UNIVERSITY OF CALIFORNIA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

UC Health
1111 Broadway, Suite 1400
Oakland, CA 94607
Phone: (510) 987-0147
http://www.ucop.edu

March 20, 2020

TO: Vice Chancellors for Health Sciences
Chief Executive Officers
Health Professional School Deans

Dear Colleagues:

The safety of all members of our healthcare team is a top priority at all of the University's clinical locations (including our academic medical centers, student health services, and occupational health clinics), as is our commitment to our patients and to the health and welfare of the communities we serve. As you will recall, we concluded last week as we tracked the rapidly evolving situation with COVID-19, gained experience with our own patients, and observed what was happening around the world and across the country that airborne precautions in all clinical situations are not necessary to protect against this disease *and, if continued, would undermine our mitigation and treatment efforts as the pandemic progresses*.

The U.S. Centers for Disease Control and Prevention ("CDC") has issued guidance, last updated just 3 days ago, on "Strategies for Optimizing Supply of Facemasks." The guidance describes different states of surge anticipated through the course of a pandemic which are summarized as: (i) conventional capacity (where measures must be consistent with a hospital's infection prevention and control plan), (ii) contingency capacity (where an institution is experiencing shortages but measures adopted to conserve facemasks do not have a significant impact on patient care or worker safety), and (iii) crisis capacity (where practices must be adopted that are not consistent with US standards of care).

All of us have been preparing since the COVID-19 outbreak was first announced at the end of last year to confront surges resulting in contingency, and eventually, crisis capacity. While the World Health Organization (WHO) has declared a pandemic, and federal and state executives have declared a state of emergency, community transmission continues to expand in California, and we do not expect a solution to ongoing supply chain disruption for the next several months.

Our decision to adopt droplet and contact precautions was made only after extensive consultation among our leadership teams and preeminent subject matter experts. In reaching it, we considered, in addition to current and expected conditions on the ground, the science regarding COVID-19's transmission, the WHO's recommendations on rational use of personal protective equipment, recent clinical experience, recommendations of many local public health departments across the state, and the consensus of our chief medical and nursing officers and other clinical experts.

Our decision was reinforced today, when systemwide leaders in hospital epidemiology and preventive medicine gathered (via teleconference) to review the most current scientific evidence and our experience

in the last week. They are painfully cognizant of the fear and uncertainty many health care providers are experiencing. However, in the face of a dangerously low supply of PPE, inappropriate use of equipment and supplies continues in some cases, even with the best of intentions. The shortages produce more fear, and the fear causes well intentioned providers to ignore the substantial clinical and epidemiologic evidence that SARS-CoV-2 is spread primarily by droplets and contact. Moving to standard and droplet and contact precautions for all patients suspected of being infected with SARS CoV-2 and reserving airborne precautions for those patient undergoing aerosol generating procedures was unanimously endorsed by our clinical leadership and infection prevention experts systemwide as a step to further prevent exacerbation of the shortages, to preserve PPE supply, and to protect health care providers and patients.

While there are some differences in the preventive protocols and guidelines adopted by our various hospitals under the direction of their respective infection prevention teams, these are consistent in its reliance on the science, direction from the Centers for Disease Control and Prevention, local conditions, and the recognition that increased community transmission and the inevitable progression from conventional to contingency to surge capacity leaves us with no other options.

We must, at this critical stage of the pandemic, do our very best to protect our healthcare teams both now and in the coming weeks. **The only way we can do that is to preserve the PPE we have available through appropriate use as directed by our infection prevention teams.** The University is not alone in its conclusions or approach: hospitals in California and throughout the country have made similar decisions.

For all of these reasons, the UC Health Coordinating Committee continues to support the decision to rely on your respective infection prevention experts to develop and implement protocols consistent with the science, as reflected in public health guidelines, and with local conditions.

I will continue to consult with these experts on an ongoing basis and engage with representatives of our healthcare teams to hear and respond to their concerns.

Thank you for the extraordinary efforts underway. I look forward to continuing our discussions and working together to address the threat of COVID-19 to our staff and our communities.

Sincerely,

Carrie L. Byington, MD
Executive Vice President
UC Health

CLB/rn

cc: President Napolitano
Chancellors
UCOP Management Review Team