

Guidance for UC locations concerning COVID-19¹

This guidance document has been prepared by the UC Office of the President to provide standardized systemwide guidance concerning COVID-19 and to assist UC locations in issuing local procedures, should they wish to do so. The guidance applies to all UC locations, including campuses, UC health systems, Agriculture & Natural Resources and the Lawrence Berkeley National Laboratory.

This guidance document provides information and recommendations to assist academic leaders, managers and supervisors in addressing concerns related to COVID-19. The virus² causing this illness is different from [common coronaviruses](#) that circulate among humans and cause mild illness, similar to the common cold. The recommendations below will help prevent its spread.

UC will act in accordance with all applicable public health directives and UC's guidance, policies and regulations cannot conflict with public health orders.

For the latest information on travel warnings and UC-related updates, go to ucal.us/coronavirus

NOTE: This document was updated on March 6, 2020 at 11 a.m. PST. Review questions A2-A8 for updated guidance.

References to CDC Level 1, 2, or 3 Travel Health Notice countries are specific to situations where a CDC Travel Health Notice has been issued due to the risk of transmission of COVID-19 transmission risk.

¹ COVID-19 (an acronym for coronavirus disease 2019) is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). That virus was assigned the temporary designation of 2019 novel coronavirus (2019-nCoV). Because of the large number of publications and guidance documents produced, the virus may still be referred to by its temporary designation in some references.

² SARS-CoV-2

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Questions/answers related to all members of the campus community

A1 What should leaders, managers and supervisors communicate to UC individuals concerning COVID-19?

The Centers for Disease Control and Prevention (CDC) recommends that everyone should be informed of the precautionary measures that they can take to stay healthy, as follows:

- Cover your nose and mouth with a tissue when you cough or sneeze; then, throw away the tissue.
- Wash your hands often with soap and water, especially after you blow your nose, cough or sneeze. If soap and water are not available, alcohol-based hand cleaners with at least 60% alcohol are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Try to avoid close contact with anybody who has a fever and symptoms of an upper respiratory tract infection. COVID-19 is thought to spread mainly person-to-person through coughing or sneezing by infected people.
- If you get sick, the CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- Employees may experience stress and anxiety as a result of the uncertainties surrounding COVID-19. Employees are encouraged to contact Employee Assistance (student employees are encouraged to contact their student counseling centers).
- Leaders should take the opportunity to remind employees that we must not stigmatize anyone in our community based on national origin. Someone who has a cough or a fever does not necessarily have coronavirus.

For additional information concerning COVID-19, visit the [CDC website](#).

Current UC information and resources are available on the [UCnet website](#).

A2 What should leaders, managers and supervisors communicate to UC individuals regarding travel to countries with COVID-19 risk? ****Updated 3/6 at 11 a.m.**

As of March 5, 2020, the [president has directed](#) that all non-essential, UC-related travel to CDC Level 2 and Level 3 Travel Health Notice countries should be avoided.

For the list of countries subject to CDC Travel Health Notices, go to the [CDC Coronavirus Disease 2019 - Information for Travel](#).

Each UC location has developed a review and approval process to determine exceptions to the travel restrictions.

All faculty, staff and students traveling abroad for UC-related purposes must register with the [UC International Travel Registry](#) before their expected departure and ensure that they update this information if changes occur before and during travel.

On Personal Travel

UC strongly recommends against personal travel to CDC Level 2 or Level 3 Travel Health Notice countries. If you return from traveling to a Level 3 Travel Health Notice country, you may be required to self-isolate for 14 days upon return and face other government-mandated restrictions.

A2.5 How does UC define essential travel? **Updated 3/6 at 11 a.m.

Faculty

Essential faculty travel is defined as travel that is required — and cannot be postponed — in order to preserve the:

- Safety of a patient or research subject or
- Results of research activity

Essential faculty travel does not include travel to attend educational conferences. Many other activities would also be considered non-essential travel.

Staff

All staff travel is categorically defined as non-essential unless a UC location grants an exception.

Students and trainees (clinical and non-clinical)

Essential student and trainee travel is defined as that which cannot be postponed and is necessary to meet a graduation requirement.

Exceptions may be considered through each UC location, through their established review and approval process.

A3 What should UC individuals know when traveling to countries at low or no-risk from COVID-19? **Updated 3/6 at 11 a.m.****

UC individuals should exercise prudence when traveling internationally and consider delaying travel. UC individuals who are sick, have underlying health conditions or who would be significantly burdened by being restricted from returning to the U.S. should be especially cautious about traveling internationally at this time.

UC individuals who have plans to travel abroad should check the [CDC's travel advisory website](#) and the [Department of State's travel advisory website](#) for guidance. These agencies advise and issue notices on the status of travel to foreign locations and, as appropriate, within the United States.

A3.3 What do UC Individuals know about traveling to meetings, holding large gatherings and visitor access? **Updated 3/8 at 4 p.m.****

UC will follow all local, state, and national guidelines from the Centers for Disease Control (CDC), the World Health Organization (WHO), and other official public health organizations with regard to travel guidelines, hosting large meetings and gatherings, and visitor access to UC locations.

Presently, there are no official restrictions on travel beyond those for CDC [Level 3 \(widespread community transmission\)](#) and [Level 2 \(sustained community transmission\) countries](#).

Decisions about essential travel to meetings, hosting large meetings or gatherings, and general access such as visitor access are left to each location. We encourage limiting non-essential domestic and international travel and leveraging the use of technology in lieu of in-person large meetings or gatherings.

The CDC site also provides guidance on mass gatherings and large events: <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html>.

Some of this guidance provides for the following:

Consider postponing, canceling, or rescheduling event. Factors to consider:

- Duration of event
- Venue type (open air vs. closed space)
- Demographics of participants

- Complexity of event operations
- Types of onsite service and activities available

If event organizers choose not to postpone, cancel, or reschedule, they should be prepared to implement the following prevention strategies:

- Distribute health messages about COVID-19 to event staff and participants ahead of event and on event materials distributed during the event
- Develop flexible refund policies for participants
- Be prepared to separate those who become sick at your event from those who are well
- Identify actions to take if you need to postpone or cancel event

Please see the CDC web site for the most current information about precautions and prevention: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>.

A3.5 Who pays when UC individuals are required to return to the U.S. from international travel? **Updated 3/6 at 11 a.m.sd****

UC individuals traveling on UC-related business may be covered by travel insurance, while away from their UC location or primary workplace. Contact the local Risk Management Office for questions about [UC's Travel Insurance Program](#).

A4 What instructions should be provided to a UC individual who is traveling in a country with COVID-19 risks? **Updated 3/6 at 11 a.m.****

CDC Travel Health Notice Level	For UC individuals who are currently traveling on UC-related business	For UC individuals who are on personal travel
Level 3 or Level 2	Travelers must immediately leave the country unless a travel exception is granted by their UC location.	Travelers should be advised to depart the country immediately.
Level 1	Travelers may continue travel plans.	N/A
All Other Countries	Travelers may continue travel plans.	N/A

A5 What restrictions and instructions should be provided to a UC individual who is asymptomatic and returning from a country with COVID-19 risks? ****Updated 3/6 at 11 a.m.**

CDC Travel Health Notice Level	Returning Healthy Traveler Instructions
Level 3	<p>Travelers must be excluded from in-person campus activities, including attending work or classes, and must practice social distancing by staying home for 14 days from the time they left the Level 3 country.</p> <p>The traveler should be advised to monitor for symptoms, including fever, cough, and shortness of breath. If they experience symptoms, they should contact their health care provider or local health department before seeking care, and inform them of their travel history.</p>
Level 2 Level 1	<p>The traveler should be advised to monitor for symptoms, including fever, cough and shortness of breath. If they experience symptoms, they should contact their health care provider or local health department before seeking care, and inform them of their travel history.</p>
All Other Countries	No instructions

For reference, the list of countries subject to CDC Travel Health Notices is available at the CDC's website: [Travelers from Countries with Widespread Sustained \(Ongoing\) Transmission Arriving in the United States](#). Countries in which there is a risk of community transmission of COVID-19 are listed at Level 1 or higher.

A6 What restrictions and instructions should be provided to a UC individual who is symptomatic and returning from travel in a country with COVID-19 risks? ****Updated 3/6 at 11 a.m.**

CDC Travel Health Notice Level	Returning Sick Traveler Instructions
Level 3 Level 2 Level 1	<p>Travelers must be excluded from in-person campus activities, including attending work or classes, and must practice social distancing by staying home for 14 days from the time they left the Level 3 country.</p>

	The traveler should contact their health care provider or local health department before seeking care and inform them of their travel history.
All Other Countries	Sick individuals should stay home until symptoms resolve and should seek medical assistance, as appropriate.

A7 Should restrictions for travelers to Level 3 countries be applied retroactively? ****Updated 3/6 at 11 a.m.**

Yes. If a traveler returns from a Level 3 - Travel Health Notice country and participated in UC location activities, they must immediately withdraw from these activities and be excluded from in-person campus activities, including attending work or classes, and must practice social distancing by staying home for 14 days from the time they left the Level 3 country.

A8 Should UC locations implement restrictions on individuals returning from locations outside of mainland China where there is an ongoing outbreak of COVID-19 respiratory illness? ****Updated 3/6 at 11 a.m.**

Yes. See A5, A6 and A7.

A9 If a child is sick, may a UC-affiliated child care center refuse services to the child?

Yes. Some UC locations operate centers to care for faculty and/or students' children. California Child Care Center general licensing requirements require that these centers inspect all arriving children for signs of sickness,⁴ and that centers must not accept into their care any children exhibiting obvious symptoms of illness, including, but not limited to, fever or vomiting."⁵

The CDC and [CDPH recommend](#) that students, teachers and staff who appear to have an illness at arrival, or who become ill during the school day, be promptly isolated from other students and teachers until they can be picked up. Parents and guardians should

⁴ 22 C.C.R. §§ 101226.1(a), 10156.1(b) ("Daily Inspection for Illness")

⁵ Id.

be reminded to monitor their school-aged children for signs of illness and advised that children who are sick should stay home. Likewise, teachers and staff should be reminded to stay home when sick. Ill students should not attend alternative child care or congregate in any setting. Child care facilities that close their operations should also cancel child care-related gatherings and encourage parents to avoid congregating with their children in social environments (or settings).

A10 Are there steps that leaders, managers and supervisors can take to prepare for an outbreak of COVID-19?

Leaders and supervisors should familiarize themselves with their individual department's business continuity and contingency plans. Consider telecommuting options for employees who voluntarily agree to quarantine. As part of any planning effort, managers and supervisors should make information available to employees concerning the steps employees can take to protect themselves and help prevent the spread of COVID-19 in the workplace. This information can be found on the [CDC's website](#).

Leaders, managers and supervisors should also keep themselves informed of the latest public health information released by the CDC, CDPH and local health officials, and plan in advance for the possibility of increased employee absences. It would also be prudent to determine in advance whether it would be feasible for employees to work at home when they are not sick themselves but need to stay away from the workplace to care for sick family members.

A11 Should UC Health locations, emergency services or environment, health and safety departments distribute masks (N95 respirators) to any member of the UC community upon request?

No, N95 respirators should not generally be distributed upon request. The nation is experiencing a shortage in the availability of these respirators and this shortage may continue or even worsen for several months as authorities work to control the spread of COVID-19 and to develop new supply lines. UC locations must conserve their supplies of N95s for health care personnel.

With respect to the use of standard versus surgical respirators in health care settings, per the CDC, surgical N95s are recommended only for use by health care personnel who need protection from both airborne and fluid hazards. These respirators are not used or needed outside of health care settings. In times of shortage, such as we are now beginning to experience, only health care personnel who are working in a sterile field or who may be exposed to high-velocity splashes, sprays or splatters of blood or body

fluids should wear these respirators, such as in operative or procedural settings. Most health care personnel caring for confirmed or suspected COVID-19 patients should not need to use surgical N95 respirators and can use standard N95 respirators.

UC's approach to the distribution of N95s during this outbreak of COVID-19 differs from UC's response to wildfire smoke events that affected many UC locations and created poor air quality conditions in the past several years. In response to those events, Cal/OSHA promulgated [regulations](#) to protect employees from wildfire smoke, including guidance and air-quality index triggers for the distribution of N95 respirators. During some of these events, UC locations had adequate supplies of N95s to provide these respirators to other (non-employee) UC community members, including students, for voluntary use and additional protection from wildfire smoke. With the current stresses that COVID-19 is placing on UC and the entire nation, N95 inventories face significant challenges unlikely to resolve in the short term, as noted above. For this reason, the prioritization of N95 distribution at this time differs from previous approaches to N95 distribution during wildfire smoke events. This approach is necessary to support responsible planning for COVID-19 and to protect front-line health care staff.

Questions/answers related to employees

E1 What steps should be taken if an employee becomes ill with fever, cough or other concerning symptoms?

Managers and supervisors should recommend that employees who are sick remain off-duty (i.e., on sick leave) until symptoms resolve, and that they seek medical assistance, as appropriate. Occupational health clinics may be able to provide a fitness-for-duty evaluation in cases where there is uncertainty. In those cases, supervisors should call their local occupational health clinic before sending employees.

Anyone sick and believed to be at risk for COVID-19 infection should be advised to seek medical assistance and follow the CDC recommendations:

- Stay home except to get medical care.
- Separate yourself from other people in your home and avoid sharing personal household items.
- If you have a medical appointment, call the health care provider and tell them that you are concerned about the possibility of COVID-19 infection before going to the doctor's office.
- Wear a facemask when you are around other people.
- Cover your coughs and sneezes with a tissue.

- Clean your hands often with soap and water for at least 20 seconds, or use hand sanitizer that contains at least 60% alcohol.
- Avoid sharing personal household items.
- Seek prompt medical attention if your illness is worsening.
- If you are placed under active monitoring, or facilitated self-monitoring, follow the instructions provided by your local health department or occupational health professional, as appropriate.
- Consult with your health care provider before discontinuing home isolation.

If an employee declines to take leave, managers and supervisors should consult occupational health and the local human resources or academic personnel offices for assistance in determining whether there is objective evidence of illness. If there is objective evidence of illness, and an employee refuses to take leave, a manager or supervisor may, over the objection of the employee, require that the employee leave the workplace. In such circumstances, the absence should be recorded as “approved.”

Managers and supervisors should seek assistance from their human resources or academic personnel offices before taking any action to ensure that all appropriate options have been considered. Action should not be taken based solely on a manager’s or supervisor’s subjective assessment of an employee’s medical condition.

Employees who are sick with a contagious acute respiratory illness should be advised to remain at home for at least 24 hours after they are free of fever ($\geq 100^{\circ}$ F / 37.8° C) and signs of fever (without the use of fever-reducing medications) to minimize the spread of the pathogen. Employees should seek immediate medical care if symptoms become more severe (e.g., high fever, difficulty breathing, etc.).

E2 Does the Family and Medical Leave Act (FMLA) or California Family Rights Act (CFRA) entitle an employee to take leave to avoid contracting COVID-19?

No. The FMLA and CFRA entitle employees to job-protected leave when they have a serious health condition or when they need leave to care for covered family members who have a serious health condition. Leave for the purpose of avoiding exposure to the COVID-19 is not protected under the FMLA or CFRA.

E3 Should UC require an employee who is out sick (not due to COVID-19) to provide a health care provider's note?

No. Supervisors should actively encourage sick employees to stay home, but should not require employees who are sick to validate their illness. Health care provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

E4 May UC prohibit an employee from coming to work if the employee is known to have contracted COVID-19 themselves, or to have had close contact with someone who has?

Yes. UC is obligated to provide a safe workplace and may take necessary and reasonable steps to minimize health risks for its employees, such as requiring that employees not come to work if they have COVID-19.

If an employee has had very close contact with a person who has COVID-19 (such as living in the same household), the employee should be told to watch carefully for symptoms including fever, cough or shortness of breath. Employees should stay home if COVID-19 symptoms develop and should go home immediately if COVID-19 symptoms occur at work.

If any employment actions are taken as a result of COVID-19, such as requiring that employees not come to work, such actions must be consistent with federal and state laws prohibiting discrimination in the workplace.

Refer to the CDC's [Interim Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel-Associated or Community Settings](#) and follow the orders of your local public health authority.

E5 Do the same leave policies apply to represented and non-represented employees?

No. Leaves for represented employees are generally governed by the applicable collective bargaining agreements, whereas leaves for policy-covered employees are governed by applicable Personnel Policies for Staff Members (PPSM) or by the Academic Personnel Manual (APM). Managers and supervisors should, therefore, consult and comply with the collective bargaining agreement provisions regarding leaves and/or UC policies that may apply to their employees.

E6 What signs and symptoms may indicate that an employee has become ill with COVID-19?

The CDC reports that [COVID-19 symptoms](#) include fever, cough and shortness of breath.

At present, the CDC also includes epidemiologic risk factors, such as a history of travel from affected geographic areas⁶ within 14 days of symptom onset or close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset as criteria for health care professionals to identify individuals as [patients under investigation \(PUI\)](#). Refer to the most current [CDC guidance](#) as the PUI criteria will likely change as further information becomes available.

E7 What additional steps should be taken if an employee is suspected to be ill with COVID-19 at work?

In addition to understanding the signs and symptoms of COVID-19 (refer to previous answer), a UC location's response to employees who appear to have an acute respiratory illness, including COVID-19, may depend on the resources available at that particular UC location.

At locations at which occupational health services or authorized medical offices are available, managers and supervisors should recommend that employees who appear to be ill seek medical assistance. If occupational health services are not available, managers and supervisors should encourage employees to take leave and seek medical assistance from their primary care physician.

If an employee declines to take leave, managers and supervisors should consult their local human resources or academic personnel offices for assistance in determining whether there is objective evidence⁷ of a suspected case of COVID-19. If possible, managers and supervisors should ask on-site employee health services, if available, to assist in making this determination. If there is objective evidence that an employee has acute respiratory illness and that employee refuses to take leave, a manager or supervisor may, over the objection of the employee, require that the employee leave the workplace. In such circumstances, the absence should be recorded as "approved."

⁶ Affected Geographic Areas with Widespread or Sustained Community Transmission are published on the CDC website: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

⁷ i.e. The employee had signs of respiratory illness such as coughing or fever and a history of travel from affected geographic areas within 14 days of symptom onset.

Managers and supervisors should seek assistance from their local human resources or academic personnel offices before taking any action, to ensure that all appropriate options have been considered. Action should not be taken based solely on a manager's or supervisor's subjective assessment of an employee's medical condition.

E8 May UC require an employee who contracted COVID-19, or who was possibly exposed to COVID-19 and directed to remain quarantined or practice social distancing, to provide certification from a health care provider before returning to work?

Yes. An employer may require a certification from a health care provider clearing an employee to return to work if they have contracted or been exposed to COVID-19. However, managers and supervisors should be consistent in this practice and treat employees uniformly.

E9 Must UC grant leave to an employee who is sick with COVID-19?

Employees who are ill with COVID-19 should be advised to **remain at home until cleared by their local public health department** to minimize the spread of the virus.

If an employee was traveling on university business when they were instructed to self-isolate, or if they contracted the virus from a patient they were treating, time off would generally be covered as administrative leave or workers' compensation. This is because the illness arose out of, and in the course of, their employment.

Employees who contract the virus on vacation, or who are directed to self-isolate following a vacation or other personal travel, should be encouraged to avail themselves of options available under UC's sick leave policy and other applicable leave policies and collective bargaining agreement provisions.

An employee who is sick may be entitled to leave under the Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) under certain circumstances. The FMLA and CFRA entitle eligible employees to take up to 12 workweeks of unpaid, job-protected leave in a calendar year if they have a serious health condition. Some instances of COVID-19 may qualify as a "serious health condition."

University employees may be permitted and/or required to use paid leave accruals in certain circumstances, depending on the applicable policy or collective bargaining agreement. Employees should be encouraged to avail themselves of options available under the applicable policy or collective bargaining agreement provisions.

E10 Must UC allow employees who are parents or caregivers time off from work to care for sick family members with COVID-19?

Employees who are healthy but whose family members are home sick with COVID-19 should notify their supervisor and refer to CDC [Guidance for Implementing Home Care of People Not Requiring Hospitalization for COVID-19](#) for guidance on conducting a risk assessment of their potential exposure.

If certain members of an employee's family are sick, the employee may be entitled to leave under the Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA). The FMLA and CFRA entitle eligible employees to take up to 12 work weeks of unpaid, job-protected leave in a calendar year to care for certain family members with a serious health condition. At UC, this group includes the employee's spouse or domestic partner, parents and children. COVID-19 may qualify as a "serious health condition." UC employees may be permitted and/or required to substitute paid leave in certain circumstances, depending on the applicable policy or collective bargaining agreement.

Even if it is not covered by the FMLA and/or CFRA, an employee may nevertheless be entitled to take leave to care for a family member who is ill under applicable policy and collective bargaining agreement provisions.

Additionally, under UC sick leave policies and certain collective bargaining agreements, employees with accrued sick leave may use it to care for ill family members. If an employee has no accrued time off, the employee may be granted unpaid time off to care for an ill family member. Applicable policies and collective bargaining agreement provisions should be consulted. Employees should be encouraged to avail themselves of options available under the applicable policy or collective bargaining agreement provisions.

E11 Does the foregoing advice, with regard to leave, also apply to academic employees?

The basic principles set forth above regarding steps that UC may take to ensure a safe workplace apply to UC's academic employees. Academic leaders, managers and supervisors should refer to the Academic Personnel Manual to determine applicable leave policies for the various categories of academic employees.

Questions/answers related to students

S1 May UC quarantine or isolate students who were possibly exposed to, or who have contracted, COVID-19?

Yes. UC enacted a Policy on Safeguards, Security and Emergency Management in January 2006 that contemplates the need for chancellors to take extraordinary measures in the event of “a natural or man-made disaster, a civil disorder which poses a threat of serious injury to persons or damage to property,” or other “seriously disruptive events.”⁸ Pursuant to this policy, UC may take appropriate steps to protect the health and safety of its students in the face of a known serious health crisis like a serious outbreak or pandemic.

S2 What steps should be taken before UC initiates quarantine or isolates students who have contracted SARS-CoV-2 or exhibit symptoms of COVID-19?

The CDC recommends that individuals with confirmed SARS-CoV-2 positive remain in isolation, either at home or in a health care facility (as determined by clinical status), until they are determined by state or local public health authorities, in coordination with the CDC, to be no longer infectious.

The location of this isolation will be determined by public health authorities and isolation may be compelled by public health order, if necessary. UC locations may support the isolation of confirmed COVID-19 cases as approved by public health authorities. Mandatory quarantine orders are issued by public health authorities. UC locations may be asked to help implement quarantine or isolation orders or may request self-monitoring and implement social-distancing measures, including requesting students to restrict their movements and public activities, including attending class.

The California Department of Public Health (CDPH) is authorized to establish and maintain places of isolation and quarantine, and has the *final authority* to implement statutes and regulations pertaining to the control of communicable diseases.⁹ Because the CDPH has ultimate authority in this area, all UC locations should coordinate with local public health agencies to ensure that their actions are consistent with the most current CDPH orders, rules and regulations pertaining to the control of COVID-19.

⁸ University of California Policy on Safeguards, Security and Emergency Management, issued Jan. 26, 2006

⁹ Health & Saf. Code §§ 120135, 120145, 120200; 120215

S3 May UC prohibit students who have possibly been exposed to, or who have contracted COVID-19, from attending classes?

Yes. If a student meets the CDC criteria of a [High and Medium Exposure Risk Categories](#) or has tested positive for SARS-CoV-2, UC may prohibit them from attending classes at UC locations. UC must take appropriate steps to protect the health and safety of its students in the face of a known serious health crisis. UC's Policy on Safeguards, Security and Emergency Management, enacted in January 2006, contemplates the need for chancellors to take extraordinary measures in the event of "a natural or man-made disaster, a civil disorder which poses a threat of serious injury to persons or damage to property," or other "seriously disruptive events."¹⁰

The CDC recommends that persons who have contracted COVID-19 remain in isolation, either at home or in a health care facility, until released by local public health authorities. The location of the isolation will be determined by public health authorities and isolation may be compelled by public health order.

The response to a public health emergency, such as a pandemic, will be directed by federal, state and local health agencies. It is the responsibility of UC to act in accordance with all applicable public health directives. UC's guidance, policies and regulations cannot conflict with public health orders regarding control of the COVID-19 outbreak.

Questions/answers related to **privacy and duty to report**

P1 Is there a duty to report COVID-19 cases to state or local health authorities?

Yes. Generally, health care providers — including doctors, nurses, physician assistants, among others — at UC student health centers, health care clinics and medical centers who know of, or are in attendance on, a case or suspected case of COVID-19 are required to report it to the local health department immediately, by telephone, in accordance with internal administrative procedures. Where no health care provider is in attendance, any individual who knows of, or suspects that, someone has COVID-19 is permitted to report it to the local health department.¹¹ Local health departments, in turn, notify the CDPH.

Contact information for the local health officers may be found at the [CDPH website](#).

¹⁰ Policy on Safeguards, Security and Emergency Management

¹¹ 17 C.C.R. §§ 2500(b), 2500(c), 2500(a)(14), 2500(h)(i).

P2 What are the responsibilities of the local and/or state health departments once they have been notified of a case of COVID-19?

Health officers are legally required to take whatever steps are deemed necessary for the investigation and control of the reported disease. This includes the power to isolate and quarantine individuals per their site-specific isolation/quarantine protocol; inspect and disinfect property; require the examination of a person to verify the diagnosis; investigate to determine the source of the infection; determine the contacts subject to quarantine; issue appropriate instructions; and take appropriate steps to prevent or control the spread of the disease.¹² Health officers may, for purposes of their investigation, disclose the information contained in an individual case report, including personal information, as may be necessary to prevent the spread of the disease or occurrence of additional cases.¹³ If the disease requires isolation, the health officer must ensure that instructions are given to the patient and members of their household that define the area within which the patient is to be isolated and state what measures should be taken to prevent the spread of the disease, including the isolation technique to be followed.¹⁴

UC medical centers and locations should plan to work closely with local health officers who may be authorized to take appropriate action on behalf of UC or able to provide UC with approval and/or authority to take appropriate remedial action. Any such authority given or action taken by the local health officer should be documented.

P3 May student health care providers disclose personal information related to a student suspected to have, or known to have, COVID-19, without consent, as necessary to control the disease?

Yes. Student health center personnel may alert the residence halls and instructors about a student who is a carrier of COVID-19 if the student does not comply with instructions to leave UC locations, to stop attending class and/or to go home or to an appropriate health facility for treatment.

The Family Educational Rights and Privacy Act¹⁵ (FERPA) permits disclosure of student treatment records for purposes other than treatment to “appropriate persons [to protect others] in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.” The Health Insurance

¹² Health & Saf. Code §§ 120130(c), 120145, 120175, 17 C.C.R. §§ 2501, 2520.

¹³ 17 C.C.R. § 2502 (f) (2).

¹⁴ 17 C.C.R. §§ 2516, 2518.

¹⁵ <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Portability and Accountability Act¹⁶ (HIPAA) provides that such disclosure of protected health information without patient consent is permitted if there is a good faith belief that the disclosure is “necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and ...[the disclosure] is to a person or persons reasonably able to prevent or lessen the threat.”¹⁷ California case law holds that health care providers have a duty to take reasonable steps, including breaching patient confidentiality, to warn and protect others at risk from a patient with a communicable disease.¹⁸ California regulations regarding communicable diseases obligate a health care provider in attendance on a case of suspected communicable disease to breach confidentiality to give detailed instructions to household members of a sick person regarding precautionary measures to be taken for preventing the spread of the disease or condition.¹⁹

Even when circumstances warranting disclosure exist, the disclosure should be as limited as possible; only necessary information should be shared and disclosures should be made only to those people with a need to know.

A local health department may also provide a UC location with advance written approval in order to disclose such information in such circumstances. Further, as previously indicated, a health official may release personal information, as necessary, to prevent the spread of disease or the occurrence of additional cases.

¹⁶ <http://www.hhs.gov/ocr/privacy/>

¹⁷ 45 C.F.R. 164.512(j)(i). This provision should be relied upon only in extraordinary circumstances.

¹⁸ *Reisner v. Regents of the University of California* (1995) 31 Cal. App.4th 1195.

¹⁹ 17 C.C.R. § 2514.