Strategies for Reducing Transmission of SARS-CoV-2 at UC Campuses

UC Public Health COVID-19 Working Group

This document provides public health guidance for the UC campuses in support of planning for return to onsite operations during the SARS-CoV-2 pandemic. It is intended to serve as a supplement to other University of California guidance and to conform to local, state, and federal public health directives and orders. This document includes general recommendations to mitigate disease transmission using non-pharmaceutical interventions (NPI) until an effective vaccine is deployed. Guidance for on-campus testing, surveillance, and contact tracing has been provided in a separate statement from the UC Systemwide Testing and Tracing Task Force. Not included in this document are special considerations for specific UC campus jobs as listed in the University of California Industry Sector Map, including employees, student workers, and volunteers.

Restoration of onsite operations requires consideration of student, faculty and staff well-being and evaluation of the spaces to be used for their instruction, research, and work. Access to campus facilities, such as research laboratories and studios for educational purposes, and common spaces such as libraries and food service locations, must be reviewed. Considerations must also be made for students and staff living and working in residential dwellings. Recommendations for individual risk reduction measures are included below.

1. **Work Environment Distancing.** Requirements for appropriate physical distancing vary across a wide spectrum of university jobs with diverse, job-specific responsibilities. Industry sectors and jobs within these sectors may require different considerations for physical distancing/spacing and the use of job-specific protective gear, such as personal protective equipment (PPE). Work environment distancing applies to: office space configuration, research lab configuration (personnel density, and lab-specific hazard considerations), conference rooms, classrooms, lobby and other building common areas, restrooms, kitchens, and food service areas. Temporal spacing of physical spaces may also be used to reduce the density and potential for spread of infection including the use of flexible and modified work schedules. A plan for continued use of remote working may also contribute to an enhanced risk mitigation strategy. The use of PPE may be defined by job classification, by campus-specific environment, health, and safety (EHS) plans, as well as by special interim guidance for protecting employees from exposure to SARS-CoV-2 (e.g., California Division of Occupational Safety and Health-issued advisement[1]). Required use of special equipment and PPE should be assessed for availability, actual use, and possible remediation if utilization is deficient.

   Disinfection is an important component to mitigating disease transmission. This includes hand hygiene and the availability and use of washing stations or, secondarily, alcohol-based hand disinfectants. Hand cleaning and disinfection equipment and supplies should be readily available at the entrance to buildings, classrooms, labs, and common areas. Physical workspaces, including general, universal spaces, should also be

[1] https://www.dir.ca.gov/dosh/coronavirus/

appropriately disinfected to reduce contact surface-related spread of SARS-CoV-2. It is vital that custodial services are available to monitor, clean, and disinfect workspaces following established protocols. Custodial staff should be able to operate with minimal impact on other personnel rather than being required to work in the presence of another staff person. Adequate disinfecting supplies must be available. Disinfection of high touch surfaces (e.g., tables, doorknobs, handles, light switches, countertops, desks, phones, keyboards, toilets, faucets, sinks, etc.) and shared objects (e.g., lab equipment, computer equipment, desks, etc.) should be monitored and deficiencies corrected immediately.

Campus work areas may require that other employee practices be in compliance with state and local health requirements, such as the use of face coverings in outdoor and shared indoor workspaces and not having food or eating in or near certain work spaces. Symptom screening might be considered for persons entering indoor work areas. Recommendations will be forthcoming from the UC Symptom Screening Task Force.

Other practices may be deployed but have less evidence that they are effective, including building effluent testing for traces of SARS-CoV-2 viral RNA, systematic environmental contact surface testing, pooled viral testing of groups of employees with individual follow-up testing, and the use of ultraviolet radiation to disinfect PPE such as N95 masks.

2. **Classrooms and other common instructional spaces.** Classrooms and other common spaces used for instruction on our campuses present some unique challenges. Frequent entry might require consideration of entry screening procedures. There is the challenge of maintaining appropriate physical distancing when entering and exiting instructional spaces. Disinfection of instructional areas presents unique challenges if classes are serially scheduled with short turnaround times between classes.

   Symptom screening might be considered for persons entering classrooms. Recommendations will be forthcoming from the UC Symptom Screening Task Force. Within the classroom, physical distancing measures are needed for seating. While there is very limited evidence that SARS-CoV-2 is spread via airborne transmission, in special circumstances such as in certain labs or studios where droplets are more likely to be aerosolized, consideration of HVAC and window ventilation may be necessary.

3. **Student housing.** UC students may live in dormitories or community housing. Dormitories may include confined and shared spaces that may increase viral transmission. Both the number of students living in the same room and the number sharing bathrooms impact potential viral spread. Lowering density by modifying physical space or decreasing the residential population may decrease risk. Also, mechanical factors, such as HVAC systems and cleaning or modifying operation of high-touch contact surfaces (e.g., faucet handles, elevator controls, etc.) may decrease infection opportunities. A risk reduction approach for the dormitories might include the

development of family-like pods of students agreeing to live together, thus decreasing the number of diverse social interactions.

Disinfection is an especially important consideration for dorms given their more confined physical space, as well as the large amount of time residents spend together in these buildings. Hand cleaning and disinfection equipment and supplies should be readily available at the entrances and throughout the dorms. Custodial services play an important part of monitoring, cleaning, and disinfecting dorms following established protocols. Bathrooms, kitchens (including shared refrigerators), and common areas need to be cleaned often with special attention paid to disinfection of high-touch and shared object surfaces. Cleaning needs to be monitored and deficiencies corrected immediately. Dorm residents also have a responsibility to try to maintain a hygienic living environment and contribute to maintaining clean and safe spaces.

More intensive and targeted dorm-specific viral testing/surveillance/contact tracing might be warranted for resident students, as well as the staff who maintain the dorms, because of the transmission risks associated with confined living quarters. More intense initial screening or quarantine might be required for students who elect to live in pod-like family units within the dorm.

Because there may be a need to reduce the density of dorms, considerations should include or require prioritizing subgroups of students, such as entering freshman, students with special medical needs, or those who are otherwise more vulnerable to COVID-19 because of preexisting health conditions.

Dorms may serve as temporary dwellings for students and employees who are found to be infected with SARS-CoV-2 or those identified as potentially exposed. Cohorting these individuals for isolation or quarantine should be made in consultation with Student Health, Employee Health, and county health departments. They should not be cohorted together. Isolation rooms should be provided with private baths, kitchens, and food service to prevent spread to susceptible individuals. Provisions to address continued productivity include availability of computer equipment and internet connections for all, as well as instructional materials for students and tele-work capabilities for employees. Length of isolation or quarantine should be dictated by appropriate criteria (e.g., CDC recommendations[2]). Careful planning is needed to estimate the capacity and allocate space to house individuals who become infected in addition to contacts who have been exposed.

Mitigation measures should be considered for students who live off-campus. While the same control of physical spaces is not possible off-campus, several considerations described above are applicable, including the possible use of temporary dorm housing for isolation of confirmed cases and quarantine of exposed individuals. Ideally,

[2] https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

employees who test positive should stay away from campus and self-isolate at home. If feasible, temporary on-campus housing may be made available for employees who cannot self-isolate or self-quarantine at home. Campuses may consider developing prioritization criteria for available isolation/quarantine space.

4. **Other Common University Spaces.** Other common campus spaces include libraries and other study spaces, dining facilities, recreational spaces, including gyms, and public bathrooms. Use of these spaces should consider person-density and frequency of use, ability to maintain minimum physical distancing, adherence to face masking policies, and disinfection protocols. For example, more frequent cleaning and disinfection of public restrooms may be required if it is not possible to limit the occupancy or if there is inadequate access to hand washing or sanitizing supplies. Disinfection measures for high-touch surfaces as well as shared objects in common areas must be implemented and monitored.

5. **Student Responsibilities.** Individual risk reduction measures can prevent the transmission of SARS-CoV-2. Efforts to enhance physical distancing, use of face coverings, and good hand hygiene can be communicated and reinforced by health education interventions (e.g., online courses, webinars, and other messaging through learning management systems, social media, signage, and verbal reminders). Taking personal responsibility to promote prevention practices should be encouraged and extended into the community and to off-campus activities, such as at restaurants, bars, hookah bars, retail shops, markets, movie theaters, and other entertainment venues. Students can be encouraged to participate in the design and implementation of mitigation measures to reduce risk and to participate in peer health education efforts. Other general strategies include requiring all students receive influenza vaccinations with exemptions only for documented medical reasons.

   Based on the SARS-CoV-2 testing strategies adopted by each campus, students should be encouraged to fully participate in programs established by the campuses that might include symptom monitoring and targeted asymptomatic testing, as well as programs run by county health agencies.

6. **Mental Health and Emotional Support.** Many students have experienced increased emotional stress with the loss of campus life and the transition to remote instruction during the COVID-19 epidemic. For students who plan to move to campus (and those who move to nearby off-campus residences), especially new university students leaving home for the first time, the impact of the pandemic may exacerbate psychological and emotional distress. This may be compounded with the current charged atmosphere related to civil unrest. Student health and counseling services may see significantly increased utilization; plans should be made to accommodate this potential increase. Culturally appropriate messaging about ways to address emotional stress and access mental health services should be provided. Direct contact with students and engagement

with student organizations can help identify ways to prevent or ameliorate emotional distress.

7. **Recreation and Physical Activities.** There are many non-instructional activities that may impact the spread of infection on our campuses. These include recreational and physical activities using special spaces and leisure facilities. Supporting the well-being of students and spectators participating in intramural and intercollegiate sports is a priority. The same is true for personal fitness and high-intensity gyms. Behaviors of students and others engaging in these activities should align with public health recommendations. Messaging and other educational efforts aimed at reducing risk associated with these activities should be considered, as should plans to monitor behavior and consideration of consequences for those who disregard preventive health policies.

8. **Other Considerations.** Policies should be established for visitors to campuses, including vendors (e.g., food trucks, delivery services, and other business enterprises). These policies may include symptom screening and temperature checks for individuals entering or operating on the campuses and should comply with university and county health requirements.

   Transportation to and from campuses is a potential source of infection. Individuals who use mass transit or who carpool should follow best practices for minimizing the risk of infection in these shared vehicles, shuttles, or mass transit vehicles entering the campuses.

   Implementation plans for mitigation strategies should be developed for each campus. Progress and compliance with these plans should be systematically monitored. Standard operating procedures for remediation and follow-up should be established with high-level university oversight.