# Fall 2021 Capacity Planning Recommendations

Last Updated April 21, 2021



## Introduction and Outline

#### **FALL PLANNING OBJECTIVE**

UC campuses plan to significantly increase in-person instruction and campus housing density in Fall 2021. This report is intended to inform those planning efforts. The University's continued goal will be to implement health and safety measures to achieve a SARS-CoV-2 incidence rate equal or less than the surrounding communities.

Given the dynamic nature of the pandemic and emerging scientific insights, this working group will reconvene in June to review these recommendations and make any necessary updates by July 1, 2021.

### **WORKING GROUP**

In March 2021, the UC Health Coordinating Committee (UC-HCC) convened the Fall Capacity Planning Group to consider strategies, guidance, and policies to inform UC's capacity planning for Fall 2021.

The group consisted of subject matter experts, administrators, faculty (including Academic Senate representation), and staff from the following UC-HCC working groups: Testing and Contact Tracing Task Force, Testing Capacity Working Group, and Vaccine Distribution Working Group.

### REPORT DETAILS

This document **replaces and retires** the <u>UC Systemwide Testing and Contact Tracing (T3) Recommendations to the President and Chancellors (last issued Sept 1, 2020). While the fundamental concepts identified in the T3 document remain applicable, this report has been developed to specifically support UC locations in **Fall 2021** planning efforts.</u>

The Fall Capacity Planning Group has made recommendations based on the planning assumptions detailed in Section I and in the following areas:

- I. Planning Considerations and Assumptions
- II. SARS-CoV-2 Vaccination
- III. Stakeholder Inclusion in Operationalizing Recommendations
- IV. Student Testing and Surveillance
- V. Viral Surveillance
- VI. Campus Density (Planning Scenarios)

# I. Planning Considerations and Assumptions

### This report's recommendations are based on the following planning considerations and assumptions:

### **VACCINATION**

- At least 90% of students will be fully vaccinated within eight weeks of the start of the fall term.\*
- Between **85-90% of onsite employees** will be fully vaccinated.\*
- In alignment with existing CDC guidance, fully vaccinated individuals who are asymptomatic are **not required to quarantine** following close contact with a known positive COVID-19 case.

### **TESTING & CONTACT TRACING**

- UC locations will continue to implement testing and contact tracing programs. All symptomatic individuals will be tested with results within 24 hours.
- Viral surveillance will still be necessary during the 2021 Fall Term. **Asymptomatic screening frequency may decrease** based on vaccination rates, other viral surveillance mechanisms (i.e., wastewater testing), and/or community transmission rates.

### **PUBLIC HEALTH MEASURES**

• Campuses will **continue** to follow state and local guidance on **non-pharmaceutical interventions** (NPI), including hand hygiene, physical distancing, and wearing facial coverings while in public.

### **CAMPUS DENSITY**

- The campuses intend for **in-person instruction** to be the **primary** instruction modality. Hybrid options will be remain available.
- Campus **residence halls** will be near **100%** occupancy. Room occupancy will be based on housing design and consist of a combination of singles, doubles, and triples (if vaccination targets met). Family housing and other graduate student-based housing will be 100% occupancy.
- Large numbers of **students** will choose to live in the **surrounding campus community** in housing not owned and operated by the University.
- Staff and faculty will work onsite at an **increased density** than the 20-21 academic year.

<sup>\*</sup> Vaccination percentages listed are targets and contingent on a SARS-CoV-2 vaccine requirement for students and employees.

### II. SARS-CoV-2 Vaccination

# Global Recommendation

If SARS-CoV-2 vaccines are widely available and at least one of the vaccines is fully approved by the FDA, **SARS-CoV-2** vaccine and influenza vaccination should be required by all students, faculty, and staff living, learning, or working on premises at any UC location.

# Supporting Recommendations

- 1. Campuses should utilize the **existing student vaccine tracking and compliance infrastructure** to support implementation of this recommendation and launch a comprehensive **vaccination education and outreach campaign** informing students of the vaccine requirement and encouraging them to be fully vaccinated at **least two weeks prior** to the start of the Fall term.
  - Students who are unable to get vaccinated prior to arrival will be made aware of locally available vaccination opportunities.
- 2. Campuses should **establish an employee immunization tracking program** with the capability of uploading vaccination documentation for verification. Each location will need to establish the necessary infrastructure to track and record program participation. Full implementation of this program may be staged and occur over time.
  - Note: This recommendation is NOT contingent on a vaccine mandate being issued. An employee immunization tracking program should be established to support implementation of the existing UC Interim Policy: SARS-Cov-2 Vaccination Program Policy.
- 3. A **systemwide working group** should be **established** to develop **guidance and recommendations** on appropriate implementation, compliance and enforcement options and mechanisms, including enforcement roles and responsibilities.

# III. Stakeholder Inclusion in Operationalizing Recommendations

### Recommendation

To better operationalize Fall 2021 planning efforts, campuses should **prioritize ongoing and meaningful engagement** and consultation with a multi-disciplinary group of key campus **stakeholder groups**, including the Academic Senate and other faculty representatives, staff representatives, and student leadership.

### STAKEHOLDER ENGAGEMENT

- In support of this report's recommendations, campus should develop **detailed and campus-specific implementation plans**. Meaningful stakeholder engagement in these planning efforts will be critical to developing the buy-in necessary to enable successful implementation.
- Planning efforts related to instruction and other academic topics should prioritize involvement from faculty and other academic personnel. This broader consultation will help ensure specific needs and concerns are factored into decision-making and key stakeholders are invested in successful outcomes.
- Campus planning efforts should focus on a consistent inclusive approach and be broadly shared and communicated.
- Specific topics for consideration in campus planning efforts include but are not limited to: the delivery of instruction and use of instructional space, how non-compliance with campus requirements will be enforced and the resources available to faculty and staff to support or offset enforcement challenges (including, impacts of physical distancing on instruction transition periods, crowd control, and classroom layouts, etc. Campus stakeholders will likely have additional topics to be discussed and included.
- Plans for **re-opening research and performance spaces** will differ from plans for instructional activities both in terms of the timing of return to campus and the protocols required; **ongoing consultation with the Vice Chancellors of Research** and with the research community at large is essential. Campuses not already engaged in these planning efforts should commence immediately.

# IV. Student Testing and Surveillance

		GUIDANCE		
	Requirement	Fully Vaccinated Students	Non-Vaccinated Students	
Student Arrival/ Re-entry	Daily self-performed symptom monitoring	Required beginning 10 days prior to arrival and every day thereafter	Required beginning 10 days prior to arrival and every day thereafter	
	Proof of vaccination status	Required	Required	
	Test prior to arrival on campus	Follow CDC travel guidance	Follow CDC travel guidance	
	Test upon arrival to campus	Required	Required; non-vaccinated students who reside in on- campus housing should be retested no earlier than 5 days after first test	
	Sequester with minimal social interactions (essential activities only)	Not required*	7-10 days upon arrival or until the second negative test is completed	
	Refer symptomatic students for medical evaluation	Evaluate and provide care as determined by medical professional	Evaluate and provide care as determined by medical professional	
	Test symptomatic students and return results in ≤ 24 hours	Required if recommended per symptom screening algorithm and/or evaluation by medical professional	Required if recommended per symptom screening algorithm and/or evaluation by medical professional	
Testing & Contact Tracing	Isolate symptomatic students pending results	Required	Required	
Contact fracing	Refer students who test positive for case investigation and contact tracing	Required	Required	
	Test AND quarantine for 10 days close student contacts of students who test positive	Not required if asymptomatic	Required if asymptomatic and symptomatic	
Asymptomatic Testing	Participation in asymptomatic testing program	Optional	1x/Week (min) - 2x/Week (max)	
Non-	Face coverings worn in public at all times	Required	Required	
Pharmaceutical Interventions	Other NPI and adherence to all required public health measures	Follow CDPH guidance	Required	

<sup>\*</sup>Students traveling from out-of-state may be subject to CDPH post-travel requirements.

### V. Viral Surveillance

### **ASYMPTOMATIC TESTING**

This matrix is applicable to ALL enrolled students and onsite UC employees. It does not apply to UC academic medical centers.

Risk Group	Vaccination Status	Risk Level	Population	Asymptomatic Testing Status
А	Fully Vaccinated	Lowest Risk	Any fully vaccinated student or employee	Optional
В	<ul><li>Unvaccinated</li><li>Not yet fully vaccinated</li><li>Unknown</li></ul>	Higher Risk	<ul><li>Students (undergraduate and graduate)</li><li>Onsite employees</li></ul>	Lower frequency: 1x/Week Higher frequency: 2x/Week

- The lower frequency is a minimum threshold. However, adjunct application of other testing and viral surveillance technologies (e.g. wastewater testing) may offset or lessen the frequency of testing. Additionally, high vaccination rates combined with low community prevalence may offset or lessen the need for this type of viral surveillance.
- Campuses may choose to include some percentage of fully vaccinated individuals in asymptomatic testing.
- Fully remote students/employees may be exempted from asymptomatic testing. If these individuals return to onsite learning or work, they will be subject to any existing testing requirements.

### SARS-CoV-2 WASTEWATER SURVEILLANCE

To the extent that building infrastructure allows, waste water surveillance at any level is an efficient, cost-effective and reliable surveillance method. Wastewater surveillance could be used to lower the frequency of asymptomatic screening.

- It works in support of other viral surveillance efforts and non-pharmaceutical interventions.
- For UC locations with low community prevalence, it may serve as the primary surveillance mechanism.
- Surveillance can be ramped up in alignment with case rates.

# VI. Campus Density (Planning Scenarios)

Existing state guidance in each focus area will be updated by the start of the academic year. Locations should expect to follow state and/or local guidance and to ramp down campus density if necessary.

To aid in the planning process, the working group developed reasonable and best case Fall 2021 scenarios. These are planning aids not recommendations.

FOCUS AREA	CURRENT STATE LAW & GUIDANCE*	REASONABLE SCENARIO	BEST CASE SCENARIO
On-Campus Housing Density	<ul> <li>Prioritize single room occupancy wherever possible, except for family housing.</li> <li>Doubles allowed with modifications</li> </ul>	<ul> <li>Mostly singles and doubles; triples allowed with &gt;90% student vaccination target met</li> <li>Family housing at full occupancy</li> <li>Reserve &gt;2% as isolation and quarantine space</li> </ul>	<ul> <li>Singles and doubles; triples allowed with &gt;90% student vaccination target met</li> <li>Family housing at full occupancy</li> <li>Reserve &lt;1% as isolation and quarantine space</li> </ul>
In-Person Lectures	<ul> <li>Based on county tier; Permitted between 25%-50% capacity with modifications</li> <li>Red and Orange tier have restrictions related to total occupancy</li> </ul>	At least 75% occupancy with modifications;     additional restrictions may exist on maximum class     size allowable	At least 90% occupancy with modifications; no class size restrictions
Classroom Density	Space seating/desks at least six feet apart. Hold smaller classes in larger rooms	<ul><li>Three feet physical distancing in classrooms</li><li>Use of outdoor space</li></ul>	No required physical distancing in classrooms
In-Person Dining Operations	<ul> <li>Based on county tier; Permitted between 25%-50% capacity with modifications</li> <li>Red and Orange tier have restrictions related to total occupancy</li> </ul>	Up to 75% occupancy with modifications	75-100% occupancy; some NPIs or operational adjustments still recommended
Workplace Density (includes office, labs, shops)	<ul> <li>All employees shall be separated by six feet (with some exceptions).</li> <li>At fixed work locations where six feet of space is not possible, the employer shall install cleanable solid partitions.</li> </ul>	Occupancy that allows for physical distancing with certain modifications	No physical distancing required
In-Person Gatherings	<ul> <li>Based on county tier; Permitted between 25%-50% capacity with modifications</li> <li>Red and Orange tier have restrictions related to total occupancy</li> </ul>	At least 75% capacity with modifications	75-100% capacity; some NPIs still recommended

<sup>\*</sup>State Law: Cal/OSHA Emergency Temporary Standard <u>Title 8 Section 3205</u> applies to all employees in the workplace environments included in the focus areas above. It is anticipated to change and UCOP EHS are actively monitoring any proposed changes.

State Guidance: <u>CDPH IHE Guidance</u>