



ORDER OF THE HEALTH OFFICER No. C19-03

DATE ORDER ISSUED: March 10, 2020

Please read this Order carefully. Violation of or failure to comply with this Order constitutes a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code §§ 120295, *et seq.*)

The virus that causes Coronavirus 2019 Disease places residents at long-term care facilities at high risk. Visitors to such facilities may have the virus but may not have symptoms or may have mild symptoms. Such visitors can easily pass the virus on to vulnerable residents. Because of this risk, and the need to protect these vulnerable members of the community, this Order restricts Visitors and Non-Essential Personnel from those facilities for the next six weeks. Accordingly,

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE CITY AND COUNTY OF SAN FRANCISCO (THE "HEALTH OFFICER") ORDERS:

- 1. Effective as of the date of this order, the staff of each long-term care residential facility listed in Section 14 below (each a "Residential Facility") shall exclude from entry or access to its Premises any Visitors and Non-Essential Personnel including, but not limited to, visitors of residents at the Residential Facility. Such Visitors and Non-Essential Personnel, including but not limited to family members of residents and authorized decision-makers, are hereby ordered not to visit any Residential Facility except as permitted by this Order. This visitation restriction has a limited exception described in Section 7 below. This restriction is in place for the limited duration listed in Section 11 below.**
- 2. Each Residential Facility must discourage Non-Essential Resident Movement, as defined in Section 10 below, onto and off of Residential Facility Premises where feasible. Whenever a Residential Facility resident leaves the Residential Facility Premises, the resident is ordered to comply with San Francisco Department of Public Health Social Distancing Protocols, a copy of which is attached to this Order. If the Department of Public Health updates its Social Distancing Protocols**



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(available online at www.sfdph.org), this Order automatically incorporates those changes by this reference.

- 3. This Order is based on scientific evidence and best practices currently known and available to prevent the spread to Residential Facility residents of the virus that causes Coronavirus 2019 Disease (“COVID-19”). This Order aims to protect those residents from avoidable risk of serious illness or death resulting from COVID-19. The age, condition, and health of a significant majority of Residential Facility residents places those residents at high risk of serious health complications from COVID-19, including death. Visitors with the COVID-19 virus may have mild symptoms or no symptoms. This means they may not know that when they visit a Residential Facility, they are putting residents at an unjustified risk.**

This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the February 25, 2020 Proclamation by the Mayor Declaring the Existence of a Local Emergency issued by Mayor London Breed, and the March 6, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer.

- 4. Each Residential Facility must, within 48 hours of receipt of this Order, develop and implement a written plan (“COVID-19 Plan”). The plan must comply with applicable guidance from the United States Centers for Disease Control and Prevention (“CDC”) (available online at www.cdc.gov) and the California Department of Public Health (“CDPH”) (available online at www.cdph.ca.gov) regarding the screening of residents, staff, and visitors for signs of COVID-19 or other illness. The COVID-19 Plan must also address other applicable COVID-19-related guidance, including steps to reduce the risk of authorized visitors (such as through hand washing, masking, maintaining at least six feet distance from other people, and limiting the duration of visits, as appropriate). Nothing in this Order prohibits a Residential Facility from taking steps beyond guidance provided by the CDC or CDPH in its plan. Each Residential Facility must update its plan when new COVID-19 recommendations or requirements are issued**



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by the CDC or CDPH or as otherwise required by law. See the COVID-19 Guidance (discussed in Section 7 below) for more information about the COVID-19 Plan.

- 5. Each Residential Facility's COVID-19 Plan must also include a requirement that any employee or other staff member who is sick or does not pass the required screening must be immediately sent home and not return to work until feeling better or authorized to return by a physician. If a Residential Facility is unable to immediately send home any such employee or staff member, the Residential Facility must (1) prevent that staff member from engaging in any resident care or contact and (2) immediately notify its respective licensing entity and seek guidance from that entity. This Order requires that each Residential Facility "screen all staff and visitors for illness and turn away those with symptoms," a requirement listed in the San Francisco Department of Public Health Recommendations as of March 6, 2020.**
- 6. If a Residential Facility learns that any facility resident or staff member who had recently been working at the Residential Facility tests positive for COVID-19, the Residential Facility must immediately (within 1 hour) notify the Department of Public Health and meet any other applicable notification requirements.**
- 7. Attached as part of this Order is written guidance to Residential Facilities ("COVID-19 Guidance") issued by the Health Officer. The Health Officer or designee may revise the COVID-19 Guidance in writing from time to time. Each Residential Facility must follow the COVID-19 Guidance when applying this Order.**

This Order restricts physical contact between Residential Facility residents and Visitors and Non-Essential Personnel. When Visitors and Non-Essential Personnel seek to visit or contact a resident, there are two ways a Residential Facility may facilitate contact. First, each Residential Facility must make reasonable efforts to facilitate such contact by other means (such as telephone or videoconference) that do not expose the resident to in-person contact. Second, each Residential Facility may authorize Necessary Visitation on a case-by-case basis using the following protocol.



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Necessary Visitation means a visit or contact that is based on urgent health, legal, or other issues that cannot wait until later. If the needs and context of a particular request for Necessary Visitation justifies a temporary exception to this Order, the Residential Facility Administrator may arrange for Necessary Visitation of a Residential Facility resident. Whether the needs and context justify a temporary exception is left to the determination of the Residential Facility Administrator, who must make the decision based on this Order and the COVID-19 Guidance. Also, any Necessary Visitation permitted under this Section must be done subject to requirements of the COVID-19 Guidance and as otherwise deemed appropriate by the Residential Facility. For example, Necessary Visitation must include appropriate steps to protect residents from exposure to the COVID-19 virus, such as hand washing, masking, maintaining at least six feet distance from other people, and a short duration of visit. Visitors permitted under this paragraph are hereby ordered to comply with all conditions of visitation imposed by the Residential Facility at the time of entry or access to the Premises.

- 8. If any Visitor or Non-Essential Person refuses to comply with this Order, then the Residential Facility may contact the San Francisco Police Department to request assistance in enforcing this Order. The Residential Facility shall take whatever steps are possible within the bounds of the law to protect residents from any such visitor or person who refuses to comply with this Order. For example, a Residential Facility should contact facility security and ask the unauthorized visitor or person to comply with conditions of visitation imposed by the Residential Facility. Even if a Visitor or Non-Essential Person otherwise complies with the facility's visitation protocols as outlined in this paragraph, they are still in violation of this Order if their presence is not a Necessary Visitation under Section 7 above.**
- 9. This Order does not restrict first responder access to Residential Facility Premises during an emergency. Further, this Order does not restrict state or federal officers, investigators, or medical or law enforcement personnel from carrying out their lawful duties on Residential Facility Premises. Persons other than first responders**



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permitted access under this paragraph must comply with all conditions of visitation imposed by the Residential Facility at the time of entry or access to the Residential Facility Premises when feasible.

10. For the purposes of this Order, the following terms have the meanings given below:

a) **“Visitors and Non-Essential Personnel”** are employees, contractors, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Residential Facility. Refer to the COVID-19 Guidance for more information. This term includes family members and loved ones of residents and those who have legal authority to make healthcare or other legal decisions for a resident. The Ombudsperson is an authorized visitor and is not included in this term, but the Ombudsperson must still follow all conditions of visitation imposed by the Residential Facility and should also try to avoid non-essential visits.

b) **“Non-Essential Resident Movement”** means travel off or onto Residential Facility Premises by a resident other than for specific treatment or pressing legal purposes as described more fully in the COVID-19 Guidance.

c) **“Premises”** includes without limitation the buildings, grounds, facilities, driveways, parking areas, and public spaces within the legal boundaries of each Residential Facility listed in Section 14 below.

11. This Order shall be effective until 11:59 p.m. on April 21, 2020, or until it is earlier rescinded, superseded, or amended by the Health Officer or by the State Public Health Officer, in writing. It is possible this Order will be extended for the protection of Residential Facility residents based on conditions at that time.

12. While this Order is in effect, the Residential Facility must provide copies of the Order in all of the following ways: (1) post this Order on the Residential Facility website (if any); (2) post this Order at all entrances to the Residential Facility; (3) provide this Order to each Residential Facility resident; (4) provide this Order to any authorized



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decision maker for each Residential Facility resident if not the resident, including any conservator; (5) provide this Order to the Residential Facility Ombudsperson (if any); and (6) offer it to anyone who visits the Residential Facility or who contacts the Residential Facility seeking to visit.

13. Each Residential Facility must within 12 hours of receipt of this Order notify its respective licensing entity (whether the California Department of Public Health or otherwise) of the existence of this Order regarding the Residential Facility.

14. This Order applies to each facility listed below (each a Residential Facility):

<u>Residential Facility Name</u>	<u>Street Address</u>	<u>ZIP</u>
Lawton Skilled Nursing & Rehabilitation Center	1575 7th Ave	94122
San Francisco Health Care	1477 Grove St	94117
Central Gardens Post Acute	1355 Ellis St	94115
San Francisco Post Acute	5767 Mission St	94112
Hayes Convalescent Hospital	1250 Hayes St	94117
Heritage On The Marina	3400 Laguna St	94123
The Avenues Transitional Care Center	2043 19th Ave	94116
Laurel Heights Community Care	2740 California St	94115
Pacific Heights Transitional Care Center	2707 Pine St	94115
Tunnell Skilled Nursing & Rehabilitation Center	1359 Pine St	94109
Sequoias San Francisco Convalescent Hospital	1400 Geary Blvd	94109
Sheffield Convalescent Hospital	1133 S Van Ness Ave	94110



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St. Anne's Home	300 Lake St	94118
Victorian Post Acute	2121 Pine St	94115
California Pacific Medical Center - Davies Campus Hospital D/P SNF	601 Duboce Ave	94117
Jewish Home & Rehab Center D/P SNF	302 Silver Ave	94112
San Francisco Towers	1661 Pine St	94109
Kentfield San Francisco Hospital	450 Stanyan St, 6th Floor	94117
*Note: Laguna Honda Hospital and ZSFG D/P SNF will be covered under a separate order		

A NURSING FACILITY RESIDENT OR THE RESIDENT'S AUTHORIZED
LAWFUL REPRESENTATIVE MAY CONTACT A REPRESENTATIVE OF
THE NURSING FACILITY TO SEEK CLARIFICATION OF ANY PART OF
THIS ORDER BY CONTACTING THE ADMINISTRATOR OF THE
FACILITY.

IF A RESIDENT OR THE RESIDENT'S AUTHORIZED LAWFUL
REPRESENTATIVE OBJECTS TO THE APPROPRIATENESS OF THE
LIMITATION OF ACCESS CONTAINED IN THIS ORDER, THE RESIDENT
OR LAWFUL AUTHORIZED REPRESENTATIVE MUST FIRST RAISE
THEIR CONCERN WITH THE RESIDENTIAL FACILITY AT ISSUE. THE
RESIDENTIAL FACILITY IS ORDERED TO RESPOND TO THE CONCERN
WITHIN 2 BUSINESS DAYS.

IF AFTER RECEIVING A RESPONSE FROM THE NURSING FACILITY THE
OBJECTION IS NOT RESOLVED, THE RESIDENT OR LAWFUL
AUTHORIZED REPRESENTATIVE MAY SUBMIT A WRITTEN OBJECTION
FOR CONSIDERATION TO THE DEPARTMENT OF PUBLIC HEALTH
THROUGH THE FOLLOWING METHOD:

Subject: Objection to Health Officer Order No. C19-03
Via email to: OrderC19-03@sfdph.org -OR-
Via facsimile to: 415-759-2374



**City and County of
San Francisco**

**Department of Public Health
Order of the Health Officer**

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PLEASE PROVIDE A DESCRIPTION OF THE BASIS OF THE OBJECTION, INCLUDING ANY FACTS OR CONTEXT THAT ARE RELEVANT. THE DEPARTMENT OF PUBLIC HEALTH WILL TRY TO RESPOND PROMPTLY. THE LOCAL HEALTH EMERGENCY MAY NOT PERMIT A PROMPT RESPONSE. IF A RESPONSE IS NOT RECEIVED WITHIN 2 BUSINESS DAYS OF RECEIPT OF THE OBJECTION, THE OBJECTION WILL BE CONSIDERED NOT GRANTED.

IT IS SO ORDERED:

A handwritten signature in cursive script that reads "Tomás Aragón".

Tomás J. Aragón, MD, DrPH,
Health Officer of the
City and County of San Francisco

Date: March 10, 2020



**WRITTEN GUIDANCE REGARDING COMPLIANCE WITH
ORDER OF THE HEALTH OFFICER No. C19-03
DATE ORDER ISSUED: March 10, 2020**

This information (the “COVID-19 Guidance”) is meant to help each Residential Facility when implementing the Order to which it is attached. This document uses the terms defined in the Order.

1. For purposes of the Order, the term “Administrator” means the administrator of a Residential Facility or the administrator’s designee.
2. Guidance regarding Section 4 (COVID-19 Plan): The Order requires the Residential Facility to create a COVID-19 Plan that addresses issues including: 1) screening of residents, staff, and visitors for signs of COVID-19 or other illness; 2) conditions of visitation imposed by the Residential Facility at the time of entry or access to the Premises for authorized visitors that reduce the risk of infection, such as thorough hand washing, appropriate use of Personal Protective Equipment (PPE), maintaining at least six feet distance from other people, and limiting the duration of visits, as appropriate; 3) sending sick employees home immediately; 4) notifying DPH and other regulators of any positive COVID-19 result for a resident or staff member, including as required by law; and 5) other CDC or CDPH requirements.

The COVID-19 Plan should also address how the facility can reduce the risk of unnecessary exposure as outlined in the San Francisco Department of Public Health Social Distancing Protocols, a copy of which is attached to the Order. For example, the facility should avoid having large gatherings of residents or staff, instead holding smaller gatherings that still meet the facility’s mission and needs (*e.g.*, substituting unit-based activities for a facility-wide bingo event). Similarly, postponing large staff meetings or having meetings occur by phone can help.

Additionally, there may be areas that warrant limitations that are not normally in place. A Residential Facility may have a cafeteria or other concession that is normally available to residents, essential employees, other employees (such as others who share the building but are not associated with the healthcare mission of the facility), and visitors. During this Order, the



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Residential Facility should consider whether a restriction on such use makes sense. One option might be to limit cafeteria visits to residents and essential staff and temporarily block other employees from that area.

If the facility had plans to have vendors come onsite for meetings or to show sample products, those meetings should be conducted via remote communication, occur at another site that does not include a vulnerable population, or be postponed until after this emergency situation if possible.

3. Guidance regarding Section 7 (efforts to facilitate contact that is not in-person): The Order requires the Residential Facility to make reasonable efforts to facilitate contact between an Unauthorized Visitor or Non-Essential Personnel and a resident. Such efforts include using technology to facilitate a remote connection with the resident when possible and would include telephone calls, telephone conferences involving multiple people, and video conferences using appropriate technology. Efforts are not reasonable if they interfere with the Residential Facility's healthcare mission or if they are not available or are cost prohibitive. The Residential Facility is encouraged to be creative in trying to facilitate contact that is not in-person so long as it complies with its other legal and regulatory obligations.
4. Guidance regarding Section 7 (Necessary Visitation): The term Necessary Visitation refers to a visit or contact that is based on urgent health, legal, or other issues that cannot wait until later. Nothing in the Order limits the standard healthcare that the Residential Facility provides to a resident. When medical care is appropriate or required, it is by definition permitted under the Order. Necessary Visitation refers to other types of visits or contact that are time-sensitive. For example, a resident may be in the end stages of life. In that instance, family or loved ones should be permitted to be with the resident. Another example would be a resident who is updating their will or other legal papers and an in-person meeting with the lawyer or family members or a notary is required. But, a meeting with a lawyer to discuss future changes or other, non-urgent issues should generally be postponed or conducted via telephone or other means.

Anyone who is legally authorized to make decisions for the resident, whether by operation of a durable power of attorney or public or private



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conservatorship, must be given special consideration, especially if they need to meet in person with the resident to fulfill their role. This distinction is in place because decisions regarding care when there is a surrogate decision maker should not be delayed when in-person contact is needed, whereas visits by other family or loved ones are important but may not be time-sensitive. But such authorized decision-makers should be encouraged to use alternative methods of contacting the resident when possible in order to avoid exposing the resident and others.

Also, Necessary Visitation should not be granted for routine visits by decision makers, family, or loved ones, even if the resident very much looks forward to the visit or the visitor has a strong desire for the visit. Such routine visits put all residents at risk at this time. But if a family member or loved one plays an essential role in providing care to a resident, without which the resident will suffer medical or clinical harm, Necessary Visitation may be appropriate.

There may be other unique situations that justify a Necessary Visitation based on the context. This Order is intended to give the Administrator flexibility in making that determination so long as the decision is in line with the Order and this COVID-19 Guidance. The Administrator should not authorize Necessary Visitation for all or a majority of residents as that would likely reflect a violation of the intent of the Order to protect all residents from the risks of non-essential exposure to COVID-19.

All visits allowed as Necessary Visitation must occur subject to all conditions of visitation imposed by the Residential Facility at the time of entry or access to the Premises.

5. Guidance regarding Section 10 (Unauthorized Visitors and Non-Essential Personnel): The Order defines Unauthorized Visitors and Non-Essential Personnel as employees, contractors, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Residential Facility. This term includes non-resident spouses or partners, family, loved ones, friends, clergy, and colleagues of the resident. This term also includes anyone who is legally authorized to make decisions for the resident, whether by operation



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of a durable power of attorney or public or private conservatorship (but see guidance above about decision-maker visits).

This term also includes employees of the Residential Facility or its vendors (and their employees) who are not needed in the short term for the facility to perform its healthcare mission. For example, a vendor that makes deliveries of large bottled water refill jugs is likely not essential. However, the facility should work to see if there are ways to permit delivery, such as on a loading dock, which would eliminate the need in the short term for someone to make visits all across the facility. This Order grants the Administrator authority to make judgment calls about how best to ensure the facility is able to operate during this emergency situation.

6. Guidance regarding Section 10 (Non-Essential Resident Movement): The Order defines Non-Essential Resident Movement as travel off or onto Residential Facility Premises by a resident other than for specific treatment or pressing legal purposes. This is contrasted with situations when a resident leaves the facility for health-related purposes or as required by law, such as for a meeting or service mandated by a court. The goal of the Order is to encourage residents to limit Non-Essential Resident Movement.

* * *

Dated: March 10, 2020



PUBLIC HEALTH RECOMMENDATIONS AS OF MARCH 6, 2020

1) Vulnerable Populations: Limit Outings

- Vulnerable populations include people who are:
 - 60 years old and older.
 - People with certain health conditions such as heart disease, lung disease, diabetes, kidney disease and weakened immune systems.
- For vulnerable populations, don't go to gatherings (of about 50 people or more) unless it is essential. If you can telecommute, you should. Avoid people who are sick.

2) Workplace and Businesses: Minimize Exposure

- Suspend nonessential employee travel.
- Minimize the number of employees working within arm's length of one another, including minimizing or canceling large in-person meetings and conferences.
- Urge employees to stay home when they are sick and maximize flexibility in sick leave benefits.
- Do not require a doctor's note for employees who are sick.
- Consider use of telecommuting options.
- Some people need to be at work to provide essential services of great benefit to the community. They can take steps in their workplace to minimize risk.

3) Large Gatherings: Cancel Non-essential Events

- Recommend cancelling or postponing large gatherings, such as concerts, sporting events, conventions or large community events.
- Do not attend any events or gatherings if sick.
- For events that aren't cancelled, we recommend:
 - Having hand washing capabilities, hand sanitizers and tissues available.
 - Frequently cleaning high touch surface areas like counter tops and hand rails.
 - Finding ways to create physical space to minimize close contact as much as possible.



PUBLIC HEALTH RECOMMENDATIONS AS OF MARCH 6, 2020

4) Schools: Safety First

- If there is a confirmed case of COVID-19 at a school, DPH will work with the school and the district to determine the best measures including potential school closure.
- Do not go to school if sick.
- If you have a child with chronic health conditions, consult your doctor about school attendance.
- Equip all schools and classrooms with hand sanitizers and tissues.
- Recommend rescheduling or cancelling medium to large events that are not essential.
- Explore remote teaching and online options to continue learning.
- Schools should develop a plan for citywide school closures, and families should prepare for potential closures.

5) Transit: Cleaning and Protection

- Increase cleaning of vehicles and high touch surface areas.
- Provide hand washing/hand sanitizers and tissues in stations and on vehicles.

6) Health Care Settings: Avoid as possible, protect the vulnerable

- Long term care facilities must have a COVID-19 plan in accordance with DPH guidelines.
- Long term care facilities must screen all staff and visitors for illness and turn away those with symptoms.
- The general public should avoid going to medical settings such as hospitals, nursing homes and long-term care facilities, even if you are not ill.
- If you are ill, call your health care provider ahead of time, and you may be able to be served by phone.
- Do not visit emergency rooms unless it is essential.

7) Everyone: Do your part

The best way for all San Franciscans to reduce their risk of getting sick, as with seasonal colds or the flu, still applies to prevent COVID-19:

- Wash hands with soap and water for at least 20 seconds.
- Cover your cough or sneeze.
- Stay home if you are sick.



PUBLIC HEALTH RECOMMENDATIONS AS OF MARCH 6, 2020

- Avoid touching your face.
- Try alternatives to shaking hands, like an elbow bump or wave.
- If you have recently returned from a country, state or region with ongoing COVID-19 infections, monitor your health and follow the instructions of public health officials.
- There is no recommendation to wear masks at this time to prevent yourself from getting sick.

You can also prepare for the possible disruption caused by an outbreak.

Preparedness actions include:

- Prepare to work from home if that is possible for your job, and your employer.
- Make sure you have a supply of all essential medications for your family.
- Prepare a child care plan if you or a care giver are sick.
- Make arrangements about how your family will manage a school closure.
- Plan for how you can care for a sick family member without getting sick yourself.
- Take care of each other and check in by phone with friends, family and neighbors that are vulnerable to serious illness or death if they get COVID-19.
- Keep common spaces clean to help maintain a healthy environment for you and others. Frequently touched surfaces should be cleaned regularly with disinfecting sprays, wipes or common household cleaning products.

Keep up to date at www.sfdph.org, by calling 311, and by signing up for the City's new alert service for official updates: text COVID19SF to 888-777.



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DATE ORDER ISSUED: March 10, 2020

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The virus that causes Coronavirus 2019 Disease places residents at long-term care facilities at high risk. Visitors to such facilities may have the virus but may not have symptoms or may have mild symptoms. Such visitors can easily pass the virus on to vulnerable residents. Because of this risk, and the need to protect these vulnerable members of the community, this Order restricts Visitors and Non-Essential Personnel from those facilities for the next six weeks. Accordingly,

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE CITY AND COUNTY OF SAN FRANCISCO (THE "HEALTH OFFICER") ORDERS:

- 1. Effective as of the date of this order, the staff of each long-term care residential facility listed in Section 14 below (each a "Residential Facility") shall exclude from entry or access to its Premises any Visitors and Non-Essential Personnel including, but not limited to, visitors of residents at the Residential Facility. Such Visitors and Non-Essential Personnel, including but not limited to family members of residents and authorized decision-makers, are hereby ordered not to visit any Residential Facility except as permitted by this Order. This visitation restriction has a limited exception described in Section 7 below. This restriction is in place for the limited duration listed in Section 11 below.**
- 2. Each Residential Facility must discourage Non-Essential Resident Movement, as defined in Section 10 below, onto and off of Residential Facility Premises where feasible. Whenever a Residential Facility resident leaves the Residential Facility Premises, the resident is ordered to comply with San Francisco Department of Public Health Social Distancing Protocols, a copy of which is attached to this Order. If the Department of Public Health updates its Social Distancing Protocols (available online at www.sfdph.org), this Order automatically incorporates those changes by this reference.**
- 3. This Order is based on scientific evidence and best practices currently known and available to prevent the spread to Residential Facility residents of the virus that causes Coronavirus 2019 Disease ("COVID-19"). This Order aims to protect those residents from avoidable risk of serious illness or death resulting from COVID-19. The age, condition, and health of a significant majority of Residential Facility residents places those residents at high risk of serious health complications from COVID-19, including death. Visitors with the COVID-19 virus may have mild**



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symptoms or no symptoms. This means they may not know that when they visit a Residential Facility, they are putting residents at an unjustified risk.

This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the February 25, 2020 Proclamation by the Mayor Declaring the Existence of a Local Emergency issued by Mayor London Breed, and the March 6, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer.

4. Each Residential Facility must, within 48 hours of receipt of this Order, develop and implement a written plan ("COVID-19 Plan"). The plan must comply with applicable guidance from the United States Centers for Disease Control and Prevention ("CDC") (available online at www.cdc.gov) and the California Department of Public Health ("CDPH") (available online at www.cdph.ca.gov) regarding the screening of residents, staff, and visitors for signs of COVID-19 or other illness. The COVID-19 Plan must also address other applicable COVID-19-related guidance, including steps to reduce the risk of authorized visitors (such as through hand washing, masking, maintaining at least six feet distance from other people, and limiting the duration of visits, as appropriate). Nothing in this Order prohibits a Residential Facility from taking steps beyond guidance provided by the CDC or CDPH in its plan. Each Residential Facility must update its plan when new COVID-19 recommendations or requirements are issued by the CDC or CDPH or as otherwise required by law. See the COVID-19 Guidance (discussed in Section 7 below) for more information about the COVID-19 Plan.
5. Each Residential Facility's COVID-19 Plan must also include a requirement that any employee or other staff member who is sick or does not pass the required screening must be immediately sent home and not return to work until feeling better or authorized to return by a physician. If a Residential Facility is unable to immediately send home any such employee or staff member, the Residential Facility must (1) prevent that staff member from engaging in any resident care or contact and (2) immediately notify its respective licensing entity and seek guidance from that entity. This Order requires that each Residential Facility "screen all staff and visitors for illness and turn away those with symptoms," a requirement listed in the San Francisco Department of Public Health Recommendations as of March 6, 2020.
6. If a Residential Facility learns that any facility resident or staff member who had recently been working at the Residential Facility tests positive for COVID-19, the Residential Facility must immediately (within 1 hour) notify the Department of Public Health and meet any other applicable notification requirements.
7. Attached as part of this Order is written guidance to Residential Facilities ("COVID-19 Guidance") issued by the Health Officer. The Health Officer or



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designee may revise the COVID-19 Guidance in writing from time to time. Each Residential Facility must follow the COVID-19 Guidance when applying this Order.

This Order restricts physical contact between Residential Facility residents and Visitors and Non-Essential Personnel. When Visitors and Non-Essential Personnel seek to visit or contact a resident, there are two ways a Residential Facility may facilitate contact. First, each Residential Facility must make reasonable efforts to facilitate such contact by other means (such as telephone or videoconference) that do not expose the resident to in-person contact. Second, each Residential Facility may authorize Necessary Visitation on a case-by-case basis using the following protocol.

Necessary Visitation means a visit or contact that is based on urgent health, legal, or other issues that cannot wait until later. If the needs and context of a particular request for Necessary Visitation justifies a temporary exception to this Order, the Residential Facility Administrator may arrange for Necessary Visitation of a Residential Facility resident. Whether the needs and context justify a temporary exception is left to the determination of the Residential Facility Administrator, who must make the decision based on this Order and the COVID-19 Guidance. Also, any Necessary Visitation permitted under this Section must be done subject to requirements of the COVID-19 Guidance and as otherwise deemed appropriate by the Residential Facility. For example, Necessary Visitation must include appropriate steps to protect residents from exposure to the COVID-19 virus, such as hand washing, masking, maintaining at least six feet distance from other people, and a short duration of visit. Visitors permitted under this paragraph are hereby ordered to comply with all conditions of visitation imposed by the Residential Facility at the time of entry or access to the Premises.

8. If any Visitor or Non-Essential Person refuses to comply with this Order, then the Residential Facility may contact the San Francisco Police Department to request assistance in enforcing this Order. The Residential Facility shall take whatever steps are possible within the bounds of the law to protect residents from any such visitor or person who refuses to comply with this Order. For example, a Residential Facility should contact facility security and ask the unauthorized visitor or person to comply with conditions of visitation imposed by the Residential Facility. Even if a Visitor or Non-Essential Person otherwise complies with the facility's visitation protocols as outlined in this paragraph, they are still in violation of this Order if their presence is not a Necessary Visitation under Section 7 above.
9. This Order does not restrict first responder access to Residential Facility Premises during an emergency. Further, this Order does not restrict state or federal officers, investigators, or medical or law enforcement personnel from carrying out their lawful duties on Residential Facility Premises. Persons other than first responders permitted access under this paragraph must comply with all conditions of visitation



ORDER OF THE HEALTH OFFICER No. C19-03

imposed by the Residential Facility at the time of entry or access to the Residential Facility Premises when feasible.

10. For the purposes of this Order, the following terms have the meanings given below:

a) **“Visitors and Non-Essential Personnel”** are employees, contractors, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Residential Facility. Refer to the COVID-19 Guidance for more information. This term includes family members and loved ones of residents and those who have legal authority to make healthcare or other legal decisions for a resident. The Ombudsperson is an authorized visitor and is not included in this term, but the Ombudsperson must still follow all conditions of visitation imposed by the Residential Facility and should also try to avoid non-essential visits.

b) **“Non-Essential Resident Movement”** means travel off or onto Residential Facility Premises by a resident other than for specific treatment or pressing legal purposes as described more fully in the COVID-19 Guidance.

c) **“Premises”** includes without limitation the buildings, grounds, facilities, driveways, parking areas, and public spaces within the legal boundaries of each Residential Facility listed in Section 14 below.

11. This Order shall be effective until 11:59 p.m. on April 21, 2020, or until it is earlier rescinded, superseded, or amended by the Health Officer or by the State Public Health Officer, in writing. It is possible this Order will be extended for the protection of Residential Facility residents based on conditions at that time.

12. While this Order is in effect, the Residential Facility must provide copies of the Order in all of the following ways: (1) post this Order on the Residential Facility website (if any); (2) post this Order at all entrances to the Residential Facility; (3) provide this Order to each Residential Facility resident; (4) provide this Order to any authorized decision maker for each Residential Facility resident if not the resident, including any conservator; (5) provide this Order to the Residential Facility Ombudsperson (if any); and (6) offer it to anyone who visits the Residential Facility or who contacts the Residential Facility seeking to visit.

13. Each Residential Facility must within 12 hours of receipt of this Order notify its respective licensing entity (whether the California Department of Public Health or otherwise) of the existence of this Order regarding the Residential Facility.

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14. This Order applies to each facility listed below (each a Residential Facility):

<u>Residential Facility Name</u>	<u>Street Address</u>	<u>ZIP</u>
Lawton Skilled Nursing & Rehabilitation Center	1575 7th Ave	94122
San Francisco Health Care	1477 Grove St	94117
Central Gardens Post Acute	1355 Ellis St	94115
San Francisco Post Acute	5767 Mission St	94112
Hayes Convalescent Hospital	1250 Hayes St	94117
Heritage On The Marina	3400 Laguna St	94123
The Avenues Transitional Care Center	2043 19th Ave	94116
Laurel Heights Community Care	2740 California St	94115
Pacific Heights Transitional Care Center	2707 Pine St	94115
Tunnell Skilled Nursing & Rehabilitation Center	1359 Pine St	94109
Sequoias San Francisco Convalescent Hospital	1400 Geary Blvd	94109
Sheffield Convalescent Hospital	1133 S Van Ness Ave	94110
St. Anne's Home	300 Lake St	94118
Victorian Post Acute	2121 Pine St	94115
California Pacific Medical Center - Davies Campus Hospital D/P SNF	601 Duboce Ave	94117
Jewish Home & Rehab Center D/P SNF	302 Silver Ave	94112
San Francisco Towers	1661 Pine St	94109
Kentfield San Francisco Hospital	450 Stanyan St, 6th Floor	94117
*Note: Laguna Honda Hospital and ZSFG D/P SNF will be covered under a separate order		

A NURSING FACILITY RESIDENT OR THE RESIDENT'S AUTHORIZED LAWFUL REPRESENTATIVE MAY CONTACT A REPRESENTATIVE OF THE NURSING FACILITY TO SEEK CLARIFICATION OF ANY PART OF THIS ORDER BY CONTACTING THE ADMINISTRATOR OF THE FACILITY.

IF A RESIDENT OR THE RESIDENT'S AUTHORIZED LAWFUL REPRESENTATIVE OBJECTS TO THE APPROPRIATENESS OF THE LIMITATION OF ACCESS CONTAINED IN THIS ORDER, THE RESIDENT OR LAWFUL AUTHORIZED REPRESENTATIVE MUST FIRST RAISE THEIR CONCERN WITH THE RESIDENTIAL FACILITY AT ISSUE. THE RESIDENTIAL FACILITY IS ORDERED TO RESPOND TO THE CONCERN WITHIN 2 BUSINESS DAYS.



City and County of
San Francisco

Department of Public Health
Order of the Health Officer

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IF AFTER RECEIVING A RESPONSE FROM THE NURSING FACILITY THE OBJECTION IS NOT RESOLVED, THE RESIDENT OR LAWFUL AUTHORIZED REPRESENTATIVE MAY SUBMIT A WRITTEN OBJECTION FOR CONSIDERATION TO THE DEPARTMENT OF PUBLIC HEALTH THROUGH THE FOLLOWING METHOD:

Subject: Objection to Health Officer Order No. C19-03

Via email to: OrderC19-03@sfdph.org -OR-

Via facsimile to: 415-759-2374

PLEASE PROVIDE A DESCRIPTION OF THE BASIS OF THE OBJECTION, INCLUDING ANY FACTS OR CONTEXT THAT ARE RELEVANT. THE DEPARTMENT OF PUBLIC HEALTH WILL TRY TO RESPOND PROMPTLY. THE LOCAL HEALTH EMERGENCY MAY NOT PERMIT A PROMPT RESPONSE. IF A RESPONSE IS NOT RECEIVED WITHIN 2 BUSINESS DAYS OF RECEIPT OF THE OBJECTION, THE OBJECTION WILL BE CONSIDERED NOT GRANTED.

IT IS SO ORDERED:

Tomás J. Aragón, MD, DrPH,
Health Officer of the
City and County of San Francisco

Date: March 10, 2020



**WRITTEN GUIDANCE REGARDING COMPLIANCE WITH
ORDER OF THE HEALTH OFFICER No. C19-03**

DATE ORDER ISSUED: March 10, 2020

This information (the “COVID-19 Guidance”) is meant to help each Residential Facility when implementing the Order to which it is attached. This document uses the terms defined in the Order.

1. For purposes of the Order, the term “Administrator” means the administrator of a Residential Facility or the administrator’s designee.
2. Guidance regarding Section 4 (COVID-19 Plan): The Order requires the Residential Facility to create a COVID-19 Plan that addresses issues including: 1) screening of residents, staff, and visitors for signs of COVID-19 or other illness; 2) conditions of visitation imposed by the Residential Facility at the time of entry or access to the Premises for authorized visitors that reduce the risk of infection, such as thorough hand washing, appropriate use of Personal Protective Equipment (PPE), maintaining at least six feet distance from other people, and limiting the duration of visits, as appropriate; 3) sending sick employees home immediately; 4) notifying DPH and other regulators of any positive COVID-19 result for a resident or staff member, including as required by law; and 5) other CDC or CDPH requirements.

The COVID-19 Plan should also address how the facility can reduce the risk of unnecessary exposure as outlined in the San Francisco Department of Public Health Social Distancing Protocols, a copy of which is attached to the Order. For example, the facility should avoid having large gatherings of residents or staff, instead holding smaller gatherings that still meet the facility’s mission and needs (*e.g.*, substituting unit-based activities for a facility-wide bingo event). Similarly, postponing large staff meetings or having meetings occur by phone can help.

Additionally, there may be areas that warrant limitations that are not normally in place. A Residential Facility may have a cafeteria or other concession that is normally available to residents, essential employees, other employees (such as others who share the building but are not associated with the healthcare mission of the facility), and visitors. During this Order, the Residential Facility should consider whether a restriction on such use makes sense. One option might be to limit cafeteria visits to residents and essential staff and temporarily block other employees from that area.

If the facility had plans to have vendors come onsite for meetings or to show sample products, those meetings should be conducted via remote communication, occur at another site that does not include a vulnerable population, or be postponed until after this emergency situation if possible.



**WRITTEN GUIDANCE REGARDING COMPLIANCE WITH
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3. Guidance regarding Section 7 (efforts to facilitate contact that is not in-person): The Order requires the Residential Facility to make reasonable efforts to facilitate contact between an Unauthorized Visitor or Non-Essential Personnel and a resident. Such efforts include using technology to facilitate a remote connection with the resident when possible and would include telephone calls, telephone conferences involving multiple people, and video conferences using appropriate technology. Efforts are not reasonable if they interfere with the Residential Facility's healthcare mission or if they are not available or are cost prohibitive. The Residential Facility is encouraged to be creative in trying to facilitate contact that is not in-person so long as it complies with its other legal and regulatory obligations.

4. Guidance regarding Section 7 (Necessary Visitation): The term Necessary Visitation refers to a visit or contact that is based on urgent health, legal, or other issues that cannot wait until later. Nothing in the Order limits the standard healthcare that the Residential Facility provides to a resident. When medical care is appropriate or required, it is by definition permitted under the Order. Necessary Visitation refers to other types of visits or contact that are time-sensitive. For example, a resident may be in the end stages of life. In that instance, family or loved ones should be permitted to be with the resident. Another example would be a resident who is updating their will or other legal papers and an in-person meeting with the lawyer or family members or a notary is required. But, a meeting with a lawyer to discuss future changes or other, non-urgent issues should generally be postponed or conducted via telephone or other means.

Anyone who is legally authorized to make decisions for the resident, whether by operation of a durable power of attorney or public or private conservatorship, must be given special consideration, especially if they need to meet in person with the resident to fulfill their role. This distinction is in place because decisions regarding care when there is a surrogate decision maker should not be delayed when in-person contact is needed, whereas visits by other family or loved ones are important but may not be time-sensitive. But such authorized decision-makers should be encouraged to use alternative methods of contacting the resident when possible in order to avoid exposing the resident and others.

Also, Necessary Visitation should not be granted for routine visits by decision makers, family, or loved ones, even if the resident very much looks forward to the visit or the visitor has a strong desire for the visit. Such routine visits put all residents at risk at this time. But if a family member or loved one plays an essential role in providing care to a resident, without which the resident will suffer medical or clinical harm, Necessary Visitation may be appropriate.

There may be other unique situations that justify a Necessary Visitation based on the context. This Order is intended to give the Administrator flexibility in making that determination so long as the decision is in line with the Order and this COVID-19 Guidance. The Administrator should not authorize Necessary Visitation for all or a



**WRITTEN GUIDANCE REGARDING COMPLIANCE WITH
ORDER OF THE HEALTH OFFICER No. C19-03**

majority of residents as that would likely reflect a violation of the intent of the Order to protect all residents from the risks of non-essential exposure to COVID-19.

All visits allowed as Necessary Visitation must occur subject to all conditions of visitation imposed by the Residential Facility at the time of entry or access to the Premises.

- 5. Guidance regarding Section 10 (Unauthorized Visitors and Non-Essential Personnel): The Order defines Unauthorized Visitors and Non-Essential Personnel as employees, contractors, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Residential Facility. This term includes non-resident spouses or partners, family, loved ones, friends, clergy, and colleagues of the resident. This term also includes anyone who is legally authorized to make decisions for the resident, whether by operation of a durable power of attorney or public or private conservatorship (but see guidance above about decision-maker visits).

This term also includes employees of the Residential Facility or its vendors (and their employees) who are not needed in the short term for the facility to perform its healthcare mission. For example, a vendor that makes deliveries of large bottled water refill jugs is likely not essential. However, the facility should work to see if there are ways to permit delivery, such as on a loading dock, which would eliminate the need in the short term for someone to make visits all across the facility. This Order grants the Administrator authority to make judgment calls about how best to ensure the facility is able to operate during this emergency situation.

- 6. Guidance regarding Section 10 (Non-Essential Resident Movement): The Order defines Non-Essential Resident Movement as travel off or onto Residential Facility Premises by a resident other than for specific treatment or pressing legal purposes. This is contrasted with situations when a resident leaves the facility for health-related purposes or as required by law, such as for a meeting or service mandated by a court. The goal of the Order is to encourage residents to limit Non-Essential Resident Movement.

* * *

Dated: March 10, 2020



PUBLIC HEALTH RECOMMENDATIONS AS OF MARCH 6, 2020

1) Vulnerable Populations: Limit Outings

- Vulnerable populations include people who are:
 - 60 years old and older.
 - People with certain health conditions such as heart disease, lung disease, diabetes, kidney disease and weakened immune systems.
- For vulnerable populations, don't go to gatherings (of about 50 people or more) unless it is essential. If you can telecommute, you should. Avoid people who are sick.

2) Workplace and Businesses: Minimize Exposure

- Suspend nonessential employee travel.
- Minimize the number of employees working within arm's length of one another, including minimizing or canceling large in-person meetings and conferences.
- Urge employees to stay home when they are sick and maximize flexibility in sick leave benefits.
- Do not require a doctor's note for employees who are sick.
- Consider use of telecommuting options.
- Some people need to be at work to provide essential services of great benefit to the community. They can take steps in their workplace to minimize risk.

3) Large Gatherings: Cancel Non-essential Events

- Recommend cancelling or postponing large gatherings, such as concerts, sporting events, conventions or large community events.
- Do not attend any events or gatherings if sick.
- For events that aren't cancelled, we recommend:
 - Having hand washing capabilities, hand sanitizers and tissues available.
 - Frequently cleaning high touch surface areas like counter tops and hand rails.
 - Finding ways to create physical space to minimize close contact as much as possible.

4) Schools: Safety First

- If there is a confirmed case of COVID-19 at a school, DPH will work with the school and the district to determine the best measures including potential school closure.
- Do not go to school if sick.
- If you have a child with chronic health conditions, consult your doctor about school attendance.
- Equip all schools and classrooms with hand sanitizers and tissues.
- Recommend rescheduling or cancelling medium to large events that are not essential.
- Explore remote teaching and online options to continue learning.
- Schools should develop a plan for citywide school closures, and families should prepare for potential closures.



PUBLIC HEALTH RECOMMENDATIONS AS OF MARCH 6, 2020

5) Transit: Cleaning and Protection

- Increase cleaning of vehicles and high touch surface areas.
- Provide hand washing/hand sanitizers and tissues in stations and on vehicles.

6) Health Care Settings: Avoid as possible, protect the vulnerable

- Long term care facilities must have a COVID-19 plan in accordance with DPH guidelines.
- Long term care facilities must screen all staff and visitors for illness and turn away those with symptoms.
- The general public should avoid going to medical settings such as hospitals, nursing homes and long-term care facilities, even if you are not ill.
- If you are ill, call your health care provider ahead of time, and you may be able to be served by phone.
- Do not visit emergency rooms unless it is essential.

7) Everyone: Do your part

The best way for all San Franciscans to reduce their risk of getting sick, as with seasonal colds or the flu, still applies to prevent COVID-19:

- Wash hands with soap and water for at least 20 seconds.
- Cover your cough or sneeze.
- Stay home if you are sick.
- Avoid touching your face.
- Try alternatives to shaking hands, like an elbow bump or wave.
- If you have recently returned from a country, state or region with ongoing COVID-19 infections, monitor your health and follow the instructions of public health officials.
- There is no recommendation to wear masks at this time to prevent yourself from getting sick.

You can also prepare for the possible disruption caused by an outbreak. Preparedness actions include:

- Prepare to work from home if that is possible for your job, and your employer.
- Make sure you have a supply of all essential medications for your family.
- Prepare a child care plan if you or a care giver are sick.
- Make arrangements about how your family will manage a school closure.
- Plan for how you can care for a sick family member without getting sick yourself.
- Take care of each other and check in by phone with friends, family and neighbors that are vulnerable to serious illness or death if they get COVID-19.
- Keep common spaces clean to help maintain a healthy environment for you and others. Frequently touched surfaces should be cleaned regularly with disinfecting sprays, wipes or common household cleaning products.

Keep up to date at www.sfdph.org, by calling 311, and by signing up for the City's new alert service for official updates: text COVID19SF to 888-777.