February 23, 2021

TO: Chief Executive Officers
Chief Medical Officers
Principal Investigators and Study Coordinators
Designated Institutional Officers & GME Program Directors
Institution Review Board Chairs & Administrative Directors
DHS fiscal intermediaries

FROM: Hal F. Yee, Jr. M.D., Ph.D.
DHS Chief Deputy Director, Clinical Affairs

SUBJECT: CONTINUE – RESEARCH ACTIVITY RESTRICTIONS
AT LOS ANGELES COUNTY DEPARTMENT OF
HEALTH SERVICES (DHS) SITES
AND EVOLVING COVID-19 PANDEMIC

DHS placed restrictions on most research being conducted within the context of patient care sites on March 19, 2020 and amended those restrictions with further guidance on September 22, 2020. This memorandum is a reminder that these restrictions remain in effect as DHS continues to prioritize urgent patient care as well as manage deferred service delivery due to the pandemic’s surge.

Please refer to the attached memorandum and Table 1, which highlights the continuing guidance for research during the COVID-19 pandemic.

If you should have any questions, please let me know or you may contact Gary García at garygarcia@dhs.lacounty.gov.

HFY: gpg

Attachment (September 22, 2020 memo included for reference)
September 22, 2020

TO: Chief Executive Officers
   Chief Medical Officers
   Principal Investigators and Study Coordinators
   Designated Institutional Officers & GME Program Directors
   Institution Review Board Chairs & Administrative Directors
   DHS fiscal intermediaries

FROM: Hal F. Yee, Jr. M.D., Ph.D.
      DHS Chief Deputy Director, Clinical Affairs

SUBJECT: ADDENDUM - RESEARCH ACTIVITY AT LOS ANGELES COUNTY (LA COUNTY) DEPARTMENT OF HEALTH SERVICES’ (DHS) SITES AND EVOLVING COVID-19 OUTBREAK

As the safety-net system for LA County, we have halted most research in LA County DHS to reduce the burden on the healthcare system and protect patients, employees, and research staff. In addition to managing the ebb and flow of the pandemic, DHS is handling usual patient care as well as all the care that was deferred in the setting of the pandemic.

We are enthused about research that is methodologically well-designed and may reasonably be expected to improve the effectiveness and efficiency of either clinical care and/or the delivery of clinical care without distracting from other patient care. In designing/implementing your studies, please keep in mind the following:

(a) no additional county resources should be used that would distract or detract from clinical care

(b) research should not interrupt clinical workflow

IRB approval is necessary, but not sufficient to conduct research at any of the LA County DHS sites.

Please refer to Table 1 for updates to the guidelines for research during the COVID-19 pandemic.
<table>
<thead>
<tr>
<th>RESEARCH TIER</th>
<th>CATEGORIES</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The study can continue for patients already enrolled and can enroll new participants</td>
<td>Research that might substantially improve the effectiveness and efficiency of patient care more than the county resources used in the study</td>
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<td></td>
<td>Risk of participation during the COVID-19 crisis is less than the risk from usual care</td>
<td>COVID-19 management trials that have a realistic chance or higher likelihood of leading to development of treatments in the near term (1-3 years) that will improve the health of DHS patients*</td>
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<td>Studies where all activities are remote/off-site, do not use county resources, and do not impact workflow - all recruitment, consents, follow up, and other study activities are done off-site by non-county personnel or county personnel on non-county time - Study does not affect normal county workflow or care</td>
<td>Large, adequately-powered, multicenter, national/international Phase III trials of COVID-19 therapeutic agents</td>
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<td></td>
<td>On site studies where: - Study does not affect normal county workflow or care o Study activities are conducted for patients who are already in an inpatient/outpatient setting (and study doesn’t reduce clinical efficiency or productivity) - No additional county resources are used that would distract or detract from clinical care – any use of county resources would need to be approved prior to activation of the study</td>
<td>Add-on chemotherapeutic agents for patients already receiving infusions (and additional agent doesn’t extend visit time)</td>
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<tr>
<td>2A</td>
<td>The study can continue with currently enrolled patients but cannot enroll new patients</td>
<td>Disrupting the study could cause harm</td>
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<tr>
<td>2B</td>
<td>Post-treatment non-clinical data collection or analysis can continue</td>
<td>Studies in which study treatment phase is complete and follow up data collection does not use DHS resources (i.e. infrastructure, space, equipment, personnel, etc.)</td>
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<td></td>
<td>Retrospective analyses that do not use county resources can start/continue</td>
<td>Non-interventional studies (e.g. retrospective analyses) without the use of county resources (i.e. data is pulled through self-service means)</td>
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<tr>
<td>3</td>
<td>The study should be halted for currently enrolled participants and be closed to new recruitment</td>
<td>Total risk of participation does not warrant the added risk of COVID-19 exposure to patients, DHS employees, or other research staff AND/OR Study utilizes LAC-DHS infrastructure, space, equipment, personnel, or other care resources and does not meet Tier 1 or 2 criteria</td>
</tr>
</tbody>
</table>
COVID-19 Treatment Trials Guidance

Clinical trials should:

- be randomized
- have a placebo arm unless a medication has proven benefit for COVID and is part of the DHS Expected Practice for COVID management
- have a strong scientific rationale
- have adequate power
- have a meaningful primary clinical outcome

LA County DHS Prioritization of Randomized Clinical Trials of COVID-19 Therapeutic Agents

1. Large, multicenter, well-designed (e.g., adequate power, appropriate control arm, etc.) national/international phase III trials funded by NIH or large, successful pharmaceutical companies

2. Phase II trials

If you have any questions please let me know or you may contact Gary Garcia of my staff at garygarcia@dhs.lacounty.gov.

HFY:gg

Attachment (March 19, 2020 Memo included for reference)
March 19, 2020

TO: Chief Executive Officers
Chief Medical Officers
Principal Investigators and Study Coordinators
Designated Institutional Officers and GME Program Directors
Institution Review Board Chairs and Administrative Directors
DHS fiscal intermediaries

FROM: Hal F. Yee, Jr., M.D., Ph.D.
Chief Deputy Director, Clinical Affairs
DHS Research Oversight Board

SUBJECT: RESEARCH ACTIVITY AT LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES’ (LAC DHS) SITES AND EVOLVING COVID-19 OUTBREAK

The COVID-19 outbreak adds an unforeseen factor to the risk/benefit ratio for clinical research activity. Ethical principles and federal regulations for the protection of research participants and staff along with conservation of resources for patient care require that we reevaluate research activity during the current outbreak.

The Los Angeles County Department of Health Services’ Research Oversight Board has determined that all research activities should be paused at this time to mitigate risk for patients, LAC DHS employees, and research staff, with the exceptions described below. This determination is focused on patient safety and the need to focus resources on the expected COVID-19 surge. This also applies to clinical research during this Public Health Emergency.

We have segmented Research Studies into 4 Tiers:

**Tier 1:** The study should continue for patients already enrolled and continue to enroll new recruits.

These are studies in which the added risk of participation during the COVID-19 crisis is less than the risk from usual care. Examples include alternate methods for patient diagnosis and treatment including Telemedicine, remote visit optimization, etc. as long as they reduce care resources when compared to usual care.

**Tier 2A:** The study can continue with currently enrolled patients.

These are studies in which the added risk of participation is less than the risk from disruption of care if the study was paused. Examples include patients receiving experimental chemotherapy on a timed cycle.

**Tier 2B:** Post-treatment non-clinical data collection and analysis can continue. These are studies for which the study treatment phase is complete. Follow-up data collection outside of clinical venues that pose no risk to staff or patients, and do not use DHS infrastructure, equipment, personnel, or other resources may continue.

**Tier 3:** The study should be halted for currently enrolled participants and be closed to new recruitment if either of the following are true.
• The total risk of participation does not warrant the added risk of COVID-19 exposure to patients, DHS employees, or other research staff.
• The study utilizes LAC DHS infrastructure, equipment, personnel, or other care resources and does not meet Tier 1 or 2 criteria.

Planned Research Studies:

Implementation of planned and future research studies shall be postponed given the risk of COVID-19 exposure and potential additional burden on DHS infrastructure, equipment, personnel, and other resources, with two exceptions:
• The postponement of the proposed research study will negatively impact direct patient care in such a way that outweighs the potential risk of COVID-19 exposure, transmission, and use of LAC DHS resources
• The research study is directly related to treatment / testing of COVID-19 or alternative operational approaches to care delivery that lessen risk or increase efficiency and effectiveness

Next Steps for Investigators and IRB’s: Establish Action Plans

Principal Investigators engaging in active research should develop concrete and actionable plans for:
• Continuing or halting data collection
• Continuing to ensure patient privacy and data security are maintained given the possibility of remote research work
• Mitigating impact to research integrity given the possibility of reduced access to DHS facilities
• Communicating with patients currently enrolled in active research projects to ensure patients understand the reason for temporary suspension of research activity

Local facilities, in concert with their Institutional Review Board (IRB), should categorize their active studies into the four categories above. A data collection form and contact information will be forthcoming. We anticipate most active research studies will be ranked at Tier 3, with a smaller number ranked as Tier 2. Decisions for ranking should be made with an emphasis on mitigating risk and focusing resource utilization on direct patient care.

The NIH has issued guidance for those studies funded by that agency. They can be found here: https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-087.html

If your study is continuing, we recommend following the NIH guidance within the document above, including:
• Limiting study visits to those needed for participant safety or coincident with clinical care
• Conducting virtual study visits
• Arranging flexibilities for required laboratory tests or imaging needed for safety monitoring to occur at local laboratories or clinics
• Canceling large gatherings of 50 or more people
• Limiting or suspending unnecessary travel

We appreciate the efforts of our talented Investigators and staff in facilitating a safe environment for patients and staff members while mitigating the spread of COVID-19.

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