

As of February 3, 2025, COVID-19 workplace safety rules (sections 3205, 3205.1, 3205.2, and 3205.3) are no longer in effect.

This means that there are no longer specific COVID-19 prevention requirements for workplaces.

However, it is still our goal to ensure a safe and healthy work environment. For employees who test positive or are diagnosed with COVID-19: UC ANR will continue to keep record of all reported COVID cases until February 3, 2026. This means we must keep track of any employee COVID-19 cases, including details like the employee's name, contact information, job, where they worked, and the dates of their last day in the workplace and when they tested positive for COVID-19.

For employees who test positive or are diagnosed with COVID-19:

If you suspect you have COVID-19 or have tested positive, it is essential to adhere to health guidelines to protect both yourself and others. Isolation remains a critical measure to prevent the spread of the virus. While some individuals may remain asymptomatic, others may experience mild, moderate, or severe symptoms. Please ensure you coordinate with your supervisor to discuss any necessary work accommodations during this time.

Please report your COVID positive results here: https://safety.ucanr.edu/Programs/emergency/Current_Health_Alerts/Resuming_In-Person_Activity_622/COVID-19_Screening_Report/

If you Test Positive for COVID-19	Isolation Actions and Return to Work Timelines
<p>Everyone who tests positive or is diagnosed with COVID-19, regardless of vaccination status, previous infection, or lack of symptoms must follow these steps before returning to work.</p>	<ul style="list-style-type: none"> • Stay home if you have COVID-19 symptoms. • You may return to normal activities once both of the following are true for at least 24 hours: <ul style="list-style-type: none"> - Your symptoms have improved overall, and - You no longer have a fever (100.4 F (38 C)) without the use of fever-reducing medication. • After returning, continue taking precautions for the next 5 days, such as maintaining personal hygiene, wearing a mask, practicing physical distancing, and/or testing when around others indoors. • If you develop a fever or feel worse after resuming activities, please stay home for another 24 hours until your symptoms improve without use of fever-reducing medication.

CDC Guidance for people with severe COVID-19 illness:

- People who are severely ill (or hospitalized) with COVID-19 might need to stay home longer than 5-10 days after symptoms first appeared. In these cases, follow the advice of your healthcare provider.
- Persons who are severely immunocompromised may require testing to determine when they can be around others. Talk to your healthcare provider for more information.
- UC ANR may request a medical clearance from your doctor before returning to work, to verify that you can return, or to determine if you have any work limitations that need accommodation.

For employees who are exposed to someone with confirmed or presumed COVID-19:

The latest public health guidance recommends precautions but does not require quarantine for most individuals exposed to someone with COVID-19. However, we ask that you monitor your symptoms and report if you test positive for COVID-19. Watch for symptoms such as fever (100.4 F (38 C)) or chills, cough, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, new loss of taste or smell, fatigue, muscle or body aches, headache, or nausea and vomiting.

If you have been in **close contact** with someone who has COVID-19, take the following precautions to monitor yourself and protect others, according to the chart below.

Close Contact definition: Close Contact occurs through proximity and duration of exposure. Someone who **shared the same indoor airspace with an infected person for a cumulative total of 15 minutes or more** over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) is considered a Close Contact. Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor-to-ceiling walls) must be considered distinct indoor airspaces.

In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, arenas or large meeting spaces, warehouses, large retail stores, or manufacturing/processing facilities), close contact is defined as being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the confirmed case's infectious period.

An infected person can spread SARS-CoV-2 to close contacts starting from 2 days before they have any symptoms (or, for asymptomatic people, 2 days before the positive specimen collection date), until they meet the criteria for ending isolation.

Close contact may include:

- Working closely or in the same office space with someone who is later diagnosed with COVID-19
- Providing care at home to someone who is sick with COVID-19
- Having direct physical contact with someone who has COVID-19

If you had Close Contact with Someone who has COVID-19	Precautions and Recommended Actions
Everyone, regardless of vaccination status, who is exposed or has close contact with someone who has COVID-19 is encouraged to follow these steps:	<p>Quarantine and the following precautions are Not Required but encouraged</p> <ul style="list-style-type: none"> • Wear a well-fitting mask or respirator² around others (at your worksite, indoors, in vehicles, in the field when working near others, etc.) for at least 5 days after exposure. • Monitor yourself for COVID-19 symptoms. If you develop new symptoms, testing is recommended. • If you are at a higher risk of severe disease or if you've had contact with someone at higher risk of severe disease, testing is recommended. • You may still voluntarily get tested after the exposure. • Please self-report if you test positive for COVID- 19.
<ol style="list-style-type: none"> 1. See the California COVID-19 Vaccines Booster Recommendations chart below for vaccination and booster criteria. 2. See CDPH Get the Most Out of Masking and UC ANR Mask Protocol for additional information. 	

When to Seek Care:

Persons in self-isolation or self-quarantine should contact their healthcare provider to seek medical evaluation, treatment, or prescription medications, in the following conditions:

- If they are at risk for severe illness or disease to determine any treatment options.
- If symptoms have not improved, are worsening, or new symptoms arise after 10 days of isolation.
- Any one of the following emergency warning signs signal a need to call 911 and get medical attention immediately: Trouble breathing; Bluish lips or face; Persistent pain or pressure in the chest; New confusion or inability to arouse; New numbness or tingling in the extremities; Other serious symptoms.

Quarantine or Isolation Orders:

As of February 3, 2025, the CDC and CDPH have discontinued the isolation and quarantine protocols. While there is no specified quarantine period, we ask that if you are feeling unwell, you remain at home and return to work only after at least 24 hours have passed since your symptoms have improved, without the use of fever-reducing medication. This helps to ensure the health and safety of both you and your colleagues.

For more information

CDC Guidance <https://www.cdc.gov/respiratory-viruses/guidance/faqs.html>
and <https://www.cdc.gov/covid/prevention/index.html>

ARCHIVED-CDPH Guidance for Local Health Jurisdictions (1/9/2024)

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Isolation-Guidance.aspx>

ARCHIVED-CDPH Quarantine and Isolation Guidance (1/10/2024): <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Isolation-Guidance.aspx>

Cal/OSHA COVID-19 Prevention Non-Emergency Regulations (2/4/2025):

<https://www.dir.ca.gov/DIRNews/2025/2025-14.html>

Additional resources:

<https://covid19.ca.gov/get-tested/> <https://covid19.ca.gov/treatment/>

<https://www.dir.ca.gov/dosh/coronavirus/>

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccine-Booster-QA.aspx#>

<https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>

Appendix: California COVID-19 Vaccines Booster Recommendations:

<https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>

COVID-19 Vaccine Timing 2024-25 –Routine Schedule

For online version and details view [Interim Clinical Considerations for Use of COVID-19 Vaccines](#).
 Schedule is subject to change.

Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 doses:
6 months–4 years†	Pfizer–Infant/Toddler		If 1 prior dose, then: 3-8 weeks 1 ≥8 weeks 2 If ≥2 prior doses, then: ≥8 weeks 1
	Moderna–Pediatric*		If 1 prior dose, then: 4-8 weeks 1 If ≥2 prior doses then: ≥8 weeks 1
5–11 years	Moderna–Pediatric*	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months 1 2024-25 Moderna/Pfizer/Novavax
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose	If 1 or more prior doses (of any of the brands), then^: Ages 12-64 years: ≥2 months 1 2024-25 Moderna/Pfizer/Novavax Ages 65+ years: ≥2 months 1 6 months§ 2
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax		

* See [CDC recommendations](#) for children transitioning from a younger to older age group
 † Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
 ** An 8-week interval may be preferable for some people, especially for males 12-39 years.
 ≠ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
 ^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.
 § Minimum interval 2 months.
 ¶ If >8 weeks passed since the first Novavax dose, any 2024–25 COVID-19 vaccine (Moderna/Pfizer/Novavax) may be given.



COVID-19 Vaccine Timing 2024-25 if Moderately/Severely Immunocompromised

Age	Vaccine	If unvaccinated:	If had any prior doses give 2024-25 doses:
6 months–4 years	Pfizer Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose → 6 months [§] → Additional Dose(s)*	1 prior dose: 3 w 1 → ≥8 w 2 ≥2 prior doses: → ≥8 w 1 6 m [§] Additional Dose(s)*
	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months [§] → Additional Dose(s)*	1 prior dose: 4 w 1 → ≥4 w 2 2 prior doses: → ≥4 w 1 6 m [§] Additional Dose(s)*
5–11 years	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months [§] → Additional Dose(s)*	1 prior dose: 4 w 1 → ≥4 w 2 2 prior doses: → ≥4 w 1 ≥3 prior doses**: (for ages 5+ yrs, Pfizer dose is also OK) → ≥8 w 1 6 m [§] Additional Dose(s)*
	Pfizer–Pediatric	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months [§] → Additional Dose(s)* Moderna/Pfizer	1 prior dose: 3 w 1 → ≥4 w 2 2 prior doses: → ≥4 w 1 ≥3 prior doses**: → ≥8 w 1 6 m [§] Additional Dose(s)*
12+ years	Pfizer–Adol/Adult (Comirnaty)	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months [§] → Additional Dose(s)* Moderna/Pfizer	1 prior dose: 3 w 1 → ≥4 w 2 2 prior doses: → ≥4 w 1 ≥3 prior doses**: → ≥8 w 1 6 m [§] Additional Dose(s)*
	Moderna–Adol/Adult (Spikevax)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months [§] → Additional Dose(s)* Moderna/Pfizer/Novavax	1 prior dose: 4 w 1 → ≥4 w 2 2 prior doses: → ≥4 w 1 ≥3 prior doses**: → ≥8 w 1 6 m [§] Additional Dose(s)*
	Novavax	1st Dose → 3 weeks → 2nd Dose [¶] → 6 months [§] → Additional Dose(s)* Moderna/Pfizer/Novavax	≥1 prior doses**: → ≥2 m 1 6 m [§] Additional Dose(s)*

* Further doses may be given under shared clinical decision-making at a minimum interval of 2 months. See Table 2 for vial and dosage.

** Ages 5-11 years may be given Moderna or Pfizer after ≥3 prior doses. Ages 12+ years may be given Moderna, Pfizer, or Novavax.

§ Minimum interval 2 months.

¶ If >8 weeks passed since the first Novavax dose, any 2024–25 COVID-19 vaccine (Moderna/Pfizer/Novavax) may be given.

