

Letter to BWH Hospital Leadership

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Dear Drs. Nabel, Walls, Ms. Pearson, and members of Brigham and Women's Hospital Leadership:

We, members of the Brigham and Women's Hospital Staff and concerned Alumni, are writing to express our ethical and professional concern regarding current COVID-19 infection control policies – specifically, the absence of **regular, convenient, and free testing of asymptomatic staff** and its implications for the safety of our patients and staff.

For several months, Brigham staff have worked tirelessly to care for our patients despite significant risks to ourselves and our families. We have also done our best to adhere to the hospital's Safe Care Commitment, diligently monitoring our symptoms and staying home at the first sign of infection. However, while universal masking has significantly reduced the incidence of infections, we continue to witness asymptomatic and symptomatic spread of this virus across the country, and now, within our own walls. In fact, the most frequently cited fear among housestaff is that we will unwittingly infect our patients. SARS-CoV-2 testing is currently not convenient nor available for all staff that need testing, as one symptomatic resident had to walk 40 minutes for testing.

Regular, convenient, and free testing of asymptomatic individuals has already been implemented at other Harvard institutions¹ or academic medical institutions.² While this requires investment from the hospital, the overall cost is significantly lower than the financial consequences of non-intervention which has led to thousands of dollars lost per positive patient. More importantly, patient and staff members' safety and health cannot be quantified.



Below we provide a stepwise proposal for expanding both symptomatic and asymptomatic testing as we work towards the ideal of regular universal testing. A more detailed proposal can be found in the appendix.

- 1) Within two weeks, increase access and convenience for walk-in, optional, twice-weekly testing for all staff.
- 2) Within one month, roll out required, universal nasal swab testing twice a week for all hospital employees.
 - a) Ensure test result status does not jeopardize employee pay or benefits.
 - b) Provide easily accessible self swab kits at the hospital entrance.
 - c) Provide convenient drop-off locations at the hospital.
 - d) Release test results to individuals as soon as they become available.
- 3) Within 72 hours, increase transparency and quality of the hospital response and communication regarding work-related COVID-19 exposures.

In addition to the above testing proposals, **if the current outbreak is unable to be contained**, the hospital should **strongly consider** the following changes to policies to decrease risk of transmission among patients and staff members. These include:

- 1) Convert all patient rooms to singles.

¹ <https://www.harvard.edu/coronavirus/harvard-university-wide-covid-19-testing-dashboard>

² https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/FAQs_Health_Care_Workers_Testing_Positive_and_Contact_Tracing.pdf

- 2) Limit visitors at this time unless: a) they have a negative COVID swab within the last 2 days, b) if their family member/loved one is critically ill, or c) there are extenuating circumstances requiring family members/loved ones present for communication.
- 3) Delay or refer any non-emergent admissions until the new COVID-19 diagnoses from BWH patients or staff can no longer be connected to the BWH 16A, 14CD cluster.

We ask that hospital leadership responds within 48 hours to the **primary proposal of asymptomatic testing**. If the preceding proposal or an agreed-upon equivalent is not implemented, the Brigham staff members who signed this letter will continue pursuing additional measures to ensure our patients and fellow staff members are safe.

We were leaders with universal masking. Now, let's be leaders with universal testing.

Sincerely,

The following Brigham and Women's Hospital House Staff, Staff, and Alumni

