

This University of California Health Coordinating Committee guidance is no longer in effect. This document is provided only for historical purposes.

UC locations are aligned with state and federal public health guidance while working closely with their local public health departments to adjust to local conditions.

For the most current guidance on COVID-19 prevention and mitigation strategies, please view the information available on the websites for [Centers for Disease Control and Prevention](#), [California Department of Public Health](#), [Cal/OSHA](#), as well as your [local health department office](#).

Guidance for COVID-19 Mitigation Strategies at UC Campuses

Last revised February 17, 2022

Note: Guidance and regulations specific to clinical healthcare settings may differ from the strategies identified in this document. Additional or different strategies may be warranted and/or required for employees, students, patients and visitors in those settings.

The UC campuses strive to be communities with strong values and commitments to learning. Our understanding of the novel coronavirus, SARS-CoV-2, has deepened and includes mitigation techniques that promote learning, working, and living on our campuses. We support competent public health practices and UC members understand and value individual actions that positively affect the health of the whole campus and the adjacent communities. The systemwide Campus COVID-19 Mitigation Strategies Working Group supports safe and effective environments for students, employees, and visitors by recommending the following actions.

As such, we recommend UC community members continue to accept the need for periodic and sometimes abrupt shifts to tighten or loosen COVID-19 mitigation strategies in response to changes in national, state, or local virus transmission conditions – such as quickly pivoting from optional to required masking. Additionally, we want to highlight that members of UC's campus communities have varying levels of vulnerability to COVID-19. Individual risks are mitigated on our campuses through balancing a combination of public health and science informed collective prevention strategies such as those outlined in this document and by respecting, to the greatest extent possible, each individual's actions based on their own risk tolerance.

The University's primary goal relative to COVID-19 mitigation is to implement strategies that achieve a SARS-CoV-2 incidence rate equal to or less than the surrounding communities. This metric allows us to continue to achieve the education, research, and public service missions of the UC system and avoid being points of acceleration for virus transmission.

Protecting UC's campus communities from COVID-19 infections through high vaccination rates and booster uptake will continue to be an essential strategy for limiting impacts to the University's people and mission. As such, continued implementation of the University's SARS-CoV-2 Vaccination Program is paramount.

Every UC location has developed a robust SARS-CoV-2 testing and contact tracing process, data gathering system, and supply of isolation and quarantine space and will continue to maintain an appropriate level of readiness. A reliable supply of SARS-CoV-2 tests with target turnaround times of ≤ 24 hours, is an important element of successful mitigation strategy that will also need to be kept in place.

This is a dynamic document that may continue to evolve in response to new information. It is based on what is currently known about SARS-CoV-2 and COVID-19 as of the publication date of this guidance.

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I. Prevention Strategies for Employees and Students

All UC locations must continue to monitor campus and adjacent community infection rates and the emergence of variants of concern. All locations must continue to collaborate and coordinate with the local public health department, and issue clear and consistent public health messaging, as conditions change.

The table below is applicable to employees and students who work, live, or learn in any of the University’s locations or otherwise participate in person in any University programs. It is based on the [CDC Guidance for Higher Education](#) and the additional federal and state regulatory and guidance documents listed in Appendix A.

Locations may choose to implement additional public health strategies and/or more restrictive measures in general or temporarily (e.g., at the start of the academic term, returning from a mass travel event, etc.) or based on campus setting (e.g., high-capacity lecture halls).

Definitions

1. **Up to date:** An individual is considered up to date with COVID-19 vaccinations when they have received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
2. **Not up to date:** Individuals who are not up to date with COVID-19 vaccinations include: (i) individuals of all ages, including children, who have not completed a primary vaccination series to protect against COVID-19; (ii) individuals <2 weeks post primary vaccination series; (iii) individuals with an approved exception or deferral to the [UC Policy: SARS-CoV-2 \(COVID-19\) Vaccination Program](#); (iv) individuals who have completed a primary vaccination series and are booster-eligible, but have not received a booster dose.

		Guidance	
	Strategy	Up to Date	Not Up to Date
VACCINATION	Proof of vaccination (and any booster dose(s) when eligible) status or request for exception or deferral	Required	Required
TRAVEL	Pre-travel viral testing (domestic and international)	Follow CDC Recommendations	Follow CDC Recommendations

		Guidance	
	Strategy	Up to Date	Not Up to Date
ENTRY SCREENING TESTING	Viral test upon entry at the start of each term	Optional: Influenced by community transmission rates (low or moderate vs. substantial or high AND presence of campus outbreak)	<ul style="list-style-type: none"> Required for students living on campus Recommended for faculty, staff, and students living off campus
SERIAL SCREENING TESTING	Participation in serial screening testing program	Optional: Influenced by community transmission rates (low or moderate vs. substantial or high AND presence of campus outbreak)	<p>Recommended at least 1x/week in areas of moderate transmission.^{1 2}</p> <p>Recommended at least 2x/week in areas of substantial or high transmission.^{1 2}</p>
MASKS ^{3 4}	Worn Outdoors	Optional	<p>Optional</p> <p>Exception:</p> <ul style="list-style-type: none"> Recommended when in sustained close contact with other people in areas of substantial and high transmission.
	Worn Indoors	<p>Optional</p> <p>Exceptions:</p> <ul style="list-style-type: none"> Recommended in areas of substantial or high transmission. Required for 10 days following exposure to COVID-19 or positive viral test. 	<p>Recommended for fully vaccinated individuals.</p> <p>Required for individuals who are not fully vaccinated.</p> <p>Required for 10 days following exposure to COVID-19 or positive viral test.</p>
PHYSICAL DISTANCING	Maintain a space of at least 6 feet.	Optional	Recommended
SYMPTOM SCREENING	Self-performed symptom monitoring and electronic reporting	<p>Employees: Required⁵</p> <p>Students: Optional</p>	<p>Employees: Required⁵</p> <p>Students: Optional</p>
TESTING & CONTACT TRACING	Refer symptomatic individuals for medical evaluation	Evaluate and provide care as determined by medical professional	Evaluate and provide care as determined by medical professional
	Test symptomatic individuals and return results in ≤ 24 hours	Required	Required

		Guidance	
	Strategy	Up to Date	Not Up to Date
	Isolate symptomatic individuals pending results	Required	Required
	Refer individuals who test positive for case investigation and contact tracing	Required <ul style="list-style-type: none"> Individuals with positive viral test shall immediately notify the location. Case interviews shall be conducted following notification. Contact tracing efforts should be focused on high-risk settings (e.g. on-campus housing, athletics) or during an outbreak, particularly on Not Up to Date individuals in those settings. 	Required <ul style="list-style-type: none"> Individuals with positive viral test shall immediately notify the location. Case interviews shall be conducted following notification. Contact tracing efforts should be focused on high-risk settings (e.g. on-campus housing, athletics) or during an outbreak, particularly on Not Up to Date individuals in those settings.
	Quarantine close contacts of those that test positive	Not required if asymptomatic	Required for employees and students. May test at day 5 and exit quarantine if test is negative. Exceptions: Not required for individuals who had confirmed COVID-19 within the last 90 days. Not required for asymptomatic booster-eligible employees. Must have negative test at day 3-5. ⁵
OTHER STATE & LOCAL PUBLIC HEALTH GUIDANCE	Other required non-pharmaceutical interventions and public health measures	Follow guidance	Follow guidance

¹Students, faculty, and staff with a laboratory-confirmed COVID-19 SARS-CoV-2 infection in the last 90 days can refrain from routine screening testing.

²In the context of an outbreak, CDC recommends initiation of increased serial screening testing among students, faculty, and staff at minimum for those who are not up to date with their vaccines, in addition to rapid case investigation and contact tracing.

³Masks must be well-fitted and one of the following: 3-layer cloth mask, surgical mask, KF94, KN95, surgical + cloth mask, N95.

⁴Masking exceptions should be made for the following:

- A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.).
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

⁵Required per Cal/OSHA §3205. COVID-19 Prevention

II. University Housing

- The CDC recommends shared housing in higher education settings follow the general population [guidance for isolation and quarantine](#).
- Locations should have plans for isolation and quarantine space for use during periods of substantial and high transmission. Isolation/quarantine space does not need to be located in University housing. Locations may choose to maintain this space off-campus (e.g., hotel blocks).
- In circumstances where contact tracing is not practical, locations may choose to implement broad-based testing programs to identify infections and prevent further spread of COVID-19. For example, testing an entire dormitory rather than trying to identify all close contacts.

Locations may also consider:

- Establishing cohorts to minimize transmission and facilitate contact tracing.
- Limiting the capacity of communal use shared spaces to decrease mixing among non-cohort people who are not up to date on their vaccines.
- Limiting dorm and residence hall access by non-residents, including outside guests and non-essential visitors.

III. Communal Dining

- All communal indoor dining spaces should be optimized for airflow and ventilation
- All individuals should avoid eating indoors with others while symptomatic, or when directed to isolate or quarantine.
- In indoor dining areas, individuals who **are not** up to date with their vaccines should always wear a well-fitted mask when not actively eating or drinking.
- In areas with high levels of community transmission, stagger use of dining areas, and reduce seating capacity, and use markers and guides to ensure that people remain at least 6 feet apart when waiting in line to order or pick up.
- Locations should follow any additional state/local public health requirements.

Locations may consider:

- Prioritizing outdoor dining spaces
- Offering to-go options to minimize crowding

IV. Gatherings and Mega Events

The following table provides guidance for indoor and outdoor Mega Events.

	Guidance	
Strategies	Indoor	Outdoor
Verification of fully vaccinated status or pre-entry negative test result	Required ¹	Recommended
Masks	Attendees must follow CDPH	• Attendees must follow CDPH

	Guidance for Face Coverings.	Guidance for Face Coverings. <ul style="list-style-type: none"> Attendees not up to date with vaccines should wear masks at outdoor events when they enter indoor areas.
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¹Indoor venue and event operators may not use self-attestation as a mode of verification. All venue operators must check the identification of all attendees age 18 and over to validate their vaccination record or proof of negative test

Additional Information:

- Venues should make masks available to attendees upon request
- In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases Standard, and should consult those regulations for additional applicable requirements.

V. Self-Administered Home Tests

These tests may be a useful component for campus mitigation strategies. Rapid antigen tests have been shown to detect SARS-CoV2 variants known as of the publication date of this guidance. Tests are most accurate in individuals who have symptoms; serial testing can be an effective strategy for detecting COVID-19 infection in those who are asymptomatic or early in the course of infection.

Tests may remain positive for 5-10 days and occasionally longer. Situations in which this type of testing may be useful include, but are not limited to:

- Pre-travel
- Post-travel with return to campus community
- Serial asymptomatic testing for unvaccinated
- Serial testing for competitive athletes, especially those who travel
- Testing prior to Mega Events
- Symptomatic Evaluation (followed by PC testing)

All UC locations should work to identify processes for reporting self-collected test results and incorporate these tests into metrics used to determine levels of community transmission.

VI. Health Equity and Individuals with Disabilities

Locations may want to give special consideration to health equity as well as individuals with disabilities or other healthcare needs. Refer to the CDC Guidance for Institutions of Higher Education (IHEs) for additional information. Campuses should consider proactively publicizing disability services and requesting accommodations in advance to support student success, particularly for students who may have long COVID or mental health challenges that may have been exacerbated by the pandemic.

Additional strategies are available in the CDPH [COVID-19 Health Equity Playbook for Communities](#).

Appendix A: Key Terms and References

Key Terms

Booster Eligible: A person is considered booster eligible when they are fully vaccinated and at least five months have passed since the last dose of an mRNA vaccine or two months have passed since the Johnson & Johnson/Janssen vaccine.

Entry screening testing: SARS-CoV-2 viral testing of individuals at the start of the term and following mass travel events.

Fully vaccinated: A person is considered fully vaccinated when they have received a complete primary vaccine series and ≥ 2 weeks has passed since the final vaccine.

Mega Events: are characterized by large crowds greater than 1,000 indoor OR 10,000 outdoor attendees. Mega Events may have either assigned or unassigned seating, and may be either general admission or gated, ticketed, and permitted events. Mega Events do not include venues that are open to public circulation as part of their regular operations, except to the extent that such venues host qualifying events.

Not up to date: Individuals who are not up to date with COVID-19 vaccinations include: (i) individuals of all ages, including children, who have not completed a primary vaccination series to protect against COVID-19; (ii) individuals < 2 weeks post primary vaccination series; (iii) individuals with an approved exception or deferral to the [UC Policy: SARS-CoV-2 \(COVID-19\) Vaccination Program](#); (iv) individuals who have completed a primary vaccination series and are booster-eligible, but have not received a booster dose.

Optional: Implementation to be determined by the UC location based on, but not limited to, operational capacity, local public health guidance, and local COVID-19 prevalence rates. Implementation of or adherence to optional strategies is not determined by an individual employee or student.

Recommended: Not required for implementation; if feasible and aligned with operational capacity, locations are encouraged to implement recommended strategies as part of a layered COVID-19 prevention approach.

Serial screening testing: Ongoing SARS-CoV-2 testing of individuals at a regular frequency (e.g. 1x/week)

Up to date: An individual is considered up to date with COVID-19 vaccinations when they have received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Vaccine: A COVID-19 vaccine satisfies the requirements of the UC vaccine policy if: (i) the U.S. Food and Drug Administration has approved the vaccine or; (ii) for a vaccine administered abroad, the World Health Organization has approved Emergency Use Listing (EUL).

References

- Cal/OSHA [§ 3205. COVID-19 Prevention](#) (December 16, 2021)
- CDC [Domestic Travel](#) During COVID-19 (Updated January 4, 2022)
- CDC [Guidance for Institutions of Higher Education](#) (Updated February 7, 2021)
- CDC [Guidance for Unvaccinated People](#) (Updated November 29, 2021)
- CDC [International Travel](#) During COVID-19 (Updated January 4, 2022)

- CDC [Stay Up to Date with Your Vaccines](#) (Updated January 16, 2022)
- CDPH [Beyond the Blueprint for Industry and Business Sectors](#) (Updated January 25, 2022)
- CDPH [COVID-19 Health Equity Playbook for Communities](#) (Updated December 13, 2021)
- CDPH [Guidance for the Use of Face Coverings](#) (January 5, 2022)
- CDPH [Guidance on Isolation and Quarantine of the General Public](#) (January 8, 2022)
- CDPH [State Public Health Order of July 26, 2021](#)
- CDPH [State Public Health Officer Order of August 11, 2021](#)
- CDPH [State Public Health Order of December 22, 2021](#)
- State of California [Smarter Plan](#) (February 17, 2022)
- UC [Fall 2021 Capacity Planning Recommendations](#) (August 27, 2021)
- UC [SARS-CoV-2 \(COVID-19\) Vaccination Program Policy](#) (July 15, 2021)