



DIRECTIVE OF THE HEALTH OFFICER No. 2020-08b

**DIRECTIVE OF THE HEALTH OFFICER OF
THE CITY AND COUNTY OF SAN FRANCISCO REGARDING REQUIRED BEST
PRACTICES FOR ELECTIVE SURGERIES**

(PUBLIC HEALTH DIRECTIVE)

DATE OF DIRECTIVE: November 6, 2020

By this Directive, the Health Officer of the City and County of San Francisco (the “Health Officer”) issues mandatory, context-specific direction permitting the provision of certain kinds of health-related care as part of the local response to the Coronavirus Disease 2019 (“COVID-19”) pandemic. This Directive constitutes context-specific guidance as provided under Sections 1 and 3 of Health Officer Order No. C19-08b issued on May 15, 2020 (the “Medical Care Order”, available online at www.sfdph.org/healthorders) and, unless otherwise defined below, capitalized terms used in this Directive have the same meaning given them in that order. This Directive goes into effect immediately upon issuance, but no care may be provided of the type covered by this Directive except as permitted by and subject to the restrictions of either the Medical Care Order or this Directive. As soon as the mandatory criteria for provision of care listed in this Directive are met, then a facility or office may provide the care covered by this Directive, and such care may continue to be provided by the facility or office only so long as the mandatory criteria are met. This Directive remains in effect until suspended, superseded, or amended by the Health Officer, as further provided below. This Directive has support in the bases and justifications set forth in the Medical Care Order as well as in Health Officer Order No. C19-07m issued on November 3, 2020 (the “Stay-Safe-At-Home Order”) and any amendments to that order. As further provided below, this Directive also automatically incorporates any revisions to the Medical Care Order, the Stay-Safe-At-Home Order, or other future orders issued by the Health Officer that supersede those orders or that reference this Directive. This Directive is intended to promote best practices as to the Social Distancing Protocol requirements listed in Section 4.d of and Appendix A to the Stay-Safe-At-Home Order, infection control measures, and other best practices, helping reduce the transmission of COVID-19 in the health care and healing arts setting and helping safeguard the health of workers, patients and clients, and the community.

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE
SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER DIRECTS AS
FOLLOWS:**

- 1. For any Healthcare Operation that Section 8.g of the Stay-Safe-At-Home Order permits to provide care in the City and County of San Francisco (the “City”) during this pandemic, this Directive applies only to the aspects of that Healthcare Operation that meet all of the following criteria:**
 - a. The aspect of the Healthcare Operation provides or supports the provision of the following types of care: Elective Surgeries, including pre- and post-surgery visits and including certain other procedures, as that term is defined in Section 3 below; and**
 - b. The aspect of the Healthcare Operation has appropriate supplies (Personal Protective Equipment (“PPE”), and all other necessary medical and cleaning supplies) and staffing to safely function in a manner that meets both**



Health Officer Directive No. 2020-08b

regulatory requirements for staffing and operation and the community standard for the safe provision of care; and

- c. The aspect of the Healthcare Operation meets all applicable requirements listed in this Directive, including Appendix A to this Directive, at all times.

Each such aspect of a Healthcare Operation that meets all criteria listed above is referred to by this Directive as an “Authorized Service.”

2. This Directive permits the provision of care related to Elective Surgeries by the Authorized Service of any Healthcare Operation so long as the owner, operator, manager, supervisor, Chief Executive Officer or Administrator, Chief Medical Officer or Chief of Service or Chief of Staff, or other medical supervisor of an Authorized Service ensures that the Authorized Service follows all mandatory best practices listed in Appendix A to this Directive (the “Best Practices”), which is incorporated by this reference.
3. For purposes of this Directive, the term “Elective Surgery” means any non-emergency surgical procedure, whether inpatient or outpatient, that is scheduled in advance. The term Elective Surgery includes, without limitation, cosmetic surgery, certain dental procedures not otherwise subject to a Directive regarding dental procedures, invasive surgical procedures that require sedation, eye surgeries, and other pre-planned surgeries or non-surgical procedures that involve general anesthesia or conscious sedation (such as a colonoscopy or endoscopy). “Elective Surgeries” is the plural of Elective Surgery. An Elective Surgery includes such procedures when they are performed at a general acute care hospital, an outpatient surgical clinic, or other centers or clinics that provide such care. For purposes of this Directive, the term Elective Surgery also includes any other care provided by the same Healthcare Operation that relates to the surgery, including but not limited to pre- and post-surgery appointments and follow-up care. The term “Elective Surgery” does not include dental care that is subject to Health Officer Directive 2020-09c, with such care being addressed by that other directive. Note that Section 7 of Appendix A, the Best Practices for Elective Surgeries and Related Care, discusses when a Diagnostic Test is and is not required prior to an Elective Surgery procedure.
4. This Directive and the attached Best Practices may be revised by the Health Officer, through revision of this Directive or another future directive or order, as conditions relating to COVID-19 require, in the discretion of the Health Officer. Each Healthcare Operation that operates an Authorized Service pursuant to this Directive must stay updated regarding any changes to the Medical Care Order, the Stay-Safe-At-Home Order, and this Directive by checking the Department of Public Health website (www.sfdph.org/healthorders and www.sfdph.org/directives) regularly.
5. Each Healthcare Operation that operates an Authorized Service pursuant to this Directive must, before allowing Elective Surgery and related care to occur as outlined by this Directive, create, adopt, and implement a written health and safety plan (a “Health and Safety Plan”) addressing all applicable Best Practices attached to this Directive as Appendix A. The Health and Safety Plan must address each



Health Officer Directive No. 2020-08b

requirement listed in the Best Practices by describing the plan for implementing the requirement or listing the applicable policy or policies of the Healthcare Operation that addresses the listed requirement. The Best Practices attachment is not itself intended to serve as the Health and Safety Plan, such as by having the Healthcare Operation simply check off items that have been or will be done. Rather, the contents of the Best Practices must be adapted into a separate Health and Safety Plan that describes compliance with the requirements. To the extent that a Healthcare Facility had a Health and Safety Plan based on the prior version of this Directive (No. 2020-08), the Healthcare Facility has until November 17, 2020, to update its Health and Safety Plan to address changes to this Directive.

6. There are certain people associated with the Authorized Service that are subject to this Directive. Specifically, people who provide or support the provision of care by the Authorized Service are collectively referred to by this Directive and the Best Practices as “Personnel”, and those people include all of the following who provide services associated with the Authorized Services in the City: employees; contractors and sub-contractors (such as those who perform services onsite or who deliver goods to the business); independent contractors; students who are participating in educational programs associated with their professional degree or licensure; volunteers; and other individuals who regularly provide services at the request of the Authorized Service related to Elective Surgeries. This Directive requires the Healthcare Operation that operates an Authorized Service to ensure that Personnel who perform work associated with the Authorized Service are addressed by the Health and Safety Plan and comply with those requirements.
7. Each Healthcare Operation that operates an Authorized Service subject to this Directive must provide items such as Face Coverings (as provided in Health Officer Order No. C19-12c issued on July 22, 2020), hand sanitizer, sinks for handwashing, PPE, and disinfectant and related supplies to Personnel and to the patients or clients, as required by the Best Practices. If any such Healthcare Operation that operates an Authorized Service is unable to provide these required items or otherwise fails to comply with required Best Practices or fails to abide by its Health and Safety Plan, then it must cease operating the Authorized Service for Elective Surgeries under this Directive until it can fully comply and demonstrate its strict compliance.
8. Each Healthcare Operation that operates an Authorized Service is required to take certain steps in the Health and Safety Plan related to its Personnel, including certain actions listed in Sections 3.1 through 3.4 of the Best Practices if Personnel are sick. Each Healthcare Operation that operates an Authorized Service is prohibited from taking any adverse action against any Personnel for staying home in the circumstances listed in Sections 3.1 through 3.4 of the Best Practices. Personnel of each Healthcare Operation that operates an Authorized Service are prohibited from coming to work if they are sick and must comply with the Directive, including the rules for returning to work listed in Sections 3.1 through 3.4 of the Best Practices.
9. Each Healthcare Operation that operates an Authorized Service must: (a) make the Health and Safety Plan available to any patient or client, Personnel, or other member of the public on request, (b) provide a summary of the plan to all Personnel working onsite in relation to the Authorized Service (except for people only



Health Officer Directive No. 2020-08b

temporarily on-site), and (c) post a copy of the plan in any reception area of the Authorized Service and at any key Personnel gathering or break areas related to the Authorized Service.

- 10. Implementation of this Directive augments—but does not limit—the obligations of each Healthcare Operation under the Medical Care Order and the Stay-Safe-At-Home Order. The Healthcare Operation must follow these context-specific Best Practices in relation to each Authorized Service and update the Health and Safety Plan as necessary for the duration of this Directive, including, without limitation, as this Directive is amended or extended in writing by the Health Officer and consistent with any extension of the Medical Care Order and the Stay-Safe-At-Home Order, any other order that supersedes those orders, and any Health Officer order that references this Directive.**

This Directive is issued in furtherance of the purposes of the Medical Care Order and the Stay-Safe-At-Home Order. Where a conflict exists between this Directive and any state, local, or federal public health order related to the COVID-19 pandemic, the most restrictive provision controls. Failure to carry out this Directive is a violation of the Medical Care Order and the Stay-Safe-At-Home Order, constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is a misdemeanor punishable by fine, imprisonment, or both.

A handwritten signature in blue ink that reads "Tomás Aragón".

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

Date: November 6, 2020



Appendix A to Health Officer Directive No. 2020-08b (issued 11/6/20)

Best Practices for Elective Surgeries and Related Care

The owner, operator, manager, supervisor, Chief Executive Officer or Administrator, Chief Medical Officer or Chief of Service or Chief of Staff, or other medical supervisor of an Authorized Service must, as provided in Health Officer Directive No. 2020-08b, create, adopt, and implement a Health and Safety Plan for the Authorized Service that addresses each item below before the Authorized Service is permitted to provide any patient or client care other than Essential Medical Appointments or emergency health care. And at all times the Authorized Service must comply with the requirements listed below when operating pursuant to this Directive.

Directions: Any Healthcare Operation that operates an Authorized Service pursuant to this Directive must create a Health and Safety Plan for the Authorized Service. The Health and Safety Plan must address each requirement listed below by describing how each requirement is being addressed. The list below is not intended to be used as the Health and Safety Plan by simply checking off items as having been done. Rather, the Health and Safety Plan must be a separate document and must describe ongoing compliance with these requirements.

If the hospital or other facility has written policies applicable to the Authorized Service that satisfy a listed requirement or are more restrictive than a specific requirement of this Directive, then the hospital or facility may rely on its written policy in order to comply with the Directive’s specific requirement. In that situation, the hospital or facility’s Health and Safety Plan may refer to the applicable written policy to satisfy the specific requirement or must otherwise describe the written policy.

Best Practices Contents:

1. Signage and Education.....	6
2. Compliance.....	6
3. General Screening of Personnel and Patients or Clients.....	7
4. Face Covering and Related PPE.....	8
5. Physical Distancing.....	9
6. Hand Hygiene.....	9
7. Patient or Client Testing for SARS-CoV-2.....	10
8. Reporting and Cooperation Requirements Regarding SARS-CoV-2.....	11
9. Phased Implementation.....	12
10. Scheduling Prioritization.....	13
11. Hospital Capacity.....	13
12. Cancellation.....	13
13. Infection Control and Quality Practices.....	14



Best Practices for Elective Surgeries and Related Care

Requirements:

1. Signage and Education:

- 1.1.** Post signage at each public entrance of the Authorized Service to inform all Personnel and patients or clients that they must: avoid entering the facility or location if they have any symptoms consistent with COVID-19 or SARS-CoV-2 (unless they have notified the Authorized Service in advance and precautions have been taken to protect Personnel and other patients or clients); maintain a minimum six-foot distance from others while at the facility to the extent possible; wear a face covering or barrier mask (a “Face Covering”) at all times except as authorized by a healthcare provider; and not shake hands or engage in any unnecessary physical contact. Criteria for Face Coverings and the requirements related to their use are set forth in Health Officer Order No. C19-12c, issued on July 22, 2020 (the “Face Covering Order”), including as that order is revised or replaced. Sample signs are available online at <https://sf.gov/outreach-toolkit-coronavirus-covid-19>.
- 1.2.** Post a copy or summary of the Health and Safety Plan at each public entrance to the Authorized Service.
- 1.3.** Distribute to all Authorized Service Personnel a summary of the Health and Safety Plan (with information on how copies may be obtained) and any educational materials required by the Health and Safety Plan.
- 1.4.** Educate all Authorized Service Personnel of the requirements of the Social Distancing Requirements of the Stay-Safe-At-Home Order and the Health and Safety Plan that apply to them.

2. Compliance:

- 2.1.** The Healthcare Operation that operates an Authorized Service must comply with all local, state, and federal laws, rules, and regulations, including any emergency laws, rules, or regulations enacted in light of the pandemic. If any Health Officer order or directive is more restrictive than a local, state, or federal law, rule, or regulation in relation to a particular topic or issue, the most restrictive provision controls.
- 2.2.** Check the San Francisco Department of Public Health (“DPH”) website for updates to the Directive on a regular basis and update the Health and Safety Plan regarding any changes to the Directive or to the facility’s operations while the Directive is in effect. The website is accessible at <https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp>.
- 2.3.** On April 27, 2020, CDPH issued a document outlining relevant considerations for returning to offering non-emergency care. The document, titled “Resuming California’s Deferred and Preventative Health Care”, is available online at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/ResumingCalifornia’sDeferredandPreventiveHealthCare.aspx>. The Healthcare Operation must review this document and address its requirements in relation to any plan to expand non-emergency care provided by an Authorized Service.



Appendix A to Health Officer Directive No. 2020-08b (issued 11/6/20)

Best Practices for Elective Surgeries and Related Care

- 2.4. To the extent that the Authorized Service performs procedures of a type that are the subject of recommendations or guidance of a professional association in the field (such as the American College of Surgeons, the American Surgical Association, the American Association for the Surgery of Trauma, or other similar professional bodies), the Authorized Service should review and consider implanting appropriate recommendations related to the pandemic.
3. **General Screening of Personnel and Patients or Clients:**
- 3.1. Instruct all Authorized Service Personnel orally and in writing not to come to work or the facility if they are sick.
- 3.2. Provide a copy of Attachment A-1 to the Stay-Safe-At-Home Order, titled "Personnel Screening Form" (the "Personnel Attachment"), to all Authorized Service Personnel who perform work at the Authorized Service on a regular basis (meaning they are regularly on-site) in hardcopy format or electronically. PDF and translated versions of the Attachment can be found online at www.sfdcp.org/screen (open the "Businesses and Employers" area of the "Information and Guidance for the Public" section). If the Attachment is updated, provide an updated copy to all Personnel.
- 3.3. Review, whether in person or by phone or email or other technology or method, the criteria listed in Part 1 of the Personnel Attachment on a daily basis with all Authorized Service Personnel who are regularly on-site before each person enters work spaces or begins a shift. Instruct any Authorized Service Personnel who answered yes to any question in Part 1 of the Personnel Attachment to return home or not come to work and follow the directions on the Personnel Attachment. A poster or other large-format version of the screening questions may be used to review the questions with Personnel verbally at entrances.
- 3.4. Instruct Authorized Service Personnel who stayed home or who went home based on the criteria listed on the Personnel Attachment that they must follow the criteria as well as any applicable requirements from the quarantine and isolation directives (available online at www.sfdph.org/directives) before returning to work. If they are required to self-quarantine or self-isolate, they may only return to work after they have completed self-quarantine or self-isolation. If they test negative for the virus (no virus found), they may only return to work after waiting for the amount of time listed on the Attachment after their symptoms have resolved. Authorized Service Personnel are not required to provide a medical clearance letter in order to return to work as long as they have met the requirements outlined on the Personnel Attachment, but the Authorized Service may, at its option and based on the context and the safety needs of patients or clients, require proof of a negative test result in order for Personnel to return to work as outlined in the Attachment.
- 3.5. In the coming weeks the Department of Public Health may issue guidelines requiring Essential Businesses and other businesses to comply with SARS-CoV-2 testing requirements for employers and businesses. Periodically, check the following website for any testing requirements for employers and businesses: www.sfdcp.org/covid19. If requirements are added, ensure that the Health and Safety Plan is updated and that the Authorized Service and all Authorized Service Personnel comply with testing requirements.



Appendix A to Health Officer Directive No. 2020-08b (issued 11/6/20)

Best Practices for Elective Surgeries and Related Care

- 3.6. Patients or clients, as well as anyone accompanying them to the appointment, must be screened for symptoms in advance of and at the time of their in-person visit, including on the calendar day of the visit as outlined in Section 5.1 below. At a minimum, such screening must occur before the patient or client, as well as anyone accompanying them, enters the Authorized Service facility, office, or suite on the day of the visit in order to protect Personnel and other patients or clients. This screening is in addition to examining any patient or client vital signs as part of the health care being provided. For any patient or client, as well as anyone accompanying them, who has symptoms, has a current confirmed COVID-19 diagnosis, or has a current confirmed SARS-CoV-2 infection, in-person health care may only be provided subject to the infection control practices listed in Section 13 below.

In order to screen for symptoms, the Authorized Service must use the then-current symptom list published by DPH and available online at www.sfdcp.org/screen. The list of symptoms is different for different age ranges, and the Authorized Service must use the list that is appropriate for the person being screened. Because the list is updated from time to time, the Authorized Service must check for updates periodically.

Attachment A-2 to the Stay-Safe-At-Home Order, titled “San Francisco COVID-19 Health Screening Form” (the “Patient Attachment”), may be used for screening patients or clients. The Patient Attachment can be found online at www.sfdcp.org/screen, including translated versions.

4. Face Covering and Related PPE:

- 4.1. Face Coverings are required of all patients or clients seeking care from an Authorized Service as outlined in Section 6.e of the Face Covering Order. The Authorized Service must ensure that each patient or client wears a Face Covering at all times when onsite at the facility except where the provision of care requires removal of the Face Covering or except to the extent the Face Covering Order does not require one (such as for children 9 years old and younger and for people with a written excuse from a physician). The Authorized Service must provide a Face Covering for any patient or client who does not have one. When a Face Covering is not worn by the patient or client, the Authorized Service must take other steps to minimize risk of transmission of SARS-CoV-2.
- 4.2. This Directive extends the requirements for Face Coverings to all Authorized Service Personnel at all times when at the facility. The Authorized Service must ensure that all Authorized Service Personnel wear a Face Covering at all times when onsite at the facility except where the provision of care requires removal of the Face Covering or except to the extent the Face Covering Order does not require one (such as people with a written excuse from a physician). The Authorized Service must provide a Face Covering for all Authorized Service Personnel. When a Face Covering is not worn by the patient or client, the Authorized Service must take other steps to minimize risk of transmission of SARS-CoV-2. The Face Covering may be removed when the provision of care to the patient or client requires its removal. The requirements for Personnel to wear a Face Covering are modified by Section 4.3 below.



Appendix A to Health Officer Directive No. 2020-08b (issued 11/6/20)

Best Practices for Elective Surgeries and Related Care

4.3. To the extent that the hospital or facility written policies or any local, state, or federal law, regulation, or rule requires the use of medical-grade masks or other PPE that is more protective than a Face Covering, the more protective item must be used and its use must comply with the policy or law, regulation, or rule. For clarity, this Directive's requirements regarding Face Coverings are meant to ensure that Personnel and patients or clients are wearing a Face Covering or PPE that is more protective against the transmission of SARS-CoV-2 except where the medical procedure does not permit use of the Face Covering or PPE. Appropriate PPE must be utilized as directed by the clinical context and type of surgery or procedure being performed.

5. **Physical Distancing:**

5.1. Physical distancing of at least 6 feet/2 meters must be maintained by Authorized Service Personnel and patients or clients whenever possible. This includes at a minimum the following requirements:

5.1.1. In any waiting area or other area with seating, chairs should be removed or taken out of use to ensure proper distancing. If a patient or client is in a waiting area with a support person from the same household, those two may sit next to each other in a designated chair or area.

5.1.2. For check-in and other areas with lines, floor markings of some kind should be used to ensure minimum distancing.

5.1.3. If space is available, any patient or client who has an active SARS-CoV-2 infection or who has symptoms should be isolated away from other patients or clients and Personnel. If isolation is not possible, other steps should be taken to prevent transmission.

5.1.4. The patient or client screening required on the calendar day of a visit or procedure must be done **before** arrival in the Authorized Service facility, office, or suite (such as via a call the morning of the visit or a call from outside the building or in the lobby or hallway just before entry).

5.1.5. When a patient or client is in an exam or treatment room, physical distancing must be observed whenever possible.

5.2. The requirements for physical distancing may be tailored based on the context of a specific patient or client's clinical situation.

5.3. Appointments and procedures should be staggered during the day as much as possible to avoid crowding during the day.

5.4. Patients and clients should be encouraged to conduct visits via telephone or other remote technology like video chat when doing so does not compromise the care being provided.

6. **Hand Hygiene:**



Appendix A to Health Officer Directive No. 2020-08b (issued 11/6/20)

Best Practices for Elective Surgeries and Related Care

- 6.1.** Provide hand sanitizer effective against COVID-19 at entrances and elsewhere at the facility or location for Personnel and patients or clients. Sanitizer must also be provided to patients or clients in waiting areas. Information on hand sanitizer, including sanitizer effective against COVID-19 and how to obtain sanitizer, is available online from the Food and Drug Administration here: <https://www.fda.gov/drugs/information-drug-class/qa-consumers-hand-sanitizers-and-covid-19>.
- 6.2.** Encourage patients or clients to wash or sanitize their hands before they touch any Authorized Service Personnel, and require Authorized Service Personnel to follow appropriate infection control precautions when they must touch any patients or clients.

7. Patient or Client Testing for SARS-CoV-2:

- 7.1.** For patients or clients undergoing a surgical procedure, the patient or client must be tested as outlined in this section for a current SARS-CoV-2 infection via a test that detects SARS-CoV-2 nucleic acids and is approved by the United States Food and Drug Administration for diagnostic testing (a "Diagnostic Test"), such as a reverse transcription polymerase chain reaction (RT-PCR) test. When a Diagnostic Test is required by this Section 7.1, it must be performed between 0-7 days before the scheduled surgery (which can be a rapid test, if available, the day of the procedure), with the results being reported to or shared with the Authorized Service before the surgical procedure if the test is not performed by the Authorized Service. For sake of clarity, the result of the Diagnostic Test must be known before the surgical procedure may be done. Any such test is in addition to the screening requirements on the day of the scheduled procedure.

Under this Section 7.1, a Diagnostic Test for SARS-CoV-2 is required as follows:

- 7.1.1.** For any surgical procedure that includes an aerosol generating procedure (AGP).
- 7.1.2.** For any surgical procedure that includes general anesthesia.
- 7.1.3.** For any other situation where the treating healthcare provider determines a test is needed based on the clinical context.

Under this Section 7.1 and notwithstanding the items instead in subsections 7.1.1 through 7.1.3 above, a Diagnostic Test for SARS-CoV-2 is not required in the following situations:

- 7.1.4.** A Diagnostic Test is not required for other pre- or post-surgical care or for any surgical procedure that does not include an AGP or general anesthesia, although a Diagnostic Test should be done when clinical indicators warrant in the judgment of the treating healthcare provider.
- 7.1.5.** For any course of surgical procedures that includes multiple surgeries and at least one surgery with an AGP or general anesthesia, repeat Diagnostic Testing is at the discretion of the Authorized Service so long as a Diagnostic Test is done prior to the first procedure with an AGP or general anesthesia. The Authorized Service must provide educational materials to the patient instructing them how to avoid infection between visits, and repeat Diagnostic Testing should be performed based on clinical



Appendix A to Health Officer Directive No. 2020-08b (issued 11/6/20)

Best Practices for Elective Surgeries and Related Care

indicators or if too long a time has elapsed between the test and subsequent procedures in the judgment of the treating healthcare provider.

7.1.6. Consistent with guidance from the United States Centers for Disease Control and Prevention, for any patient who is still within the 90-day window following the person's symptom onset of their most recent illness from a confirmed SARS-CoV-2 infection (or following confirmed infection when there never were symptoms) and remains asymptomatic, no Diagnostic Test is required. For those within a 90-day window from the onset of symptoms or diagnosis from the prior infection who then develop symptoms consistent with COVID-19, retesting may be warranted if alternative etiologies for the illness cannot be identified. If the Diagnostic Test result is then positive for SARS-CoV-2, consultation with an infectious disease specialist is strongly recommended to guide decision-making. More information on this topic is available at www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrent-Positive-Tests.

7.2. Nothing in this Directive prohibits an Authorized Service from requiring additional diagnostic or serology testing of a patient or client.

8. Reporting and Cooperation Requirements Regarding SARS-CoV-2:

8.1. Each Healthcare Operation must promptly report any confirmed COVID-19 case and any confirmed patient, client, or Personnel SARS-CoV-2 infection as required by local, state, and federal laws, regulations, and rules.

8.2. In addition, each Authorized Service must promptly (within 24 hours) report to DPH Communicable Disease Control (CD Control) at 415-554-2830 all of the following (except as excused by Section 8.3):

8.2.1. Any instance where a patient or client is confirmed to have had an active SARS-CoV-2 infection at the time of an Elective Surgery or related in-person care, including Routine Medical Appointments, and the Authorized Service did not know about the infection at the time of the Elective Surgery or other in-person care;

8.2.2. Any instance where a member of the Authorized Service Personnel is confirmed to have had an active SARS-CoV-2 infection at the time of an in-person interaction onsite with any patient or client and the Authorized Service did not know in advance of the in-person interaction about the infection; and

8.2.3. Any instance where there has been likely or confirmed transmission of SARS-CoV-2 onsite between patients, clients, or Personnel, including among Personnel or among patients or clients, associated with in-person care provided onsite by the Authorized Service.

8.3. A hospital with a quality control or infection control program that is overseen by the hospital's Medical Staff does not need to report occurrences listed in subsections 8.2.1 and 8.2.2 above to DPH so long as the incident is reported and reviewed by its quality control or infection control program.



Appendix A to Health Officer Directive No. 2020-08b (issued 11/6/20)

Best Practices for Elective Surgeries and Related Care

- 8.4. The Healthcare Operation is required to provide all information associated with this Directive requested by DPH, the Health Officer, or the Health Officer's designee. Such disclosure includes protected health information or other health information of patients or clients and information, including confidential employment and health information, about Personnel where the disclosure is limited to the minimum amount necessary for public health purposes and where any such information that is confidential must be protected by DPH and the Health Officer as required by law.
- 8.5. Each Healthcare Operation must cooperate with DPH, the Health Officer, or the Health Officer's designee in relation to action required by DPH, the Health Office, or the Health Officer's designee that relates to any information reported pursuant to this Directive.

9. Phased Implementation:

- 9.1. In order to resume performing Elective Surgeries pursuant to this Directive, an Authorized Service must do so in a phased approach that gradually returns the facility to operation as outlined in this Section (referred to as the "Phased Return to Service"). The reason for the Phased Return to Service is to ensure that the facility is able to safely return to performing surgical procedures and related care without unduly impacting any of the following: the availability of PPE and other supplies to the hospital or facility; appropriate staffing of Authorized Service Personnel; the ability of the Authorized Service to appropriately provide the safest care possible for its patients or clients; the ability of the hospital or facility to maintain capacity in the event of an increase in confirmed transmission of SARS-CoV-2 in the City or the region; the ability of the hospital or facility to minimize the risk of transmission of SARS-CoV-2 as much as possible among Personnel and patients or clients; and the ability of the City to adequately handle any new surge in confirmed COVID-19 diagnoses. The Phased Return to Service is intended to ensure that any expansion of service can be scaled back quickly if required by the context. Any hospital seeking to perform Elective Surgeries and related services must also comply with the Hospital-based requirements listed in Section 11 below.
- 9.2. When designing and implementing a Phased Return to Service, the Authorized Service must proceed cautiously, not starting at full capacity, operating pursuant to the criteria for safe operation of the Authorized Service listed in Section 9.3 below, and only increasing capacity when it can ensure the continued safe operation as listed in Section 9.3. An Authorized Service may have Personnel plan for the Phased Return to Service before beginning to offer Elective Surgeries or associated care, including Routine Medical Appointments, but must not begin Elective Surgeries or associated care, including Routine Medical Appointments, until it can do so safely. If the Authorized Service is unable to maintain the provision of care while meeting all safe operating criteria listed in Section 9.3 below, then it must scale back to a level that permits meeting all those criteria.
- 9.3. In order for Elective Surgeries and related care to be considered as having been safely provided, all of the following conditions must be met:
 - 9.3.1. The Authorized Service must have had supply levels (including but not limited to PPE, medical equipment, and medications) sufficient for the current capacity;



Appendix A to Health Officer Directive No. 2020-08b (issued 11/6/20)

Best Practices for Elective Surgeries and Related Care

9.3.2. The Authorized Service must have been able to appropriately staff the Authorized Service, including by meeting or exceeding all staffing levels (whether ratio-based or otherwise) required of the Authorized Service by the facility's policies and any local, state, or federal law, regulation, or rule for the current capacity;

9.3.3. The Authorized Service must, as required by Section 8.2 above, promptly report any instance when any Personnel, patient, or client was confirmed to have been infected by SARS-CoV-2 as a result of an onsite interaction among any Authorized Service Personnel, patients, and/or clients; and

9.3.4. The Authorized Service must have sufficient capacity to offer SARS-CoV-2 diagnostic testing to patients or clients or have the ability to ensure testing occurs as required by this Directive.

9.4. The Authorized Service must comply with any requirements imposed by the Health Officer or the Health Officer's designee related to the Phased Return to Service, which may include being required to scale back procedures or appointments if local conditions require or if an Authorized Service is the source of patient or client infections.

10. Scheduling Prioritization:

10.1. When scheduling patients or clients for Elective Surgeries and related care, the Authorized Service should consider the severity of the patient or client's health condition and the consequences of recent delays or continued delays in care due to the pandemic in relation to prioritizing patients.

11. Hospital Capacity:

11.1. For hospitals that seek to allow Elective Surgeries and related services, the hospital and the Authorized Service must:

11.1.1. Have a plan to maintain adequate capacity (with respect to critical care/intensive care unit (ICU) beds and medical-surgical beds as well as availability of ventilators), staff, and supplies (including but not limited to PPE) to safely handle a sudden increase in COVID-19 patients based on local trends in cases and hospitalizations in the City;

11.1.2. Have tools to monitor and report patient or client SARS-CoV-2 infection rates, hospitalizations, emergency room admissions, and ICU utilization as well as Personnel metrics regarding infection rates, sick days, and staffing; and

11.1.3. Ensure that Elective Surgeries and related services do not impair the hospital's ability to care for the previous maximum census of confirmed COVID-19 or SARS-CoV-2 positive patients handled by the facility in the previous three (3) month period.

12. Cancellation:



Appendix A to Health Officer Directive No. 2020-08b (issued 11/6/20)

Best Practices for Elective Surgeries and Related Care

- 12.1.** All scheduled Elective Surgeries or related appointments must be cancelled by the Authorized Service, including but not limited to within 24 hours of the planned procedure or visit, if the requirements listed by this Directive are not met or where conditions, with respect to COVID-19, change such that the conditions for the health care are no longer optimal and safe.
- 12.2.** All scheduled Elective Surgeries or related appointments may be cancelled by the Authorized Service or by the patient or client, including but not limited to within 24 hours of the planned procedure or visit, if the patient or client is sick (whether SARS-CoV-2 related or otherwise).
- 12.3.** The Authorized Service may not charge a cancellation fee associated with any cancellation listed in Section 12.1 or where the patient or client has a confirmed positive SARS-CoV-2 infection that was the basis for the cancellation.

13. Infection Control and Quality Practices:

- 13.1.** Each Healthcare Operation performing Elective Surgeries or offering related care under this Directive must have, update, and implement appropriate infection control practices, including practices that address how to safely provide patient or client care in light of the current pandemic in a manner that meets community and regulatory standards and that protects patients, clients, and Personnel from infection.
- 13.2.** If the Authorized Service provides care to someone who has a COVID-19 diagnosis or who has an active SARS-CoV-2 infection, such infection control practices must include specific details of how to provide safe care in a manner that protects other patients or clients and Personnel.
- 13.3.** The Healthcare Operation must have and utilize a quality review or infection control function or program that will promptly investigate any situation that may require reporting under Section 8.2 above.
- 13.4.** The Healthcare Operation must implement appropriate cleaning and sanitization processes to ensure that any Elective Surgery or related in-person care meets regulatory and community standards during this pandemic for the safe provision of care, including but not limited to:
 - 13.4.1.** Safely permitting Elective Surgery to be performed;
 - 13.4.2.** Safely permitting other, related routine medical care to occur;
 - 13.4.3.** Educating Personnel about changes to cleaning and sanitization processes; and
 - 13.4.4.** Monitoring compliance with the cleaning and sanitization processes.