



**Summary of Health Directive 2020-20:
Required Best Practices for Provision of Ambulatory Care, Including
Counseling, and Other Healing Arts**

Updated June 19, 2020

AUDIENCE: San Francisco providers of Ambulatory Care services, including Counseling, and Other Healing Arts. This includes Urgent Care centers.

BACKGROUND: As of March 17, 2020, according to San Francisco Health Officer Order [C19-08](#), and extended on May 15, 2020 per [Order C19-08b](#), all routine medical appointments, in-person counseling, and healing arts appointments were required to be postponed or remotely conducted, while only emergency, necessary, or essential appointments were permitted to occur in-person.

Effective immediately, [Health Officer Directive 2020-20](#) allows most ambulatory care services including counseling and other healing arts services to be provided in-person in San Francisco, subject to a number of best practices requirements and conditions designed to limit spread of COVID-19.

This document provides a summary of key points in the Directive. San Francisco providers are advised to thoroughly read and carefully follow the Directive.

Questions about this Directive may be addressed to: dph.doc.outpatientunit@sfdph.org

Summary of the Directive

Types of Care Covered by the Directive

- The Directive covers most forms of outpatient care in San Francisco and also applies to urgent care centers. For purposes of this Directive, counseling and various “Healing Arts” (under the California Business and Professions Code) are considered ambulatory care.
- More specifically, this directive applies to routine, diagnostic, urgent, and emergency care received from ambulatory providers. It applies to psychotherapy or counseling, but group therapy can only occur if the group is no larger than 12 persons including the therapist and subject to restrictions around face coverings, physical distancing, and other considerations.
- Physical therapy, occupational therapy, acupuncture, chiropractor services, optometry, optician, nutritionist, audiology, and other ambulatory care services are permitted, subject to specified conditions.
- Until this Directive is updated or amended, the following types of care are not permitted: massage therapy, other body work such as Reiki, Rolfing, and cupping, and any care that involves in-person singing, yelling, or playing wind instruments.
- Any type of care not allowed by the State of California is not permitted, and any care that has restrictions from the state may only be provided subject to the restrictions of this Directive and of the state.



- This directive does not apply to hospital-based emergency care or inpatient care, but it does cover ambulatory care that is hospital-based or hospital-affiliated. This Directive also does not apply to veterinary medicine (even though that is considered a “Healing Art”).
- Dental care and elective surgeries are covered under [other Directives](#).

Required Safety Procedures

- Providers must:
 - Complete, post onsite, and follow the Social Distancing Protocol found in Appendix A of the [latest Stay-Safe-at-Home Order](#).
 - Observe Physical Distancing, Hand Hygiene, and Cleaning requirements as specified in the Directive.
 - Complete, post onsite, and follow the [Health and Safety Plan](#) attached as Appendix B of this Directive.
- All staff must be screened daily for COVID-19 symptoms, diagnosis, or close contact exposure prior to work using the [Personnel Screening Handout](#). Those who answer “yes” to any screening question must stay home from work, and the provider is prohibited from taking adverse action against personnel when they call in sick.
- All patients, clients, and support persons must be screened in advance and before they enter the office at the time of the visit, using the questions in Appendix C of this Directive. When someone answers “yes” to a screening question, they should follow instructions for isolation, quarantine, or testing based on the instructions for that answer.
 - If a patient or client or support person has a current COVID-19 (SARS-CoV-2 virus) infection, or has had recent close contact with someone with a current COVID-19 infection, the visit should be postponed unless the provider has adequate training and can deploy all appropriate infection control practices. Support persons with active infections or recent close contacts are not allowed at the encounter.
- Face coverings or more protective gear must be provided to patients, clients, and support persons. In the medical/healthcare context, isolation masks (also known as [surgical masks](#)) are required for all persons (client, patient, support persons, and providers) instead of cloth face coverings.
- Each client or patient encounter must be assessed according to the 2-page [Table of Risk Categories](#). Encounters are either **Lower, Medium, or Higher Risk** based on factors related to transmission of COVID-19 in ambulatory care settings. Factors include performance of aerosol-generating procedures (AGPs), the ability of the patient and support persons to wear face coverings or masks throughout the encounter, the duration of the encounter, and the physical proximity between provider and patient or client, including any touch. When patients, clients, or support persons report any symptoms on the screening questions, the encounter should be classified as Medium risk or higher per the judgment of the provider.



- Based on the Risk Category, the Directive then specifies the **Minimum Protective Actions** that staff, patients, clients, and support persons are either required or recommended to take, consisting of wearing protective equipment or other protective actions. The table also indicates when advance viral testing for current infection with COVID-19 (SARS-CoV-2 virus) is suggested or is strongly recommended. Testing is not required by the directive.
- Note that AGPs and any care involving someone with an active SARS-CoV-2 infection is treated under the highest risk category. Protections for the provider in that context include an N95 mask, gown, and eye protection unless a patient or client SARS-CoV-2 viral test has been negative within the preceding 7 days, in which case protective requirements for the provider may be reduced per the provider's judgment.
- The directive makes clear that the required protections are the minimum protections, and providers are encouraged to use their judgment when considering other protections.

Additional Requirements and Considerations

- Since providers may not be able to operate at full capacity and may have a backlog of persons seeking routine care, the Directive requires providers to come up with a non-discriminatory "prioritization strategy" for scheduling services. The plan can be formal or informal and should prioritize urgent or emergency care. It must also prioritize certain services (to the extent applicable to the practice) such as CDC-recommended immunizations and other recommended preventive services, mental health and substance use disorder medication management, and time-sensitive pregnancy and contraceptive care. It should also prioritize other patient groups and issues in order to derive the most benefit or minimize harm.
- As outlined also in the elective surgery and dental care Directives, providers must report certain COVID-19 (SARS-CoV-2 virus) test results or situations where personnel, patients, clients, or support persons are exposed to or are the source of potential SARS-CoV-2 infections during the care that was provided.
- Providers are still encouraged to provide remote care, where feasible.

Frequently Asked Questions

Are complementary or non-traditional modalities included in the Directive?

Yes, the Directive includes and allows complementary or non-traditional modalities such as acupuncture, chiropractic, Ayurveda, homeopathy, naturopathy, or Chinese or Eastern medicine and herbalists. Specific modalities are not allowed at this time, however: massage therapy, other body-work such as Reiki, Rolfing, cupping, and structural integration, and primal scream or any other care that involves in-person singing, yelling, or playing brass or wind instruments.



What is meant by a “support person?”

Support person’ means anyone who needs to be at the visit along with the patient or client. For example: a parent or guardian of a child who is the patient or client; a spouse who gives support during a difficult procedure; a caregiver who helps someone with dementia during a visit; or any children brought to the visit by the patient or client due to a lack of childcare options. One option to consider is for the patient or client to have the visit in-person while the support person participates by telephone or video chat.

Does the Directive require providers to use the patient/client/support person screening form that is found in Appendix C?

The Directive does not require providers to use the form itself, but it does require that they administer the questions and follow the responses provided on the form. So, for example, the screening could take place by telephone or be integrated into a provider’s electronic appointment system.