DOH Close Contact Report](#) and submit it to DOH following the instructions on the form. DOH is the lead when it comes to contact tracing.
- The notification template for close contacts is available [here](#). (Please download the Word doc to fill it out, editing access won't be granted.) This new requirement from DOH was released on Oct. 19, 2020 and is updated periodically.
- These close contacts must follow the isolation and quarantine guidance provided by DOH, [click here](#).
- Persons not identified as close contacts do not need to be in quarantine and may return to school/work.
- Close contacts who are fully vaccinated or have had COVID-19 in the past three months and recovered do need not quarantine as long as they do not develop new symptoms.

Communications Procedure for Cases of COVID-19

The COVID-19 Response Team will support the principal, supervisor or designee on messaging to close contacts, staff, parents and the broader community. Below are considerations that will be followed for the various levels of notification:

Notifying potential close contacts:

- Potential close contacts (e.g. staff, parents of students, contracted service providers) should be notified using this template, [click here](#). (Please download the Word doc to fill it out, editing access won't be granted.) This new requirement from DOH was released on Oct. 19, 2020 and is updated periodically.
- They should be advised to consult with a healthcare provider, get tested for COVID-19, self-quarantine for 10 days, and monitor for symptoms of illness for 14 days after last exposure to the case. Official quarantine guidance can be sought or provided from a healthcare provider or DOH, if needed. Official documentation of quarantine recommendations is not required. If schools are in doubt as to quarantine requirements they can contact DOH for assistance.

Notifying the school community (not close contacts):

- All staff should be notified via email about cases involving school employees, students, and contract service providers and visitors that accessed campus within the past two weeks. Messaging prior to confirmation of diagnosis or for cases where an individual will be evaluated on a case-by-case basis with the COVID-19 Response Team.

A broad notification to families of students who are not considered close contacts should be considered if any student(s) were on campus at the same time as the individual diagnosed with COVID-19. There will be situations where most students are not impacted by the case, however, the notification can serve as a reassurance and reminder to families about safety protocols and wellness check recommendations. This notification can be considered on a case-by-case basis depending on the circumstances and is ultimately at the discretion of the principal.

Notification to families should go out via School Messenger and/or distributed as a hard copy. The notification should not be posted on the school's social media platforms or website as those communication channels are open to the broader community and would affect the Department's ability to protect and balance the individual's privacy interests with the public's need to know. The Attorney General's office supports the Department's reporting of cases at the Complex Area level as a way to balance the personal privacy interests with the public's interest.

Notification templates are available, [click here](#). Notifications in other languages are available at the same link. A final copy of the notification(s) should be emailed to the COVID-19 Response Team for the Department's records.

For cases where an individual was not on campus for two weeks or more prior to the start of the infectious period or COVID-19 test, a notification is at the discretion of the principal since there is no impact to staff or students while at school.

Before a Case of COVID-19 Occurs

Updated Feb. 18, 2021 from DOH

- 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 at least 6 feet from others
 - For preschools, children should learn about physical distancing. Nap mats and cribs should be spaced 6 feet apart.
 - Wear a face covering/mask, 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 face covering/mask
 - Cover coughs and sneezes with a tissue or inside of the elbow, throw tissue away, and wash hands.
 - Limit use of shared objects
 - Clean and disinfect frequently touched surfaces
 - Limit nonessential visitors and guests
- Have a plan for students/staff who become ill at school:
 - Isolate from those who are well
 - Send home as soon as possible

Vaccination for COVID-19

Vaccination is important for the health and well-being of school staff. Policies should allow for COVID-19 vaccination of all school personnel. Policies should not place extra demands on those who are vaccinated that single them out or may place them at higher risk for exposure to COVID-19.

- Vaccines are an important tool to help stop the COVID-19 pandemic.
- Vaccinating teachers and school staff can be considered one layer of mitigation and protection for staff and students.
- Access to vaccination should not be considered a condition for reopening schools for in-person instruction.
- Implementation of layered mitigation strategies will need to continue until we better understand potential transmission among people who received a COVID-19 vaccine and there is more vaccination coverage in the community. In addition, vaccines are not yet

approved for use in children under 16 years old. For these reasons, even after teachers and staff are vaccinated, schools need to continue mitigation measures for the foreseeable future, including requiring masks in schools, hand hygiene, ventilation, and physical distancing to the greatest extent possible.

Following vaccination, it is still critical to implement DOH-recommended mitigation strategies such as mask wearing and physical distancing to prevent COVID-19 transmission.

Vaccine side effects are likely following the second dose and among younger employees compared to those who are older (>55 years) and may not require quarantining.

Employees who have symptoms, including the side effects below, should not report to work:

- Muscle aches or pain
- Fever
- Chills
- Fatigue
- Headache

Do not return to work until the symptoms are resolved. If post-vaccine side effects are substantial or persist longer than 48 hours, individuals are encouraged to contact their healthcare provider and consider testing for COVID-19. In these situations, follow the [Return to Work/School Criteria](#) before allowing an employee to return to campus or designated worksite.

Sick leave will be used for the days that an employee is unable to return to work due to side effects.

It is possible that a person could be infected with COVID-19 just before or after vaccination and still get sick. According to the CDC, it takes time for your body to build protection after any vaccination. COVID-19 vaccines that require two shots may not protect you until a week or two after your second shot.

Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated with a COVID-19 vaccine authorized for emergency use in the United States by the Food and Drug Administration (FDA) according to a schedule recommended by the Advisory Committee on Immunization Practices (ACIP).
- Are at least 14 days beyond completion of the vaccine series as of their earliest date of exposure.
- Have remained asymptomatic since the current COVID-19 exposure.
- Are not an inpatient or resident in a healthcare or other congregate care setting.

A flyer developed by Hawai'i Keiki with frequently asked questions about the COVID-19 vaccine is available here, bit.ly/3bqsAVW.

Letter from Acting State Epidemiologist Dr. Sarah Kemble

DAVID Y. ICE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

February 26, 2021

Dear Senator Schatz and Department of Education Colleagues,

The Hawaii Department of Health (DOH) recognizes multiple health benefits of children attending school in person, including first and foremost the fundamental links between education and long-term health outcomes. In-person instruction is particularly important for younger children and those with special educational needs. Social and emotional support resources made available on school campuses are also critical to the health of our keiki, and for some families, food security is provided through school meal programs. All of these factors must be considered in the overall health benefits of in-person learning.

As we have learned more about COVID-19 and schools, we have also learned that schools are *not*, as initially anticipated, amplifiers of COVID-19 transmission. Rather, schools are one of the safest environments for children when it comes to COVID-19. Schools that have implemented mitigation measures are able to control COVID-19 transmission better than many community settings, where children may interact in less structured ways or attend gatherings with their families. For all of these reasons, DOH supports the Department of Education (DOE) in returning to in-person learning as soon as possible.

Through a collaborative process with the DOE, Hawaii Association of Independent Schools, Hawaii Keiki Nurses, the American Academy of Pediatrics Hawaii Chapter, and other stakeholders, DOH published guidance for schools in September of 2020, and updated this guidance in October of the same year. The intent of this guidance was to outline a layered approach to mitigation of COVID-19 transmission in school settings that would allow schools to take concrete steps to return to in-person learning. The guidance also provides suggested thresholds for moving between different learning models, prioritizing return to in-person learning for younger and more vulnerable students ahead of older and more independent learners for schools in areas of higher community transmission or in need of staged Return to Learn plans. However, these thresholds are provided as a framework and are not meant to be prescriptive. DOH has reviewed the newly released CDC guidance and finds it is very similar to existing DOH guidance as far as defining risk thresholds and in the types of mitigation measures recommended. We also stand on our experience in having worked closely with the schools over the past year to implement these recommendations in a way that makes sense for Hawaii.

The DOH COVID-19 guidance for DOE is intentionally layered and flexible. We understand that not every school can accomplish 6-foot distancing at all times while bringing classrooms back to full capacity. We encourage those schools to implement all OTHER mitigation measures to the full extent possible, to provide a layered mitigation approach that will still maximize safety. While the color "zones" in the DOH guidance are provided for consideration of overall

community transmission levels in learning model planning, in any color zone it may be acceptable for schools to progress to in-person learning if they are able to implement key layers of mitigation. This should include 6-foot distancing when feasible, but for schools where full in-person learning is not feasible with 6-foot distancing, other mitigation measures as outlined in the DOH guidance can be layered to maximize safety.

A few of the key measures include (see the [DOH School Guidance](#) for a more comprehensive list):

- Masking indoors must be consistently implemented for students and staff at all times
- Mask breaks are to be taken ONLY when outdoors or (for schools that do not have any viable outdoor space for mask breaks) in designated mask break areas spaced GREATER than 6 feet from others and with direct monitoring by a responsible adult (even now, mask breaks should not be taken indoors at desks)
- Students and staff should interact only within designated cohorts, as much as possible, and with cohorts as small as is feasible

Vaccination of teachers or staff is not a prerequisite for in-person learning, but vaccination is now being offered to school staff statewide, and this should further increase readiness of teachers and staff to return to this model.

DOH recognizes that this transition will be more challenging in secondary schools than in elementary schools. Consistent with prior conversations, returning to in-person learning has been considered a higher priority for younger and more vulnerable students. Taking this step first with elementary students is therefore appropriate and can give schools confidence in their ability to move forward with bringing older students back to campus as well. DOH is committed to continued partnership with DOE to help navigate these transitions by interpreting new CDC guidance and answering questions as they arise.

I hope this clarification of the DOH guidance is helpful in allowing Hawaii's schools to move forward with expansion of in-person learning.

Sincerely,



Sarah Kemble, MD
Acting State Epidemiologist
Hawaii Department of Health

A pdf version of the letter is available for download, [click here](#).

Additional Resources, Authorities and References

Additional Resources (Resources in RED should not be utilized. HIDOE requested new versions, 5/3/21)

- [DOH COVID-19 Home Care Guide](#)
- [DOH COVID-19 What You Need to Know](#)
- [CDC Wear a Cloth Face Covering to Protect You and Your Friends](#)
- [CDC Cover Coughs and Sneezes](#)
- [CDC Slow the Spread of COVID-19](#)
- [CDC Take 3 Actions to Fight Flu](#)
- [CDC A Healthy Future Is In Your Hands!](#)
- [CDC Germs Are Everywhere](#)
- [CDC How to Protect Yourself](#)
- [CDC 10 Things You Can Do To Manage Your Health At Home](#)
- [CDC How to Protect Yourself and Others](#) - • Continue to keep at least 6 feet between yourself and others. The mask is not a substitute for social distancing
- [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 \(PPT\)](#)
- [Stopping COVID-19 in its tracks - What does a contact tracer do?](#)

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.	Oahu Office	(808) 587-6845 (ask for school liaison)
Oahu	After hours/weekends		(808) 600-3625
Maui	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) 241-3563
Hilo	7:45 a.m.-4:30 p.m.	DHO Hilo	(808) 933-0912 (808) 974-6006
Kona	7:45 a.m.-4:30 p.m.	DHO Kona	(808) 322-4877

Neighbor Islands (after hours)

(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

Signage and Health Promotion

Post signs in highly visible locations, such as the health room, restrooms, hallways, classrooms, and offices, to promote everyday protective measures to prevent the spreading of germs and illnesses. Consider using the following resources:

- [Stop the Spread of Germs at School and Offices](#)
- [CDC Safely Wearing and Taking Off a Cloth Face Covering](#)
- [CDC Wash Your Hands!](#)
- [CDC Stop the Spread of Germs](#)
- [CDC Stop the Spread of Germs that Can Make You and Others Sick!](#)
- [COVID-19 Protective HStop the Spread of Germs and Washing](#)

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>

Health & Safety Handbook Errata Sheet

View the [Health & Safety Handbook Errata Sheet](#) for a list of edits through the various versions of this guide.