

University of California Consensus Standards for Operation of Campus and ANR Locations in Light of the SARS-CoV-2 Pandemic

On May 7, 2020, State Public Health Officer & Director Sonia Y. Angell, MD, MPH, issued an [order supplementing](#) her March 19, 2020 [stay-at-home order](#) to guide the safe “reopening” of the State of California consistent with the principles outlined in Governor Newsom’s resilience roadmap,¹ which in turn are based on science, data, and public health.

Following is a set of consensus standards that will govern operation of University of California campus locations (including ANR and Office of the President locations)² in light of the SARS-CoV-2 pandemic. The standards are informed by and intended to be consistent with orders and directives issued by federal, state, and local agencies with jurisdiction, as well as [principles adopted](#) by The Regents at the Board’s May 20, 2020 meeting. Background information supporting each is included below, together with links to supplementary materials.

As we have discussed, the trajectory of the pandemic, the evolution of our understanding of disease transmission, the effectiveness of available safety and mitigation measures, and the response of government leaders and public health authorities are all dynamic. Accordingly, plans developed by campus locations should be sufficiently flexible to respond to a rapidly changing environment. In any event, consistent with the May 7 state order and to the extent permitted by local orders, campus locations may utilize effective, evidence-based alternative or innovative methods to build on applicable state guidelines in developing their plans.

Supplementary Resources:

[American College Health Association \(ACHA\) Considerations for Reopening Institutions of Higher Education in the COVID-19 Era](#)
[White House Guidelines for Reopening America Again](#)
[CDC Tool for Reopening Workplaces During the COVID-19 Pandemic](#)
[CDC Considerations for Institutes of Higher Education](#)
[CDC Guidance for Colleges, Universities, and Higher Learning](#)
[CDC Interim Guidance](#) and [FAQs](#) for Administrators
[Executive Order N-33-20](#) and [Essential Critical Workforce List](#)
[California Resilience Roadmap](#) and [Sector-Specific Guidance](#)
[April](#) and [May](#) Updates on California’s Pandemic Roadmap
[CDPH Higher Education Guidance](#)

¹ The roadmap is outlined in a series of presentations, including: (1) [six indicators](#) for modifying the stay-at-home orders (April 14, 2020); (2) [roadmap update](#) (April 28, 2020); (3) [report card](#) on move to stage 2 (May 4, 2020); and (4) [additional roadmap update](#) (May 7, 2020).

² The term “campus locations” will be used throughout this memo to refer collectively to the University’s campuses, Agriculture & Natural Resources, and Office of the President locations. University health systems are addressed in separate guidance.

Common Features of External Guidelines and Frameworks and Associated University of California Campus Location Consensus Standards

1. Coordination with State and Local Health Departments. All guidelines and frameworks address or imply consultation and coordination with public health departments to monitor and analyze pandemic trends and localized outbreaks. For UC, that consultation and coordination is occurring with CDPH and the Governor's Office (at the system level) and with local public health departments (at the campus level).

UC Consensus Standard: Plans will comply with applicable state and local orders and directives.

2. Phased or Staged Resumption and Scenario Planning. Scenario planning is an ongoing activity at all University locations, addressing possibilities ranging from robust to skeletal in-person or on-site operations. Individual students, faculty, and staff should also have plans to respond to changing conditions. Most external plans and recommendations include provisions for a phased-in approach to resumption of activities requiring personal contact. California has identified four phases or stages:

2.1 Safety and Preparedness, during which employers are asked to make essential workplaces as safe as possible, focused on physical and work flow adaptation, essential workforce safety net, making PPE more widely available, and supporting individual behavior changes.

2.2 Gradual Resumption of Lower Risk Activities with Modifications or Adaptations, pursuant to a statewide modification to the Governor's March 2020 Stay-at-Home Order, conditioned on the following key indicators: (i) stable hospital and ICU trends, (ii) hospital surge capacity sufficient to meet demand; (iii) sufficient PPE supply to meet demand; (iv) sufficient testing capacity to meet demand; and (v) contact tracing capacity.

2.3 Resumption of Higher Risk Activities with Adaptations and Limits on Size of Gatherings, including personal care venues (hair and nail salons; gyms), entertainment venues (movie theaters, sports without live audiences), and in-person religious services (churches, weddings).³

2.4 Reopening Highest Risk Workplaces, with all indicators satisfied once therapeutics have been developed, including concerts, convention centers, and live audience sports.

³ It appears that the State views "higher education," which we interpret to refer to instruction and not to the full range of facilities, programs, and services operated by California colleges and universities, as a "higher risk" activity and therefore reserved for phase 3 or later. We understand that further guidance is forthcoming and we are exploring options to maintain flexibility for University of California campuses, but campus plans should account for the possibility of state-level orders precluding resumption of in-person instruction in the Fall.

California has adopted a set of metrics based on the key indicators to guide statewide transition from one phase to the next, premised on the goals of ensuring our continued ability to care for the sick within our hospitals, preventing infection in people who are at high risk for severe disease, building the capacity to protect the health and well-being of the public, and reducing social, emotional, and economic disruption. The ACHA has identified suggested campus and community criteria for implementation of a phased approach, and, with respect to instruction, recommends prioritization of in-person instruction for those activities that are not practical to pursue completely virtually, such as performance, laboratory, and clinical experiences and commitment to a hybrid model for the foreseeable future.

UC Consensus Standard: Plans will identify metrics or indicators for prudently increasing (and decreasing) in-person/on-site activities as local circumstances dictate, utilizing a phased approach. The capacity of on-campus, sister campus, or other community-based health systems supporting the University location to handle surges without resorting to crisis standards of care should be among the relevant indicators.

Supplementary Resources:

[California Resilience Roadmap Report Card](#)
[Statewide Industry Guidance to Reduce Risk](#)

3. **Risk Assessment and Designated Point of Contact.** The ACHA has observed that “[t]he high touch, highly interactive, mobile, densely populated living and learning environment typical of most campuses is the exemplar of a congregate setting with multiple risk factors for ready transmission of COVID-19.” CDC has noted that the more intense on-campus activities are, the higher the risk. CDC suggests that a single administrator or office be designated to respond to COVID-19 concerns and that all students, faculty and staff are informed who that is and how to contact them. CDPH requires, as a condition to “reopening,” that all facilities perform a detailed risk assessment and implement a site-specific protection plan. Associated guidance consistently provides that a person be designated at each facility to implement the plan and that the workplace be regularly evaluated for compliance and to document and correct identified deficiencies. Office of the President Risk Services (“OPRS”) is developing technical guidance to support campuses that need assistance with these activities.

UC Consensus Standard: Campus locations will perform detailed risk assessments and implement site-specific protection plans; these will be updated if and as appropriate in response to identified work-related transmission. They should designate a responsible official or office to respond to COVID-19 concerns or utilize existing infrastructure (e.g., local hotlines) to address this need.

Supplementary Resources:

[Statewide Industry Guidance to Reduce Risk](#)

4. Health Screening, Clinical Testing Capacity, Contact Tracing. Health screening, clinical laboratory testing, and contact tracing plans and recommendations vary significantly. The ACHA recommends that campuses assure access to immediate viral testing for all students, faculty, or staff with symptoms; and develop capacity for contact tracing. California has announced a significant expansion of [testing](#) and [contact tracing](#) capacity statewide, in part through partnerships with various UC campuses. A multidisciplinary systemwide working group on testing and contact tracing has been convened and is working to develop recommendations or guidelines. An update is expected in late May.

UC Consensus Standard: Plans will include provisions for screening individuals entering University-owned or operated facilities, arranging for clinical tests of any students, faculty, or staff who exhibit symptoms consistent with COVID-19, and investigating any COVID-19 illness to determine if conditions should be altered to further mitigate risks, and identify other University-affiliated people who may have been in close contact. Testing and contact tracing may be performed by the campus, a sister campus, local health officials, or other community resources.

Supplementary Resources:

[CDC Community Mitigation](#)

[CDC Contact Tracing to Fight the COVID-19 Pandemic](#)

[CDC Digital Contact Tracing Tools for COVID-19](#)

[CDPH Updated Interim Guidance on Prioritization for COVID-19 Laboratory Testing](#)

5. Housing, Case Management, and Student Health. It has been observed that opening residence halls and other housing facilities to UC students, particularly those who are most vulnerable, may offer better options than they have at home without exposing them to materially higher COVID-19 risk. CDC recommends addressing in planning activities all types of University-affiliated housing, including residence halls, apartments, fraternities/sororities, P3 housing not operated by the campus, and off-campus housing. Generally, the University has no ability to control or influence the provision or operation of housing that is not owned and operated by its campuses. Regardless of local decisions made regarding congregate and other housing arrangements, recommendations for higher education include assuring the availability of sufficient infrastructure and resources to respond to individual positive cases and potential outbreaks. Such resources include facilities for isolation and quarantine, resources to support case management of individuals who are sick or in quarantine, psychological and basic needs support, ongoing monitoring during isolation, and adjusted plans for continued delivery of student health and counseling services, and health promotion activities.

UC Consensus Standard: Plans will address housing density for different types of campus-owned and operated housing and adjustments to common areas, assure appropriate training and PPE for resident assistants and other housing staff, and identify on-site or off-site options for isolation of those students who live in on-campus housing and are diagnosed with COVID-19, as well as quarantine for those who are identified as close contacts of COVID-19 positive individuals.

Supplementary Materials:

[CDC Quarantine and Isolation](#)
[CDC Living in Shared Housing](#)
[CDC COVID-19 Guidance for Shared or Congregate Housing](#)
[CDC Shared and Congregate Housing](#)
[CDC Guidance on Cleaning and Disinfecting Your Home](#)
[California Guidance for Reopening Hotels and Lodging](#)

6. **Other Individual Risk Reduction Measures.** Federal, state, and local standards and guidelines address adoption of non-pharmaceutical interventions (NPIs) such as universal face covering, social and physical distancing including restrictions on gatherings, personal hygiene including frequent handwashing, encouraging those who are sick or exhibiting symptoms to stay at home, distribution and use of personal protective equipment. The use of influenza vaccination is also recommended. Earlier this year, the University adopted expanded leave policies for COVID-19 to encourage workers to stay home when they are ill. Recently issued CDPH guidance consistently requires training of employees on the range and importance of measures to reduce the risk of disease transmission. ACHA's guidance includes detailed recommendations for employees and supervisors, *course level* physical distancing plans, and enhanced reliance on simulation experiences as a substitute for on-site activities.

UC Consensus Standard: Plans will require adoption, implementation, and education on individual risk reduction measures including at least hand hygiene, universal face covering and physical distancing, as appropriate, consistent with applicable orders and directives, and influenza vaccination. Plans should consider how best to adapt facilities and operations as relevant guidance evolves to facilitate physical distancing and otherwise mitigate the risk of transmission.

Supplementary Materials:

[WHO Non-Pharmaceutical Public Health Measures for Mitigating Risk and Impact](#)
[CDC Prevention Guidance](#)
[CDC Face Covering FAQs](#)
[CDC Guidance on Social Distancing](#)
[CDC What to do if you are Sick](#)
[California Resources for Emotional Well-Being and Support](#)
[California Stress Management Playbooks](#)
[CDPH Protect Yourself](#)
[CDPH Prepare for Public Health Emergencies](#)
[CDPH Face Coverings Guidance](#)
[CDPH Personal Protective Equipment Guidance](#)
[CDPH Gathering Guidance and Executive Statement on Mass Gatherings](#)
[University of California Leaves and Job Protections](#)

7. Students, Faculty, and Staff at Increased Risk for Severe Illness. The Centers for Disease Control & Prevention and other public health authorities have identified certain groups of individuals to be at increased risk of death or disability as a result of COVID-19. ACHA recommends affirmatively encouraging those who are at increased risk of severe illness to continue working remotely and to avoid large gatherings, travel, and other situations of potential exposure. CDC likewise recommends offering options to students, faculty, and staff at higher risk for severe illness that limit their exposure (e.g., through telework, virtual learning, or other modifications to job responsibilities) and emphasizes the need to protect the privacy of those individuals and assure the confidentiality of their personal information.

UC Consensus Standard: Plans will include measures to reasonably address students, faculty, and staff who provide appropriate documentation that they are at increased risk for severe illness in the event they contract COVID-19.

Supplementary Resources:

[CDC People Who Need to Take Extra Precautions](#)

[CDC People Who Are at Higher Risk for Severe Illness](#)

[CDC Groups at Higher Risk for Severe Illness](#)

[CDC Households Living in Close Quarters](#)

[CDPH Symptoms and Risks](#)

[CDPH Self-Isolation for Older Adults and Those Who Have Elevated Risk](#)

[DIR FAQs on Essential and Non-Essential Workers](#)

[DIR FAQs on Laws Enforced by the California Labor Commissioner's Office](#)

[Help for Students in Crisis](#)

8. Access Limitations. Risk-based limitations on visitor access at the institutional and/or facility level are a feature of many public and private plans.

UC Consensus Standard: Plans will address access to campus or to individual facilities by non-affiliates who are not performing essential work.

Supplementary Resources:

[CDPH Higher Education Guidance](#)

9. Environmental Health and Safety. Applicable guidelines and frameworks emphasize the need to assure that adequate equipment, supplies, and staff are available to develop, implement, and sustain COVID-19 specific protocols for protecting individuals and for enhanced cleaning and disinfecting of facilities and equipment. This includes assuring adequate facilities (and, in the case of campuses that operate transit systems, vehicles) to support physical distancing, adequate personal protective equipment for anyone participating in on-site programs or activities consistent with applicable public health orders without compromising the ability of the University's clinical facilities to continue essential operations; and education and training to individuals on how to take care of themselves and their living spaces to reduce the risk of transmission. It also includes the ability to reduce reliance on shared resources that are difficult to clean or disinfect, modify space layouts, erect physical barriers and guides, and close or stagger use of common areas and other shared space.

UC Consensus Standard: Plans will address any special safety measures necessary to resume operations in buildings that have been shuttered for a prolonged period; and include measures to procure adequate equipment and supplies (including personal protective equipment) and to retain and properly equip adequate staff to undertake in-person/on-site operations at sites where appropriate adaptations have been made to reduce risk. Plans will include measures to properly clean and disinfect facilities and equipment, particularly those that may be shared, and otherwise reduce the chances of exposure to COVID-19.

Supplementary Materials:

[CDC Reopening Guidance for Cleaning and Disinfecting](#)

[CDC Cleaning and Disinfection for Community Facilities](#)

[California Resilience Roadmap Guidance \(Cleaning and Disinfecting Protocols\)](#)

[CDPH Guidance for Using Disinfectants at Schools and Child Care](#)

[CDPH Guidance on Retail Food, Beverage, and Other Related Service Venues](#)

10. Communications/Stakeholder Outreach. CDPH guidance on reopening different sectors of the California economy consistently instructs businesses to review industry-specific guidance, prepare on-site activity resumption plans, and post simple checklists to show stakeholders how they have reduced risk and that they are open for business. ACHA likewise recommends training of students, faculty and staff on COVID-19 and campus-specific policies and practices. Other directives and guidelines call for public posting of physical distancing and other non-pharmaceutical interventions intended to reduce the risk of transmission. The Office of the President and individual campuses have been addressing broad, community-wide and targeted communications needs, including information about prevention, detection, and response, as well as information about criteria that will be used to guide ramping up and scaling back of campus-controlled activities and services (e.g., public health orders, localized outbreaks, availability of vaccines and treatments).

UC Consensus Standard: Plans will be publicly posted. They will include provisions to educate students, faculty, staff, and non-affiliates permitted on site about COVID-19 and how to reduce its spread. Other modes of communication designed to apprise stakeholders – including those with limited English proficiency – of the measures adopted locally and any adjustments as they are made should be considered.

Supplementary Materials:

[CDC Print Materials for Download and Posting](#)

[UC Coronavirus News and Resources](#) and [Campus/Health System Resources](#)