

March 2, 2020

Secretary Mark Ghaly, MD, MPH
California Health and Human Services Agency
1600 9th Street, Room 400
Sacramento, CA 95814

Dear Secretary Ghaly:

The California Hospital Association (CHA), which represents more than 400 hospitals and health systems with more than 500,000 employees, appreciates your leadership, communication, and coordination as we have worked together with you, your departments, and local and federal partners to respond to novel coronavirus (COVID-19).

Community transmission of COVID-19 appears to be occurring within California, with recent known cases of COVID-19 with no known travel or other risk factors. This is a significant change in circumstance. As such, we must prepare for an increase in disease burden for several months and make necessary changes in order to maintain a functioning health care system in California.

To date, we have approached COVID-19 collectively with a viral control strategy of containment, seeking to halt the spread of infection to the general population through careful isolation of individuals suspected or confirmed to have the virus. A containment approach works when a relatively small number of patients are infected in concentrated locations, but becomes counterproductive when an infection spreads into a community because it does not scale to the necessary diagnosis and treatment for large populations.

Because of what appears to be new and recent community spread, it is urgent that we move immediately to a mitigation strategy for COVID-19. We must slow the spread of the virus while also ensuring the capacity of the health care system to care for all patients who need medical attention. A mitigation strategy considers individuals' severity of symptoms so that patients receive the right level of care in the right setting.

Key components of a mitigation strategy include:

- **Move to Statewide Leadership:** A statewide rather than county-by-county approach is critical. **We ask the Governor to declare a state of emergency no later than tomorrow.** Such a declaration would provide the Governor's administration with the authority it needs to provide clear and consistent direction. This will be increasingly important on critical issues such as the need to conserve supplies and maintain a sufficient health care workforce to care for our patients.
- **Shift to Droplet Precautions:** **Droplet, not airborne, precautions should be used for all.** For health care workers, in particular, this includes using a surgical mask, disposable gowns, gloves,

and eye wear (goggles, safety glasses, or face shields) for protection. Doing so will preserve limited supplies of personal protective equipment and airborne isolation rooms for health care workers caring for patients with airborne diseases. Current Centers for Disease Control and Prevention (CDC) infection control protocol take an airborne precaution approach. California, which now has more than half of all confirmed cases of COVID-19, must lead and work with the CDC on a more sustainable approach.

- Segment Patient Evaluation and Testing: **Avoid unnecessary exposures by segmenting how we evaluate and test patients.** Patients with mild cold or minimal symptoms need to be advised to at-home isolate themselves until well, such as the resolution of a fever or improvement in cough. These would not require specific testing and could be evaluated by phone or video visit. Individuals with more significant cold and cough symptoms should be tested on physician referral but, ideally, in places other than hospitals or medical offices. When needed, patients should be evaluated at **designated sites**, including tents, mobile units, or clinic sites that are set up to minimize potentially infected persons' movement through entire health care facilities. Use of alternate sites would require the state to grant program flexibility now to expedite this process. **Testing must occur through local health labs and hospital labs to reduce the timeline for confirming cases.**
- Maintain Our Health Care Capacity: **Furlough health care workers only when symptomatic.** Employees and staff who are ill should remain off work until their fever resolves and cough and other symptoms improve. But given the presence of community transmission, health care workers are just as, if not more likely, to be exposed in their communities as they are in the hospitals in which they work. Those who do not have symptoms ought to be assessed based on clinical severity for testing like patients will be. And as guidelines recommend for exposure to influenza and other contagious diseases, employees and staff must regularly self-monitor for fever, cough, and other symptoms.
- Supplies: **It is time for the state to request access to the Strategic National Stockpile.** Hospitals are working with the state's emergency management system, as they always do, to secure necessary protective equipment for patients and health care workers. However, many are running dangerously low. We ask the department to work quickly with Cal/OSHA to extend the current equipment supply and obtain the necessary resources from our federal partners to protect our patients and health care workers.

Specifics are being developed for each of these and we will share as soon as complete. We are also convening a small workgroup of infectious disease and other experts that may be helpful to you, as well.

California is on the frontline of the national challenge that COVID-19 presents. We thank you for your willingness to engage with stakeholders and sincere interest in understanding the situation unfolding in the hospital field. As we move into the next phase of this rapidly evolving situation, we seek your consideration of a new mitigation approach so that working together, we can protect the health of all Californians.

Sincerely,



Carmela Coyle
President & CEO