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April 28, 2020

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

UC Health and the medical centers it operates throughout the State of California have spent months preparing for a surge of critically ill COVID-19 patients by diverting significant resources to emergency response efforts; reorganizing facilities to improve safety and substantially expand capacity; rebuilding interrupted supply chains for personal protective equipment, ventilators, testing supplies, and other critical items; and developing and expanding in-house testing capacity. We also have implemented and refined employee and patient screening protocols and improved policies and practices.

During this time, we radically scaled back access not only to elective but also to essential health care services. As closures initially expected to persist for a few weeks have continued for months and the prospect of future closures emerges, our clinical leaders have concluded that ongoing delays of many of these services will likely result in more harm to our patients and communities than will prudent resumption.

To that end, the University of California's five academic medical centers have initiated activities to safely increase the volume of essential services without compromising the ability to address a new surge when and if it emerges. These activities are informed by and consistent with [guidance](#) issued on April 27, 2020 by the California Department of Public Health, and informed by the principles and considerations identified in the Joint Statement of the American Hospital Association, American College of Surgeons, American Society of Anesthesiologists, and Association of periOperative Registered Nurses, as well as those issued by the California Medical Association and others.

As UC Health resumes deferred and preventive clinical services, we will adhere to the following principles:

1. **We will remain prepared for potential future surges and monitor indicators and trends.** Each location will continue to consult closely with local public health officials and other regional hospitals to review and analyze pandemic trends and regional and facility-specific capacity. All are and will remain prepared to rapidly (in a matter of days) reduce non-COVID inpatient volumes should the need arise.

2. **We will continue expanding screening and testing protocols.** All patients will be screened and tested at the time of admission to our hospitals; as possible, we will adopt non-COVID care zones to assist in the prevention of COVID-19 transmission. All permitted visitors, faculty, staff, and trainees will be screened for symptoms consistent with COVID-19 and required to report positive test results from any facility. Each location will perform additional testing consistent with its own protocols and local public health directives.
3. **Visitors will be permitted, with precautions, to support our patients.** Visitor policies will continue to limit the number of visitors physically entering our buildings, but consistent with applicable public health orders, will be updated to better align with clinical and psycho-social evaluation of patient needs.
4. **Universal masking will be observed.** All patients, visitors, faculty, staff, and trainees will wear a face covering at all times in our facilities. Additional PPE will be utilized consistent with established practices and CDC and CDPH recommendations.
5. **Employees in high-risk groups should continue to exercise caution.** Employees in high-risk groups (for example, those who are over age 65, suffer from serious heart disease, are immunosuppressed, or are pregnant) should limit direct care of patients with confirmed or suspected COVID-19, especially during higher risk (e.g., aerosol-generating) procedures, as feasible based on staffing availability. Those with disabilities may seek additional accommodations through the interactive process.
6. **Resumption of deferred essential services will be based on local conditions.** Deferred essential services will resume consistent with available facilities, workforce, testing, and critical equipment and supplies, including ventilators and PPE. Sustained local reduction in the rate of new COVID-19 cases is not a prerequisite to the resumption of essential services whose delay, in the opinion of the treating physician, has the potential for increasing morbidity or mortality.
7. **Qualified health care providers will determine which patients are at risk if procedures are further delayed.** Physicians and appropriately credentialed non-physician practitioners will make individualized determinations of what services can or should be postponed, consistent with local conditions. As a general matter, essential services should no longer be postponed if a medical center has the capacity to support them.
8. **Contact tracing will continue.** Each location will continue to undertake contact tracing in consultation with local health departments and consistent with local policies. At a minimum, contact tracing will be performed whenever an employee tests positive for COVID-19.
9. **Telehealth will be used when feasible to limit exposure.** Each location will continue to utilize telehealth services as much as possible to facilitate physical distancing where that does not compromise the safe and effective delivery of health care services.
10. **Physical distancing will be encouraged.** Each location will publish its plan for facilitating physical distancing in support of patient and workplace safety.

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As local conditions permit, each location will resume essential services, prioritizing those whose continued delay is most likely to result in patient harm. Essential services are those services that cannot be delayed or postponed without reasonably foreseeable negative medical or health impact on a person *in the professional judgment of the person's attending physician or non-physician practitioner*.

Each location will resume elective services consistent with applicable federal, state and local public health orders and guidance. Elective services are those whose delay through the conclusion of the COVID-19 pandemic will have no reasonably foreseeable negative medical or health impact on a person, again *in the professional judgment of the person's attending physician or non-physician practitioner*. Examples of elective services include cosmetic surgery for purposes unrelated to restoration after trauma or illness such as cancer and routine preventive dental services.

Sincerely,

A handwritten signature in black ink that reads "Carrie Byington". The signature is written in a cursive, flowing style.

Carrie Byington, MD
Executive Vice President
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cc: President Napolitano
Chancellors
UCOP Management Review Team