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”) 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 at 11:59 p.m. on May 17, 2020, and 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 provider, facility, or office may provide the care covered by this Directive, and such care may continue to be provided by the provider, 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 This Directive remains in effect until suspended, superseded, or amended by the Health Officer, as further provided below.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. C19-07d issued on May 17, 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 Social Distancing Requirements listed in Section 15.k of 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. This Directive No. 2020-09b revises and replaces Directive No. 2020-09, issued May 15, 2020.

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 15.b 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: Dental Health Care, 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 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 Exhibit 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 a “Dental Care Service.”

2. This Directive permits the provision of care related to Dental Health Care by the Dental Care 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 a Dental Care Service ensures that all mandatory best practices listed in Exhibit A to this Directive (the “Best Practices”), which is incorporated by this reference, are followed.

3. For purposes of this Directive, the term “Dental Health Care” means any care provided by a professional who is licensed and providing care under Chapter 4 of Division 2 of the California Business and Professions Code or by someone who is supervised by such a licensed professional. For purposes of this Directive, Dental Health Care includes but is not limited to any preventative, restorative, maintenance, cosmetic, hygiene, corrective, orthodontic, urgent, or emergency care. Dental Health Care expressly includes any care that is “Essential” as defined by the Medical Care Order or any emergency care. But this Directive does not apply to care that is provided on an emergency basis at any general acute care hospital or urgent care center, with such care already being authorized and provided under the hospital’s or urgent care center’s standard procedures, which should include airborne precautions (N95 or higher) similar to those listed in this Directive for aerosol generating procedures.

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 a Dental Care Service under 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 City Administrator’s website (www.sfgsa.org) or the Department of Public Health website (https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp) at least weekly.

5. Each Healthcare Operation that operates a Dental Care Service under this Directive must, before allowing Dental Health Care 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 Exhibit A. The Health and Safety Plan must address each 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.

6. There are certain people associated with the Dental Care Service who are subject to this Directive. Specifically, people who provide or support the provision of care by the Dental Care 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 Dental Care 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 Dental Care Service related to Dental Health Care. This Directive requires the Healthcare Operation that operates a Dental Care Service to ensure that Personnel who perform work associated with the Dental Care Service are addressed by the Health and Safety Plan and comply with those requirements.

7. Each Healthcare Operation that operates a Dental Care Service subject to this Directive must provide items such as Face Coverings (as provided in Health Order No. C19-12 issued on April 17, 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 a Dental Care 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 Dental Care Service for Dental Health Care under this Directive until it can fully comply and demonstrate its strict compliance.

8. Each Healthcare Operation that operates a Dental Care Service is required to take certain steps in the Health and Safety Plan related to its Personnel, including certain actions listed in Sections 2.1 through 2.4 of the Best Practices if Personnel are sick. Each Healthcare Operation that operates a Dental Care Service is prohibited from taking any adverse action against any Personnel for staying home in the circumstances listed in Sections 2.1 through 2.4 of the Best Practices. Personnel of each Healthcare Operation that operates a Dental Care 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 2.1 through 2.4 of the Best Practices.

9. Each Healthcare Operation that operates a Dental Care 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 Dental Care Service (except for people only temporarily on-site), and (c) post a copy of the plan in any reception area of the Dental Care Service and at any key Personnel gathering or break areas related to the Dental Care 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 Dental Care Service and update the Health and Safety Plan as necessary for the duration of this Directive, including, without limitation, as
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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.

11. This Directive becomes effective at 11:59 p.m. on May 17, 2020, and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer. Effective as of 11:59 p.m. on May 17, 2020, this Directive revises and replaces Directive Number 2020-09, issued May 15, 2020.

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 or health-protective 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.

Tomás J. Aragón, MD, DrPH, Date: May 17, 2020
Health Officer of the
City and County of San Francisco
Best Practices for Dental Health 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 a Dental Care Service must, as provided in Health Officer Directive No. 2020-09b, create, adopt, and implement a Health and Safety Plan for the Dental Care Service that addresses each item below before the Dental Care Service is permitted to provide any patient or client care including Routine and Essential Medical Appointments or emergency health care (except for care that is provided on an emergency basis at any general acute care hospital or urgent care center). And at all times the Dental Care Service must comply with the requirements listed below when operating under this Directive.

Directions: Any Healthcare Operation that operates a Dental Care Service under this Directive must create a Health and Safety Plan for the Dental Care 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 office or facility has written policies applicable to the Dental Care Service that satisfy a listed requirement or are more restrictive than a specific requirement of this Directive, then the office or facility may rely on its written policy to comply with the Directive’s specific requirement. In that situation, the office 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.

Requirements:

1. **Signage and Education:**

   1.1. Post signage at each public entrance of the Dental Care 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 Dental Care 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. C19-12, issued on April 17, 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](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 Dental Care Service.

   1.3. Distribute to all Dental Care 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.
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1.4. Educate all Dental Care 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. General Screening of Personnel and Patients or Clients:

2.1. Instruct all Dental Care Service Personnel orally and in writing not to come to work or the facility if they are sick.

2.2. Provide a copy of the attachment to this Exhibit, titled “Information for Personnel (Employees, Contractors, Volunteers) of Essential Business and Other Businesses Permitted To Operate During the Health Emergency” (the “Attachment”), to all Dental Care Service Personnel who perform work at the Dental Care 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.sfcdcp.org/covid19 (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.

2.3. Review, whether in person or by phone or email or other technology or method, the criteria listed in Part 1 of the Attachment on a daily basis with all Dental Care Service Personnel who are regularly on-site before each person enters work spaces or begins a shift. Instruct any Dental Care Service Personnel who answered yes to any question in Part 1 of the Attachment to return home or not come to work and follow the directions on the Attachment.

2.4. Instruct Dental Care Service Personnel who stayed home or who went home based on the criteria listed on the 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/dph/alerts/coronavirus-healthorders.asp) 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. Dental Care Service Personnel are not required to provide a medical clearance letter to return to work as long as they have met the requirements outlined on the Attachment, but the Dental Care 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.

2.5. 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.sfcdcp.org/covid19. If requirements are added, ensure that the Health and Safety Plan is updated and that the Dental Care Service and all Dental Care Service Personnel comply with testing requirements.

2.6. Patients or clients 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. At a minimum, such screening must occur before the patient or client enters the Dental Care Service facility, office, or suite on the day of the visit 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 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 infection control practices appropriate to ensure that that care can be provided safely for the patient or client and all Personnel. Such screening must address all of the following:

2.6.1. Within the preceding 10 days has the patient or client been diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-isolate as outlined at https://www.sfcdcp.org/Isolation-Quarantine-Packet.)

2.6.2. Does the patient or client live in the same household with or have they had close contact with someone who in the preceding 14 days was diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-quarantine as outlined at https://www.sfcdcp.org/Isolation-Quarantine-Packet.)

2.6.3. Has the patient or client had any one or more of the following symptoms which is new or not explained by a pre-existing condition that day or within the preceding 24 hours? The symptoms include: fever, chills, or repeated shaking/shivering; cough; sore throat; shortness of breath or difficulty breathing; feeling unusually weak or fatigued; loss of taste or smell; muscle pain; headache; runny or congested nose; or diarrhea. If any listed symptom is present, the patient or client might be positive for SARS-CoV-2 and should be referred for testing, and appropriate precautions should be taken or the care delayed.

3. **Face Covering and Related PPE:**

3.1. Face Coverings are required of all patients or clients seeking care form a Dental Care Service as outlined in Section 3.d of the Face Covering Order. The Dental Care 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 12 and younger and for people with a written excuse from a physician). The Dental Care 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 Dental Care Service must take other steps to minimize risk of transmission of SARS-CoV-2.

3.2. This Directive extends the requirements for Face Coverings to all Dental Care Service Personnel at all times when at the facility. The Dental Care Service must ensure that all Dental Care 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 Dental Care Service must provide a Face Covering for all Dental Care Service Personnel. When a Face Covering is not worn by the patient or client, the Dental Care 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.

3.3. If Dental Care Service written policies or any local, state, or federal law, regulation, or rule require the use of medical-grade masks or other PPE that is more protective than a Face
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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.

4. **Physical Distancing:**

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

4.1.1. In any waiting area or other area with seating, chairs should be removed or taken out of use to ensure proper distancing in other remaining chairs or seats. 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.

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

4.1.3. 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.

4.1.4. The patient or client screening required on the calendar day of a visit or procedure must be done before arrival in the Dental Care 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).

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

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

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

4.4. 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.

5. **Hand Hygiene:**

5.1. 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
5.2. Encourage patients or clients to wash or sanitize their hands before they touch any Dental Care Service Personnel, and require Dental Care Service Personnel to follow appropriate infection control precautions when they must touch any patients or clients.

6. **Patient or Client Testing for SARS-CoV-2:**

   6.1. For patients or clients undergoing any aerosol generating procedure, the patient or client must be tested for a current SARS-CoV-2 infection between 0-7 days before the scheduled aerosol generating procedure (which can be a rapid test, if available, the day of the procedure), with the results being reported to or shared with the Dental Care Service before the procedure if the test is not performed by the Dental Care Service. The test should be performed as close to the day of the procedure as possible. This test is in addition to the screening requirements on the day of the scheduled procedure. A test is not required for other pre- or post-procedure care that does not include an aerosol generating procedure. A test is not required for emergency care so long as other precautions are taken to protect against the risk of transmission (such as patient screening and use of appropriate PPE).

   6.2. Nothing in this Directive prohibits a Dental Care Service from requiring additional diagnostic or serology testing of a patient or client.

7. **Reporting and Cooperation Requirements Regarding SARS-CoV-2:**

   7.1. 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.

   7.2. In addition, each Dental Care Service must promptly (within 24 hours) report to DPH Communicable Disease Control (CD Control) at 415-554-2830 all of the following:

      7.2.1. Any instance where a patient or client is confirmed to have had an active SARS-CoV-2 infection at the time of any Dental Health Care or related in-person care and the Dental Care Service did not know about the infection at the time of the Dental Health Care or other in-person care;

      7.2.2. Any instance where a member of the Dental Health 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 Dental Health Service did not know in advance of the in-person interaction about the infection; and

      7.2.3. 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 Dental Health Service.

7.3. 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
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Exhibit A to Health Officer Directive No. 2020-09b (issued 5/17/20)

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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.

7.4. 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 Officer, or the Health Officer’s designee that relates to any information reported under this Directive.

8. Other Requirements:

8.1. On May 7, 2020, the California Department of Public Health (“CDPH”) issued a document outlining relevant considerations for returning to offering non-emergency care. The document, titled “Guidance for Resuming Deferred and Preventative Dental Health Care”, is available online at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance-for-Resuming-Deferred-and-Preventive-Dental-Care.aspx. A copy of that document is attached to the Directive as Exhibit B and is incorporated into the Directive by this reference. The Healthcare Operation must review this document, including as it is amended or supplemented by the California Department of Public Health in the future, and must address each of its considerations and requirements in the Health and Safety Plan. The Health and Safety Plan must ensure that all patients and clients are provided care in a manner that protects the safety and health of patients, clients, and Personnel. If CDPH issues any guidelines or requirements related to Dental Health Care in the future, each Dental Care Service must review such guidelines or requirements and update its Health and Safety Plan accordingly. If CDPH requires processes or protections that are more health-protective than those listed in this Directive, the most health-protective apply and must be followed.

8.2. For sake of clarity, each Dental Care Service that performs any aerosol generating procedure, and such procedures are common in Dental Health Care, must implement adequate airborne precautions for each such procedure, which include but are not limited to the use of N95 or higher-grade PPE and all other protections appropriate for the procedure. The Health and Safety Plan must detail these protections.

8.3. If the Dental Care 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 Dental Association (ADA), American Association of Oral and Maxillofacial Surgeons, American Academy of Periodontology, or other similar professional bodies) or a government agency including but not limited to the United States Centers for Disease Control and Prevention, the California Division of Occupational Safety and Health (known as Cal/OSHA), and the United States Department of Labor Occupational Safety and Health Administration (known as OSHA), the Dental Care Service should review and consider implementing appropriate recommendations related to the pandemic and should update its Health and Safety Plan over time based on such recommendations with the focus of protecting patients, clients, and Personnel.

8.4. The Health Office may revise this Directive and add additional requirements in the future to ensure that Dental Health Care is provided in the safest possible manner during this pandemic.