

COVID-19: FAQs & Resources for California Hospitals

As hospitals and health systems respond to the latest COVID-19 surge, these FAQs and links are designed to help inform your response to challenges such as personal protective equipment (PPE), testing, treatment, staffing, and other demands. The [CHA COVID-19 web page, which includes all of the information below](#), also offers a broad range of FAQs and links to state and federal resources.

PPE and Resource Requests

We're running low on PPE. Are there any recommendations for prioritizing its use or decontaminating/reusing?

A: Yes, the Centers for Disease Control and Prevention (CDC) has issued [detailed strategies](#) for optimizing supplies of eye protection, isolation gowns, facemasks, and N95 respirators. In addition, the Food and Drug Administration (FDA) has issued emergency use authorization for various mask and respirator decontamination systems. [More details](#)

What help is available for accessing and procuring additional PPE and other critical resources?

A: The best way to get supplies in California is to request them through the Medical and Health Operational Area Coordinator (MHOAC) Program. A list of county MHOAC contacts is [here](#), and the process for requesting resources from your county MHOAC is [here](#).

For more information: See CHA's website for details about the [FEMA grant program](#) to help pay for PPE and [FAQs about supplies](#).

Testing

How should we prioritize our testing?

A: The California Department of Public Health (CDPH) released [updated testing guidance](#) July 14 that includes four tiers of testing priorities. The first tier includes hospitalized individuals with signs or symptoms of COVID-19; people being tested as part of the investigation and management of outbreaks; and close contacts of confirmed cases.

How do testing supplies get distributed?

A: If hospitals are unable to purchase testing supplies, they can request them through their [MHOAC](#). The state's testing task force uses collected data to understand testing capacity and supply issues, and determines, through the Governor's Office of Emergency Services' system, what the MHOAC and state and national supplies are, and where the distribution will occur.

For more information: CHA's [testing FAQs](#) include more information about hospital lab requirements, types of tests, and more.

Remdesivir

Has the process for remdesivir allocation changed?

A: Yes. Due to a federal government agreement for 500,000 treatment courses nationwide, hospitals will now purchase their allotment from distributor AmerisourceBergen. California hospitals' patient data will be tracked through the CHA COVID-19 Tracking Tool. The Office of the Assistant Secretary for Preparedness and Response will distribute remdesivir to CDPH. CDPH will allocate to the county MHOAC, who will identify, using the patient data, which hospitals will receive remdesivir and in what quantities. CDPH will send that information to AmerisourceBergen, which will ship the drug to hospitals that purchase their allotment (see details about the allocation methodology [here](#)).

How should we allocate remdesivir to patients in our hospital?

A: CDPH has [issued guidance](#) about allocating scarce medications for COVID-19. These recommendations are designed to help maximize transparent and fair allocation of remdesivir or other scarce medication in a way that provides the greatest overall clinical benefits to patients, avoids bias, and mitigates health care disparities.

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For more information: See [CHA's website](#) for more details about what to do if you don't need your remdesivir allotment, plus more.

Staffing and Employee Safety

Are the nurse staffing ratios waived?

A: No. The ratios were previously waived but are no longer. Hospitals were required to bring staffing levels into state ratio compliance by July 17 (see a recent [All-Facilities Letter from CDPH](#)). A hospital experiencing a COVID-19-related patient surge or staff shortage may request a staffing waiver by submitting [CDPH form 5000A](#).

Are hospitals allowed to operate using droplet precautions?

A: Cal/OSHA's latest [interim guidance](#) will likely make it much more difficult to use facemasks rather than respirators for routine care of COVID-19-positive patients and persons under investigation. [More details](#)

What are the rules around when a possibly exposed but asymptomatic health care worker can continue to work and when a symptomatic health care worker can return to work?

A: Asymptomatic health care workers who have been exposed to a known or suspected COVID-19-positive patient can continue to work, subject to infection control precautions, according to the Governor's March 15 Executive Order. For health care workers who have COVID-19 symptoms, whether they have been tested or not, [CDC guidance](#) provides two methods for determining when they can return to work.

For more information: CHA's website FAQs on [human resources](#) and [staffing](#) cover additional topics, such as free and discounted hotel rooms for employees, employee childcare assistance, mental health counseling resources, out-of-state medical personnel, and more.

State and Federal Actions

Where can we find a list of state and federal waivers that might help us as we respond to the demands of COVID-19?

A: Numerous licensing and certification requirements have been suspended, which can support health care facilities in surging their capacity. See CHA's summaries of both the [state waivers](#) and [federal waivers](#).

For more information: See CHA's website for details about [federal funding opportunities](#) and [coverage for uninsured individuals](#).

Public Health Orders

What should hospitals do if a local public health order contains a requirement that differs from state guidance?

A: First, read the local public health "order" very carefully. Many documents issued by public health officers (PHOs) are actually "advisories" or "guidance," rather than orders that carry the force of law. CHA has reviewed PHO documents that have the word "order" at the top of the first page, but instead include "recommendations" rather than mandates, or discuss activities or actions the hospital "should" take, rather than "must" or "shall" take. [More details](#)

Additional Resources

- [CDPH COVID-19 Health Care System Mitigation Playbook](#)
- [Checklist for Activating an Emergency Operations Plan](#)