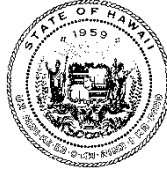


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BOARD OF EDUCATION
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October 1, 2020

TO: Board of Education

FROM: Catherine Payne
Chairperson, Board of Education

AGENDA ITEM: Board Action on directives regarding Department of Education's use of Department of Health's *Guidance for Schools COVID-19* (revised as of September 16, 2020), including applicability of Reopening Thresholds and Learning Model Parameters, criteria for transitioning between instructional delivery modes, decisions and notice of transitions, and suspension of transitions to hybrid and in-person learning

I. EXECUTIVE SUMMARY

- On September 16, 2020, the Department of Health released *Guidance for Schools COVID-19*.
- The Department of Education has not yet adopted or incorporated *Guidance for Schools COVID-19* into the *Return to Learn: School Reopening Plan*, the *Return to Learn: School Reopening Plan Principal Handbook*, or the *Return to Learn: School Reopening Plan Health & Safety Handbook*.
- I recommend that the Board direct the Superintendent to incorporate into the applicable guidance documents: (1) minimum thresholds and criteria for transitioning schools to hybrid or in-person learning, (2) clear decision-making responsibilities for such transitions, and (3) reasonable notification to families and staff of impending transitions.
- I also recommend that the Board suspend changes to instructional delivery modes (*i.e.*, distance, hybrid, and in-person learning) for all schools until the Superintendent incorporates the directives stated herein into the applicable guidance documents.

II. BACKGROUND

On June 18, 2020, the Board of Education (“Board”) adopted a resolution providing the Department of Education (“DOE”) with big picture guidance on preparing to reopen schools amid the COVID-19 global pandemic (“Reopening Resolution”).¹ The Reopening Resolution contains provisions that recognize the Department of Health (“DOH”) as Hawaii’s public health authority,² direct the DOE to rely on the DOH for COVID-19 advice and guidance,³ and urge the DOH to provide such advice and guidance.⁴ The Reopening Resolution also contains provisions directing the Superintendent to issue clear protocols regarding transitions between instructional delivery modes to ensure the health and safety of students and staff.⁵

¹ The Board Resolution Directing the Department of Education to Prepare for the Reopening of Schools for the 2020-2021 School Year Amid the Global Covid-19 Pandemic; Urging School Communities to Give Hope, Act with Kindness, and Work toward Togetherness; and Authorizing Board Members to Represent the Board Of Education in Mid-Term Bargaining of Collective Bargaining Agreements is available here: <http://boe.hawaii.gov/Documents/2020%20School%20Reopening%20Resolution%20%28executed%29.pdf>.

² “[T]he Board considers the [DOH] to be the State of Hawaii’s designated public health authority and the sole source of expertise on COVID-19 for state departments and agencies” (Reopening Resolution, lines 207-209).

³ “[T]he Board directs the [DOE] to continuously work with and rely on the [DOH] for any and all updated and current advice and guidance on all COVID-19-related health matters affecting the [DOE’s] operations as the DOH deems necessary” (Reopening Resolution, lines 211-214).

⁴ “[T]he Board urges the [DOH] to commit to providing timely, accurate, and up-to-date advice and guidance to the [DOE] to allow it to operate with maximum flexibility while ensuring the health and safety of thousands of students, families, and employees, including guidance on self-isolation protocols, contact tracing strategies, social distancing and spatial requirements, dealing with sick students and staff, student-teacher contact ratio, and sharing of devices, equipment, and supplies” (Reopening Resolution, lines 216-222).

⁵ “[T]he Board directs the Superintendent to issue clear protocols to [DOE] schools by July 1, 2020—and to deliver the protocols to families and make them publicly available by July 8, 2020—regarding transitioning between instructional delivery modes to address scenarios potentially requiring full or partial rolling school closures, including:

- a. Requirements for all [DOE] schools to have plans for in-person learning, hybrid learning, and distance learning, provided that a school must meet health and safety requirements set forth in guidance from the Superintendent, and as directed by [DOH] guidance, before executing plans for in-person learning or hybrid learning;
- b. Criteria for transitioning between these instructional delivery modes; and
- c. Instructions clearly explaining who is responsible for making determinations on school closures and instructional delivery mode transitions and how the decision-making process will work, which must include the flexibility for decision-making to occur at different levels (school, complex area, island, statewide) depending on the situation” (Reopening Resolution, lines 154-172).

On July 9, 2020, the DOE presented *Return to Learn: School Reopening Plan* (“Reopening Plan”)⁶ to the Board, its comprehensive plan for reopening schools. At some point in time prior to July 9, 2020, the DOE released *Return to Learn: School Reopening Plan Principal Handbook* (“Principal Handbook”),⁷ which the Reopening Plan that the DOE presented to the Board also references. The Reopening Plan and Principal Handbook require schools to adjust their core operations and school models according to the “impact level” of COVID-19 in a community, which may vary by county, based on *Beyond Recovery: Reopening Hawai‘i*,⁸ Governor David Ige’s statewide reopening plan (“Governor’s Recovery Plan”). The matrix below illustrates the five impact levels and is included in the Reopening Plan and Principal Handbook.

Stay at Home (Major Disruption)	Safer at Home (Moderate Disruption)	Act with Care (Minor Disruption)	Recovery (Minimal Disruption)	New Normal (No Disruption)
Online distance learning and instructional packets	Distance learning will continue. Face-to-face instruction is provided in compliance with CDC and DOH guidelines for vulnerable learners for whom online learning is not appropriate.	Distance learning will continue. Face-to-face instruction is provided in compliance with CDC and DOH guidelines for vulnerable learners and early grade levels (K-2, SPED PreK). Based on an evaluation of operations, personnel, and facilities, face-to-face instruction may include additional groups of students.	Face-to-face instruction in compliance with CDC and DOH guidelines is allowable for all students. Blended learning and distance learning may be used to reduce the number of students on campus to enable social distancing.	All students are allowed back on campus. HIDOE will continue to monitor the public health situation for any changes.

⁶ The Reopening Plan is available at:

<http://www.hawaiipublicschools.org/ConnectWithUs/MediaRoom/PressReleases/Pages/school-year-2020-21.aspx>. Because this is a website designed to be a living document subject to change rather than a static document, the material posted at this link may not be reflective of the material that the Board reviewed when the DOE presented it to the Board on July 9, 2020.

⁷ The latest version of the Principal Handbook (version 3 dated August 28, 2020) is available at: <http://www.hawaiipublicschools.org/DOE%20Forms/Principal%20Handbook%20on%20Reopening%20Schools%20%28SY%202020-21%29%20Version%202.pdf>. This is not the version that the DOE presented to the Board on July 9, 2020.

⁸ *Beyond Recovery: Reopening Hawai‘i*, Governor Ige’s statewide reopening plan, is available here: https://recoverynavigator.hawaii.gov/wp-content/uploads/2020/06/Beyond-Recovery_Reopening-Hawaii_Detailed-Strategy_29-May-2020_Final.pdf.

The state has been at the “Act with Care” impact level since the release of the Governor’s Recovery Plan on May 18, 2020 with the exception of the City and County of Honolulu, which moved to the “Stay at Home” impact level from August 27 through September 24, 2020 (per the Governor’s Economic & Community Recovery Navigator).⁹

At the Board’s July 30, 2020 meeting, when asked about decision-making related to school closures, Superintendent Christina Kishimoto explained that the DOH “is responsible for determining the metrics for cases, types of cases, and spread that would necessitate statewide or rolling closures.” Superintendent Kishimoto noted that DOH was “in the process of determining these metrics and is including triggers that would necessitate school closures as well.”¹⁰ At the Board’s August 20, 2020 meeting, Superintendent Kishimoto updated the Board on the “triggers” she previously noted, stating that the DOH “invited a team of public, private, and charter school staff, including teachers and leaders, to review various blended and distance learning models for triggers.” She explained, “The team reviewed models from different states, such as Oregon, Connecticut, Virginia, and Minnesota. Metrics drive the models, review cases per 100,000 in seven or 14-day periods, and produce a color-coded system of triggers. [T]hese triggers drive whether the [DOE] should move in or out of in-person, blended, or distance learning.” When asked whether the “trigger process” would provide clarity for closing or reopening campuses and identify decision makers, Superintendent Kishimoto confirmed that the process would “provide this clarity and identification” and “allow the [DOE] to set benchmarks or triggers when it switches instruction approaches.”¹¹

On July 30, 2020, the Board adopted expectations for the Superintendent and the DOE on the reopening of schools for the 2020-2021 school year in response to concerns shared with the Board through testimony from parents, teachers, administrators, and the public.¹² Part of the Board’s action included urging the DOH

⁹ Honolulu Mayor Kirk Caldwell released *Honolulu’s COVID-19 Recovery Framework* on September 22, 2020, available here: http://www.honolulu.gov/rep/site/may/may_docs/Honolulus_COVID19_Recovery_Framework.pdf. It is not clear how this plan fits together cohesively with Governor’s Recovery Plan. As such, I did not consider Mayor Caldwell’s plan in the development of my recommendations contained herein.

¹⁰ Cited from the Board’s July 30, 2020 Special Meeting minutes, available here: <https://alala1.k12.hi.us/STATE/BOE/Minutes.nsf/ebb43af14ca5cdb30a2565cb006622a8/827310bdb876b7af0a2585de00740ea6>.

¹¹ Cited from the Board’s August 20, 2020 General Business Meeting minutes, available here: <https://alala1.k12.hi.us/STATE/BOE/Minutes.nsf/ebb43af14ca5cdb30a2565cb006622a8/d1e5ff9f2a767d470a2585e0007ade35>.

¹² The Board adopted the following positions as the Board’s expectations for the Superintendent and the DOE on the reopening of schools for the 2020-2021 school year:

to issue detailed, written, publicly available guidance to the DOE. In my memorandum dated July 30, 2020, I explained, “The absence of detailed, written, and publicly shared guidance from the DOH for schools has resulted in confusion and questioning of the guidance documents issued by the DOE. Without the ability to see the detailed guidance on which the DOE is relying, the public has resorted to questioning the DOE’s guidance. This lack of transparency has caused problems, delayed the implementation of guidance, and led to a general erosion of public trust.”¹³ I sent a letter to then-DOH Director Bruce Anderson on August 17, 2020 (attached as **Exhibit A**) to follow up on the Board’s action and to explicitly and directly request written guidance from the DOH.

On September 16, 2020, the DOH released *Guidance for Schools COVID-19* (“DOH Guidance”), a guidance document that provides “measures for school decision-making in transitioning between learning models” (called “Reopening Thresholds”) and “steps schools can take to reduce risks of COVID-19 for students and staff” (called “Considerations for Schools”). The DOH Guidance, revised as of September 16, 2020, is attached as **Exhibit B**.

The Reopening Thresholds contain parameters (called “Learning Model Parameters”), for consideration only, meant to assist school leaders in decisions regarding instructional delivery modes and models “based on available data on levels of community transmission and, especially, their capacity to implement appropriate mitigation measures in schools.”¹⁴ The following table, from the DOH Guidance, illustrates these parameters.

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1. The Board expects any additional training and professional development days adopted as part of any changes to the school calendar to focus on health, safety, and distance learning to ensure schools can safely open and teachers and administrators are ready to provide instruction to students in distance learning mode;
 2. The Board expects everyone on public school campuses to wear a face mask (or a face shield if a medical condition prevents the extended use of a face mask); and
 3. The Board expects the DOE to rely on detailed, written, publicly available guidance from the DOH when formulating its own guidance to schools and the Board urges the DOH to issue such guidance.

¹³ My July 30, 2020, memorandum is available here:

http://boe.hawaii.gov/Meetings/Notices/Meeting%20Material%20Library/Special_20200730_Action%20on%20Board%20expectations.pdf.

¹⁴ DOH Guidance, page 2.

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

III. DISCUSSION

My understanding is that the DOE has not yet adopted or incorporated the DOH Guidance into the Reopening Plan or the Principal Handbook, which provides the Board with a good opportunity to provide its input and direction on how the DOE should apply the DOH Guidance.

Note that because the terms used to describe instructional delivery modes are inconsistent across the Reopening Plan, Principal Handbook, and DOH Guidance (e.g., distance learning, virtual learning, online learning, and learning from home), I am using the broad definitions in the Reopening Resolution, which are as follows:

- **In-person learning:** The teacher delivers face-to-face instruction in the same physical space as the students.
- **Distance learning:** The teacher delivers instruction virtually or online through web-based or internet-based mediums or delivers instruction through other remote mediums (e.g., paper instructional packets).
- **Hybrid learning:** The teacher delivers instruction using both in-person and distance learning methods.¹⁵

The following questions informed my recommendations at the end of this memorandum, and they can guide the Board's discussion on this topic:

- What are the criteria for schools to transition between instructional delivery modes?
- Who makes the decision on determining whether a school meets the transition criteria and changing the instructional delivery mode at the school?

¹⁵ Reopening Resolution, lines 108-119.

- When do families and school staff find out about a change in the instructional delivery mode?

Criteria for transitioning between instructional delivery modes. To provide schools, families, and communities some level of predictability, the Reopening Resolution requires criteria for transitioning between instructional delivery modes. To date, the only criterion in the Reopening Plan and Principal Handbook is the impact level as categorized by the Governor's Recovery Plan, which may vary by county. My proposal considers how to make the impact level criterion work together with the DOH Reopening Thresholds, including establishing a kind of checklist of required mitigation strategies before transitioning between instructional delivery modes. My proposal considers distance learning as the default starting instructional delivery mode and requires schools to fulfill certain criteria before progressing toward hybrid and in-person learning.

Tangentially, the Board, DOE, and community stakeholders have discussed triggers that would essentially automate transitions between instructional delivery modes. For the most part, I do not think this is the right approach because the readiness of schools to provide a safe learning environment takes careful planning at the school level and differs from school to school. However, some criteria can trigger when schools should consider a transition, and the impact levels criterion can provide an automatic trigger for transitioning back to distance learning due to a heightened state of emergency.

Criterion: Learning Model Parameters. The Learning Model Parameters in the DOH Guidance offer an acceptable starting point for considering whether schools are ready to transition toward more in-person learning. It is important to note, however, that the Learning Model Parameters differ from other sources of public health expertise, namely the U.S. Centers for Disease Control and Prevention ("CDC"), and the Board has begun receiving concerns from the public about this apparent inconsistency. Still, if the Board and DOE treat the Learning Model Parameters as minimum thresholds that schools can use to determine when to start considering a transition to another instructional delivery mode, rather than triggers to change modes automatically, the parameters at least provide more structure than existed previously.

While the Board understands that it is not a public health authority and recognizes that the DOH is the State's public health expert, I believe it is fair and reasonable for the Board to ask for a rationale from the DOH on how it determined its Learning Model Parameters. The public has raised concerns about disparities between DOH's

Learning Model Parameters and CDC’s “Indicators for Dynamic School Decision-Making,”¹⁶ and it is in the Board’s interest to address these concerns. To be clear, it is not the Board’s place to scrutinize the public health expertise of DOH or the quality of its guidance, but it is in the Board’s jurisdiction to determine how the DOH Guidance applies to the public education system, including how to alleviate the concerns of its school communities.

To this end, I recommend using the Learning Model Parameters as minimum thresholds for when certain instructional delivery modes are allowable. This means that the cases per 10,000 people metric is one indicator of when it might be possible for schools to transition to hybrid or in-person learning. However, my proposal requires schools to meet other criteria before they may proceed with transitioning to hybrid or in-person learning.

Criterion: Impact Levels. The Learning Model Parameters do not obviously align with the impact levels described in the Reopening Plan and Principal Handbook as adapted from the Governor’s Recovery Plan. Continuing to use impact levels as a criterion for determining the instructional delivery mode is useful as it connects school operations to the Governor’s statewide view of the public health crisis. The impact level matrix illustrates “potential changes in the [DOE’s] operations in opening schools,” but neither the Reopening Plan nor Principal Handbook explicitly require schools to change their instructional delivery mode based on the impact level.

The impact level is essentially an indicator of how severely COVID-19 is affecting the community, similar to the cases per 10,000 people metric the Learning Model Parameters use. Therefore, it is appropriate to use impact levels as minimum thresholds for when certain instructional delivery modes are allowable. To make this simpler to operationalize and easier to understand, I recommend opening the door for hybrid or in-person learning when the impact level is “Act with Care,” “Recovery,” or “New Normal” as categorized by the Governor’s Recovery Plan (with the caveat that schools must meet the other criteria described herein). Conversely, if the impact level changes to “Stay at Home” or “Safer at Home,” schools should quickly transition to distance learning only, and thus, in these instances, the impact levels serve as automatic triggers to protect our students and staff.

The matrix below overlays the minimum thresholds set by both the Learning Model Parameters and impact levels from the Governor’s Recovery Plan. The matrix

¹⁶ CDC’s “Indicators for Dynamic School Decision-Making” are available here: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>.

illustrates the circumstances under which schools may begin considering transitioning to hybrid or in-person learning. However, whether a school may actually offer hybrid or in-person learning depends on if it is able to meet the mitigation strategies criteria described next.

Proposed Minimum Thresholds for Instructional Delivery Modes

		Impact Levels ⁺	
Learning Model Parameters ⁺⁺		Stay at Home or Safer at Home	Act with Care, Recovery, or New Normal
	36+	Distance learning for all students	Distance learning for all students
	26-35	Distance learning for all students	Elementary: Hybrid learning* Secondary: Distance learning
	16-25	Distance learning for all students	Elementary: Hybrid learning* Secondary: Hybrid learning*
	6-15	Distance learning for all students	Elementary: In-person learning* Secondary: Hybrid learning*
	0-5	Distance learning for all students	Elementary: In-person learning* Secondary: In-person learning*

+As categorized by the Governor's Recovery Plan. May vary by county.

++Number of cases per 10,000 people over 14 days, by island of residence.

*Requires approval and evidence of adequate implementation of all required COVID-19 mitigation strategies before transition to this instructional learning mode.

Criteria: Mitigation Strategies. While people infected with COVID-19 coming on to campuses may be inevitable, the spread of COVID-19 in school settings does not need to be. The DOH Guidance makes it clear that the schools can moderate the risk of spreading COVID-19 in hybrid and in-person learning modes depending on “the range of mitigation strategies put in place and the extent to which they are followed.”¹⁷ Thus, it is incumbent upon the Board and Superintendent to make it explicitly clear which mitigation strategies are minimum requirements that a school must be able to implement before it can offer hybrid or in-person learning. To be clear, schools should be implementing all required mitigation strategies regardless of instructional delivery mode, but the degree and complexity of implementation changes as schools progress toward more in-person learning.

¹⁷ DOH Guidance, page 1.

Many mitigation strategies exist across several documents, and it is not always clear which strategies are required. Here is a summary of the relevant documents:

- Memorandum of Understanding between State of Hawaii and Hawaii State Teachers Association (SY2020-2021 COVID-19 Response), dated June 26, 2020 (“HSTA COVID-19 MOU”).¹⁸ Mitigation strategies in the HSTA COVID-19 MOU include the broad categories of physical distancing, face coverings, and cleaning and disinfecting. All schools are required to implement the mitigation strategies in HSTA COVID-19 MOU.
- July 13, 2020 letter from Superintendent Kishimoto and acknowledged by the Hawaii State Teachers Association (“July 13, 2020 HSTA Letter”).¹⁹ The July 13, 2020 HSTA Letter primarily clarifies the physical distancing requirements in the HSTA COVID-19 MOU, although it also provides some clarification related to face coverings.
- Reopening Plan.²⁰ Mitigation strategies in the Reopening Plan primarily include the broad categories of face coverings, cleaning and sanitation, staggered entrance and exit protocols, and campus visitors. The Reopening Plan words some mitigation strategies like requirements and others like optional guidance, making it unclear which strategies schools are required to follow.
- DOE’s *Return to Learn: School Reopening Plan Health & Safety Handbook* (“Health and Safety Handbook”).²¹ The Health and Safety Handbook is dedicated to mitigation strategies, including the broad categories of face coverings, physical distancing, ventilation, and cleaning and sanitizing, among other strategies. The mitigation strategies in the Health and Safety Handbook appear to be requirements.
- DOH Guidance. The DOH Guidance is largely dedicated to mitigation strategies and separates them into two parts: strategies “required” for the various instructional delivery modes and “Considerations for Schools.”

¹⁸ The HSTA COVID-19 MOU is attached to the DOE’s July 23, 2020 memorandum, available here: http://boe.hawaii.gov/Meetings/Notices/Meeting%20Material%20Library/GBM_07232020_Board%20Action%20on%20MOU%20Between%20BOE%20and%20HSTA.pdf.

¹⁹ The July 13, 2020 HSTA Letter is attached to the DOE’s July 23, 2020 memorandum, available here: http://boe.hawaii.gov/Meetings/Notices/Meeting%20Material%20Library/GBM_07232020_Board%20Action%20on%20MOU%20Between%20BOE%20and%20HSTA.pdf.

²⁰ The Reopening Plan “Health and Safety” page is available here: <http://www.hawaiipublicschools.org/ConnectWithUs/MediaRoom/PressReleases/Pages/School-Reopening-Framework---Health-and-Safety.aspx>.

²¹ The Health and Safety Handbook is available here: <http://www.hawaiipublicschools.org/DOE%20Forms/2020-07%20Health%20and%20Safety%20Handbook%20%28SY%202020-21%29%20Version%201.pdf>.

Regardless of the designation as “required” for some of the strategies, none of the strategies in the DOH Guidance are required unless the Board or Superintendent adopt them as such.

Between the documents, inconsistency and a lack of clarity exists among three key areas: wearing of masks, physical distancing, and ventilation.

- Mask wearing. Requirements for wearing masks are still inconsistent even though on July 23, 2020 the Board adopted an expectation for the wearing of masks to be mandatory.²² Despite the Board’s expectation, some of the DOE’s guidance notes that masks are only required in certain situations. For example, the Reopening Plan states, “In the classroom setting, where the class is considered an ‘Ohana Bubble, it is not required that students and teachers wear a mask if 6 feet of physical distance is adhered to.”²³ The DOH Guidance further confuses whether masks are required or not. It notes that a “masking policy” is “required” for hybrid or in-person learning without further explanation of what such a policy should state.²⁴ The guidance later describes masks as “recommended.”²⁵ However, the DOH Guidance does make an important distinction between masks and face shields, which will require the DOE to update its various guidance documents. It states, “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.”²⁶
- Physical distancing. The July 13, 2020 HSTA Letter clarified that at least six feet of separation between individuals is required for spaces where individuals gather, although schools can request contract exceptions to the requirement.²⁷ The DOH Guidance describes at least six feet of physical

²² The Board adopted an expectation for the Superintendent and the DOE that states, “The Board expects everyone on public school campuses to wear a face mask (or a face shield if a medical condition prevents the extended use of a face mask).”

²³ Reopening Plan, “Health and Safety” page:

<http://www.hawaiipublicschools.org/ConnectWithUs/MediaRoom/PressReleases/Pages/School-Reopening-Framework---Health-and-Safety.aspx>. Accessed on September 25, 2020.

²⁴ DOH Guidance, page 3.

²⁵ DOH Guidance, page 8.

²⁶ DOH Guidance, page 9.

²⁷ “All meeting spaces, including classrooms, where students, staff, and/or other individuals gather will be configured to allow a physical distance of at least six (6) feet of separation. Schools shall submit a report detailing the extent to which they are configuring meeting spaces at less than six (6) feet of physical distancing. Schools reporting a plan to configure such spaces at less than six (6) feet of physical

distancing as “ideal.”²⁸ However, the Reopening Plan describes instances of adults being “under six feet of physical distance from a student or other staff member” and “when physical distancing is not feasible.”²⁹

- Ventilation. This area does not necessarily have inconsistencies. Instead, the CDC has issued recent guidance that the DOH Guidance references.³⁰ The Health and Safety Handbook contains some guidance on ventilation, but states, “Keep doors closed while the air conditioner is running.”³¹ As we leave the hottest summer months behind us, it is important to prioritize COVID-19 mitigation strategies over cooling strategies. Groups should not occupy indoor spaces that schools cannot effectively ventilate for any extended time.

Based on the inconsistencies and lack of clarity I described, I recommend the Board adopt required mitigation strategies in the areas of mask wearing, physical distancing, and ventilation. Specifically, I recommend the Board require all schools, regardless of instructional delivery mode, to:

- Successfully implement and consistently enforce at least six feet of physical distance between all individuals on campus at all times;
- Consistently enforce mandatory, proper mask wearing for all individuals on campus; and
- Implement proper ventilation strategies as outlined in the DOH Guidance (page 10) for any indoor area on a campus that will be occupied by more than one person.

Decision-making responsibility. It is clear that each progression toward full in-person learning on the continuum of instructional delivery modes becomes riskier for students and staff on campus. Pursuant to the Reopening Resolution, health and safety is the primary concern.³² Therefore, transitions from distance learning to hybrid or in-person learning or from hybrid learning to in-person learning should

distancing will need to request a contract exception no later than July 21, 2020” (July 13, 2020 HSTA Letter, page 1).

²⁸ DOH Guidance, pages 3 and 11.

²⁹ Reopening Plan, “Health and Safety” page:

<http://www.hawaiipublicschools.org/ConnectWithUs/MediaRoom/PressReleases/Pages/School-Reopening-Framework---Health-and-Safety.aspx>. Accessed on September 25, 2020.

³⁰ DOH Guidance, page 10.

³¹ Health and Safety Handbook, page 8.

³² “Ensuring the health and safety of students and staff is the most important concern of the public education system” (Reopening Resolution, lines 34-35).

have significantly more safeguards than transitions moving in the reverse direction on the instructional delivery mode continuum.

Decision making at higher levels for transitions moving toward more in-person learning can provide some checks and safeguards. Therefore, I recommend that the Board assign the following duties and responsibilities:

- Principals must obtain approval from their respective Complex Area Superintendent (“CAS”) before transitioning their respective schools from distance learning to hybrid or in-person learning or from hybrid learning to in-person learning;
- Principals seeking approval to transition their respective schools from distance learning to hybrid or in-person learning or from hybrid learning to in-person learning must demonstrate that the school can adequately implement all COVID-19 mitigation strategies required by the Board, DOE, and applicable collective bargaining agreements with the anticipated number of students and staff that will be on campus in the new instructional delivery mode;
- Principals may transition their respective schools from in-person learning to hybrid or distance learning or from hybrid learning to distance learning by notifying their respective CAS and without approval;
- CASs are responsible for verifying the readiness of schools to provide safe learning environments and may approve schools’ requests to transition from distance learning to hybrid or in-person learning or from hybrid learning to in-person learning only if the school:
 - Is requesting an instructional delivery mode that aligns with the Learning Model Parameters in the DOH Guidance;
 - Is located in a county with an impact level of “Act with Care,” “Recovery,” or “New Normal” as categorized by the Governor’s Recovery Plan;
 - Provides sufficient evidence that it can adequately implement all COVID-19 mitigation strategies required by the Board, DOE, and applicable collective bargaining agreements with the anticipated number of students and staff that will be on campus in the new instructional delivery mode; and
 - Has not changed its instructional delivery mode in the last four weeks; and
- The Superintendent must order schools to quickly transition to distance learning if the impact level of the county in which they are located changes to

“Safer at Home” or “Stay at Home” as categorized by the Governor’s Recovery Plan.

Notice. Constant change can cause enormous stress on students, families, and school staff. It is important for schools to limit how often they change their instructional delivery models and provide reasonable notice to families and school staff when they do. Therefore, I recommend the Board adopt the following directives:

- Schools transitioning from one instructional delivery mode to another must provide families and school staff with at least one-week notice before implementing the transition unless the transition is in direct response to confirmed or potentially imminent COVID-19 spread in the school or surrounding community; and
- To reduce undue hardship on families and school staff, schools should not change instructional delivery modes more than once within a four-week period unless the change is in direct response to confirmed or potentially imminent COVID-19 spread in the school or surrounding community.

Finally, to ensure all schools are offering only instructional delivery models that they are ready to provide safely, I recommend that the Board suspend any transitions to hybrid or in-person learning until the Superintendent incorporates the Board’s directives stated herein into the Reopening Plan, Principal Handbook, or Health and Safety Handbook.

IV. RECOMMENDATION

Based on the forgoing, I am recommending that the Board adopt the positions and directives described in the proposed motion below.

Proposed motion: “Moved to adopt the following positions as the Board’s directives to the DOE on the use of the DOH Guidance and direct the Superintendent to incorporate them into the Reopening Plan, Principal Handbook, and Health and Safety Handbook (as applicable) for the 2020-2021 school year:

1. The Learning Model Parameters in the DOH Guidance and impact levels from the Governor’s Recovery Plan are minimum thresholds (but not the only criteria) that allow schools to start considering transitioning from distance learning to hybrid or in-person learning or from hybrid learning to in-person learning;
2. The Learning Model Parameters in the DOH Guidance and impact levels from the Governor’s Recovery Plan do not apply to decisions regarding transitions

- from in-person learning to hybrid or distance learning or from hybrid learning to distance learning;
3. Regardless of instructional delivery mode, all schools must:
 - a. Successfully implement and consistently enforce at least six feet of physical distance between all individuals on campus at all times;
 - b. Consistently enforce mandatory, proper mask wearing for all individuals on campus; and
 - c. Implement proper ventilation strategies as outlined in the DOH Guidance (page 10) for any indoor area on a campus that will be occupied by more than one person;
 4. Principals must obtain approval from their respective CAS before transitioning their respective schools from distance learning to hybrid or in-person learning or from hybrid learning to in-person learning;
 5. Principals seeking approval to transition their respective schools from distance learning to hybrid or in-person learning or from hybrid learning to in-person learning must demonstrate that the school can adequately implement all COVID-19 mitigation strategies required by the Board, DOE, and applicable collective bargaining agreements with the anticipated number of students and staff that will be on campus in the new instructional delivery mode;
 6. Principals may transition their respective schools from in-person learning to hybrid or distance learning or from hybrid learning to distance learning by notifying their respective CAS and without approval;
 7. Schools transitioning from one instructional delivery mode to another must provide families and school staff with at least one-week notice before implementing the transition unless the transition is in direct response to confirmed or potentially imminent COVID-19 spread in the school or surrounding community;
 8. To reduce undue hardship on families and school staff, schools should not change instructional delivery modes more than once within a four-week period unless the change is in direct response to confirmed or potentially imminent COVID-19 spread in the school or surrounding community;
 9. CASs are responsible for verifying the readiness of schools to provide safe learning environments and may approve schools' requests to transition from distance learning to hybrid or in-person learning or from hybrid learning to in-person learning only if the school:
 - a. Is requesting an instructional delivery mode that aligns with the Learning Model Parameters in the DOH Guidance;

- b. Is located in a county with an impact level of “Act with Care,” “Recovery,” or “New Normal” as categorized by the Governor’s Recovery Plan;
 - c. Provides sufficient evidence that it can adequately implement all COVID-19 mitigation strategies required by the Board, DOE, and applicable collective bargaining agreements with the anticipated number of students and staff that will be on campus in the new instructional delivery mode; and
 - d. Has not changed its instructional delivery mode in the last four weeks;
10. The Superintendent must order schools to quickly transition to distance learning if the impact level of the county in which they are located changes to “Safer at Home” or “Stay at Home” as categorized by the Governor’s Recovery Plan;
 11. The Superintendent may adopt or incorporate any other parts of the DOH Guidance into the Reopening Plan, Principal Handbook, or Health and Safety Handbook as deemed necessary, provided that doing so does not conflict with the Board’s directives stated herein;
 12. No school may change its instructional delivery mode to hybrid or in-person learning until the Superintendent incorporates the Board’s directives stated herein into the Reopening Plan, Principal Handbook, or Health and Safety Handbook; and
 13. The Superintendent must request a rationale from the DOH on how it determined its Learning Model Parameters, including any scientific data on which it is based and an explanation of how it aligns with CDC’s “Indicators for Dynamic School Decision-Making,” and the Superintendent must include this rationale in the Reopening Plan for the purposes of transparency and addressing public concerns.”

Exhibit A

**August 17, 2020 letter from Board Chairperson Catherine Payne to Department of
Health Director Bruce Anderson**



**STATE OF HAWAII
BOARD OF EDUCATION**
P.O. BOX 2360
HONOLULU, HAWAII 96804

August 17, 2020

VIA EMAIL

Bruce Anderson, Ph.D., Director
State Department of Health

Re: Request for the Department of Health to issue detailed, written, publicly available guidance for schools

Dear Dr. Anderson:

In my last letter to you, dated June 19, 2020, I provided you with a copy of a resolution adopted by the Board of Education ("Board") relating to the reopening of public schools for the 2020-2021 school year amid the COVID-19 global pandemic ("Reopening Resolution").¹ I informed you that through the Reopening Resolution, the Board urged the Department of Health ("DOH") to commit to providing the Department of Education ("DOE") with advice and guidance as the DOE's sole source of public health expertise. **Respectfully, I am now urging the DOH, on behalf of the Board, to issue detailed, written, publicly available guidance for schools and to update this guidance as necessary as new evidence emerges.**

As I explained in previous letters, the top concern of everyone in the public education community is the health and safety of students and staff as well as their families. One of the most important aspects of addressing this concern is health and safety expertise. Unfortunately, health and safety advice and data related to COVID-19 at the international and national levels has undergone, and continues to suffer from, politicization. Neither the Board nor the DOE have the expertise to discern the validity of data or data-supported guidance related to COVID-19 health and safety measures. The optimal situation is the Board and DOE relying on a single source of public health expertise, which is why the Reopening Resolution designates the DOH as that sole source of expertise for the DOE (Lines 207-209) and directs the DOE to work with and rely on the DOH (Lines 211-214). These provisions taken together means that even if the U.S. Centers for Disease Control and Prevention or the World Health Organization issue guidance, the DOE would rely on the DOH to review these organizations' guidance and advise

¹ The Board's Reopening Resolution is available here:
<http://boe.hawaii.gov/Documents/2020%20School%20Reopening%20Resolution%20%28executed%29.pdf>.

the DOE, through DOH's own written guidance, as to whether the national or international guidance is pertinent to the situation in Hawaii.

It has become clear to the Board in recent weeks that the absence of detailed, written, and publicly shared guidance from the DOH for schools has resulted in confusion and questioning of the guidance documents issued by the DOE. Without the ability to see the detailed guidance on which the DOE is relying, the public has resorted to questioning the DOE's guidance. This lack of transparency has caused problems, delayed the implementation of guidance, and led to a general erosion of public trust. Further, school principals have resorted to relying on their own interpretations of CDC guidance, defeating the purpose of the provisions in the Reopening Resolution cited earlier, creating inconsistencies across the state, and exacerbating confusion among families and staff. Thus, at its July 30, 2020 special meeting, the Board unanimously approved a motion to make it clear that it "expects the DOE to rely on detailed, written, publicly available guidance from the DOH when formulating its own guidance to schools" and urging "the DOH to issue such guidance."

Thank you for considering this matter and your ongoing leadership through this public health crisis.

Very truly yours,

A handwritten signature in black ink that reads "Catherine Payne". The signature is fluid and cursive, with a large, sweeping loop at the end.

Catherine Payne
Chairperson

cc: The Honorable David Y. Ige, Governor, State of Hawai'i (via email)
Danette Wong Tomiyasu, Deputy Director, Health Resources Administration,
Department of Health (via email)
Christina M. Kishimoto, Superintendent, Department of Education (via email)

Exhibit B

Department of Health's *Guidance for Schools COVID-19*, revised as of September 16, 2020



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 PRINCIPLES²:

- 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) Ventilation³

- 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 COVID-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:

<u>Island</u>	<u>Hours</u>	<u>Contact</u>	<u>Telephone Number</u>
Oahu	M-F 7:45 am-4:30 pm After hours/weekends	HDOH School Liaison	(808) 587-6845 (ask for school liaison) (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



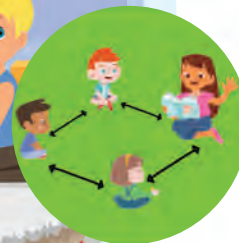
Stay home when sick.



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.

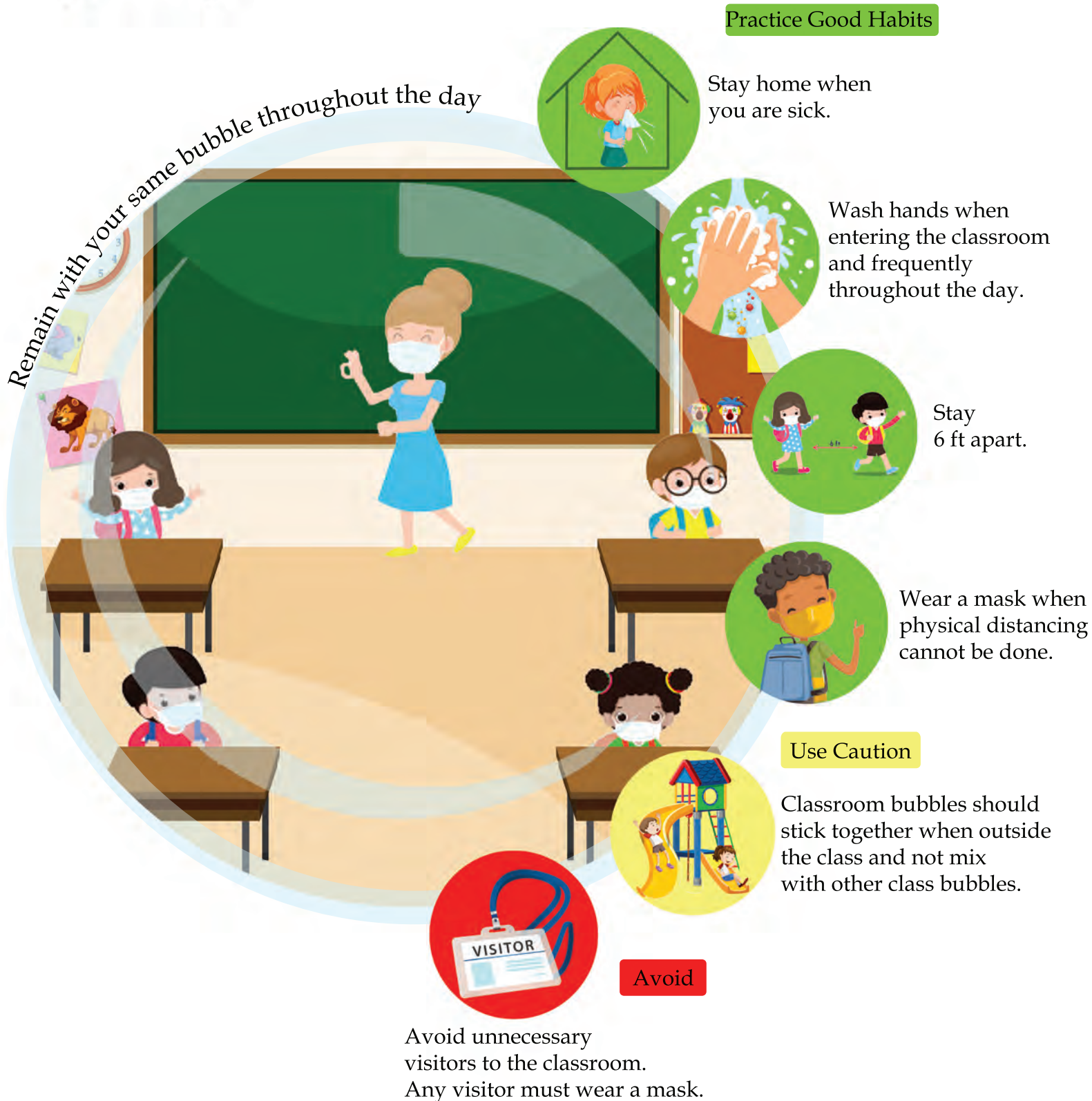
Remaining inside your Ohana Bubble

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



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.

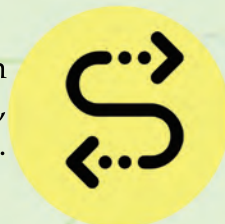


Wear a mask.



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



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.

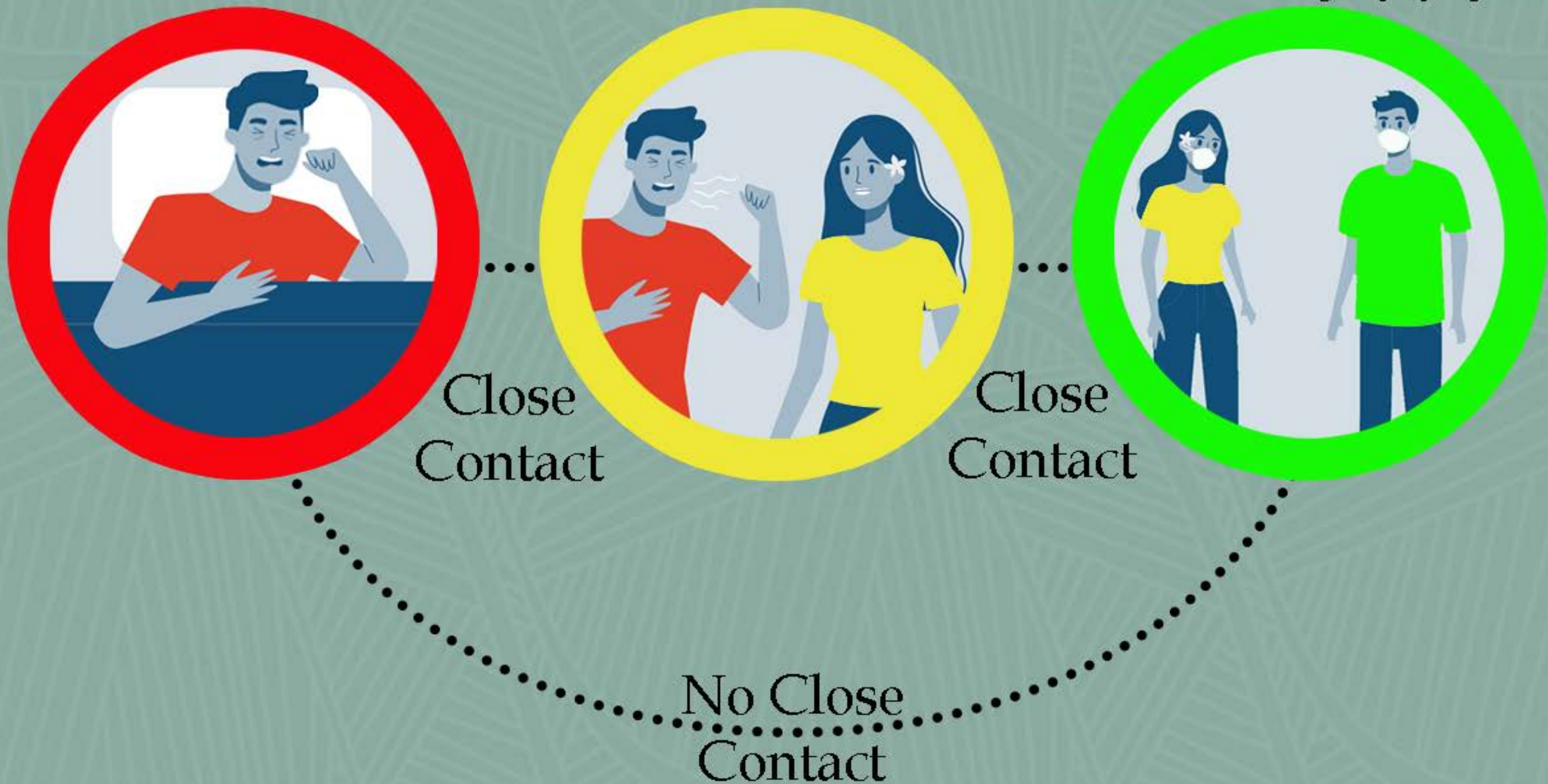
General Quarantine Protocol

Confirmed
Case

Must
Quarantine

Does Not Need
To Quarantine*

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





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:

<u>Island</u>	<u>Hours</u>	<u>Contact</u>	<u>Telephone Number</u>
Oahu	M-F 7:45 am-4:30 pm After hours/weekends	HDOH School Liaison	(808) 587-6845 (ask for school liaison) (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](https://www.cdc.gov/schools/index.html) 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	<ul style="list-style-type: none"> • Test for COVID-19, whether symptomatic or asymptomatic <ul style="list-style-type: none"> ○ Will not shorten <i>required</i> 14-day quarantine ○ 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) 	<ul style="list-style-type: none"> • <u>Positive</u> COVID-19 test: HDOH will work with clinician re: identification of contacts, period of isolation,[†] etc. • <u>Negative</u> COVID-19 test: Continue 14-day quarantine
COVID-19-LIKE SYMPTOMS‡ (for example: <ul style="list-style-type: none"> • fever • cough • new loss of taste or smell • difficulty breathing) 	<ul style="list-style-type: none"> • Test for COVID-19; advise patient to self-isolate pending results of COVID-19 testing • Consider testing for influenza and other pathogens 	<ul style="list-style-type: none"> • If COVID-19 testing result is <ul style="list-style-type: none"> ○ <u>Positive</u>: HDOH will work with clinician re: identification of contacts, period of isolation,[†] etc. ○ <u>Negative</u>: 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	<ul style="list-style-type: none"> • Use clinical judgement on a case-by-case basis 	<ul style="list-style-type: none"> • 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)



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.



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.

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 <small>(enter age if DOB unknown)</small>	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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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