ORDER OF THE HEALTH OFFICER No. C19-13

ORDER OF THE HEALTH OFFICER
OF THE CITY AND COUNTY OF SAN FRANCISCO
REQUIRING TESTING OF RESIDENTS AND PERSONNEL AT CERTAIN RESIDENTIAL FACILITIES AND REQUIRING THOSE FACILITIES TO COMPLY WITH TESTING, REPORTING, AND GUIDANCE REQUIREMENTS OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

(PUBLIC HEALTH EMERGENCY ORDER)
DATE OF ORDER: May 7, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120275, 120295, et seq.; Cal. Penal Code §§ 69, 148(a)(1); San Francisco Administrative Code §7.17(b))

Summary: The Health Officer of the City and County of San Francisco (the “City”) issued a shelter-in-place order on March 16, 2020, in an effort to reduce the impact of the virus that causes novel Coronavirus Disease 2019 (“COVID-19”). That virus is easily transmitted, especially in group settings, and the disease can be extremely serious. It can require long hospital stays, and in some instances it can cause long-term health consequences or death. It can impact not only those known to be at high risk based on age or certain medical conditions but also other people, regardless of age or underlying health condition. This is a global pandemic causing untold societal, personal, and economic harm. Capitalized terms used in this Order are generally defined in Sections 5 through 9 below.

Each Facility that is subject to this Order is a congregate living facility that houses many Residents who are at risk of contracting COVID-19 and experiencing serious health outcomes. And to the extent that Residents or Personnel at each Facility that is subject to this Order contract the virus that causes COVID-19, they can unknowingly transmit the virus to other Residents and Personnel. The virus can accordingly spread throughout each Facility, thereby putting the health and lives of all Residents and Personnel at risk. To prevent virus transmission, it is important for each Facility to follow best practices for infection control, to respond quickly and appropriately when suspected or confirmed cases of infection are identified.
through screening and testing, and to report information about test results, supply levels, and other factors. Best practices to reduce the risk of viral transmission include monitoring for signs of infection in Residents and Staff, separating and testing those with symptoms consistent with suspected infection, and testing Residents and Personnel who have no symptoms on a repeated basis to identify asymptomatic infections. Through such monitoring and testing, it is possible to identify those who carry the virus and to separate them from others, reducing the risk of transmission, while also taking steps to provide any necessary care. Through such actions Facilities can further protect their Residents and Personnel. Accordingly, this Order requires each listed Facility to follow the Testing, Collaboration, Reporting, and Guidance requirements of the San Francisco Department of Public Health (“DPH”), and the Order also requires that all Residents and Personnel of each Facility comply with this Order’s Testing requirements. Many of the activities that will be required under this order are preventative in nature, providing the most protection for Residents and Personnel. In addition, certain Facilities will be contacted sooner than others in order to best implement the protections of this Order in a strategic manner.

This Order goes into effect at 5:00 p.m. on May 8, 2020, and continues indefinitely until it is repealed, modified, or replaced by the Health Officer of the City and County of San Francisco. The Health Officer may revise this Order as the situation evolves, and each Facility must stay updated by checking DPH websites (www.sfdph.org/covid-19 and sfcdcp.org/covid-19) regularly.

This Order complements and does not replace other orders issued by the Health Officer related to visitation and other infection control practices at certain facilities throughout the City, including Health Officer Order Nos. C19-01b (prohibiting visitors at Laguna Honda Hospital and Rehabilitation Center and Unit 4A at Zuckerberg San Francisco General Hospital), C19-03 (prohibiting visitors to specific residential facilities), C19-06 (prohibiting visitors to general acute care hospitals and acute psychiatric hospitals), and C19-11 (placing Laguna Honda Hospital and Rehabilitation Center under protective quarantine). All of these listed orders work in tandem with this Order to protect Residents and Personnel at these facilities.
ORDER OF THE HEALTH OFFICER No. C19-13

This summary is for convenience only and may not be used to interpret this Order; in the event of any inconsistency between the summary and the text of this Order below, the text will control.

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, 120130, 120175, 120176, AND 120220, THE HEALTH OFFICER OF THE CITY AND COUNTY OF SAN FRANCISCO (“HEALTH OFFICER”) ORDERS:

1. Capitalized terms used in this Order have the definitions provided in this Order. This Order goes into effect at 5:00 p.m. on May 8, 2020, and continues until the Order is revoked, replaced, or amended by the Health Officer. While this Order is in effect, all Residents living at and all Personnel working at each Facility must comply with this Order’s Testing requirements (described in Section 5) and any other requirements listed for Residents and Personnel. In addition, each Facility must comply with this Order’s Testing, Cooperation, Reporting, and Guidance requirements (described in Sections 5, 6, 7, and 8). The Testing, Cooperation, Reporting, and Guidance requirements all serve to protect the health and well-being of Facility Residents and Personnel in light of the COVID-19 pandemic. Absent compliance with this Order’s requirements, Residents and Personnel are at increased risk of infection by the virus that causes COVID-19.

2. At this point in the global pandemic, the seriousness of the virus that causes COVID-19 is clear. The virus is easily transmitted, especially in health care and congregate living settings. People who are older and/or who have certain underlying medical conditions are especially vulnerable to the most serious outcomes from infection, including death, but there are documented cases of serious outcomes even absent these risk factors. It is easy for the virus to be transmitted between and among Personnel or Residents, including by those without symptoms (asymptomatic people) or those with mild symptoms. There can also be a substantial delay between contracting the virus and having symptoms, and it is possible to transmit the virus during this pre-symptomatic period. Across the United States and around the world there is substantial evidence of how quickly the virus moves through congregate living facilities, often resulting in high incidence of negative outcomes. In such settings, taking strong steps to prevent transmission is
recommended by the United States Centers for Disease Control and Prevention ("CDC"). For example, risk factors associated with tragic outcomes at a skilled nursing facility in Washington State have been documented here: https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm. Such steps include Resident and Personnel screening and testing, restrictions on visitors, strong infection control programs, and limiting contact between those with the virus and those who have not contracted it. In addition to testing, it is also important for each Facility to follow best practices for infection control, to respond quickly and appropriately when suspected or confirmed positive cases are identified, and to report information about test results, supply levels, and other factors. Through such actions Facilities can further protect their Residents and Personnel. Given these facts, it is imperative that Testing occur and that each Facility take all necessary and appropriate steps to minimize the risk to both Residents and Staff, including those steps required under this Order.

3. This Order is also issued in light of the existence, as of May 7, 2020, of 1,754 confirmed cases of infection by the COVID-19 virus in the City, including a significant and increasing number of cases of community transmission. In addition, since the start of the pandemic there have been at least 11 outbreaks in Facilities in the City. This number highlights just how important it is to take steps to protect Residents and Staff alike. In light of these facts, this Order is necessary to slow the rate of spread to each Facility, and the Health Officer will continue to assess the quickly evolving situation and may modify this Order, or issue additional Orders, related to COVID-19, as changing circumstances dictate.

4. This Order is also issued in accordance with, and incorporates by reference, the April 29, 2020 Shelter in Place Order (Order No. C19-07c) issued by the Health Officer, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 12, 2020 Executive Order (Executive Order N-25-20) issued by Governor Newsom, the February 25, 2020 Proclamation by Mayor London Breed Declaring the Existence of a Local Emergency (as supplemented several times after its issuance), the March 6, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by
the Health Officer, other emergency actions by the City and California, and guidance issued by the California Department of Public Health (“CDPH”) and the CDC, as each of them have been and may be supplemented.

5. **Testing.** For purposes of this Order, “Testing” means the use of a test related to the virus that causes COVID-19, whether a diagnostic test (testing for active infection), antibody test, or any other test. Testing must occur as described in this Section 5. As described in more detail below, all Residents living at, and all Personnel working at, a Facility must submit to Testing as required by DPH or by the Facility in Cooperation, and each Facility must follow the direction of DPH regarding Testing of Residents and Personnel. DPH may require testing of Residents or Personnel to be performed by DPH or by a third-party agent of DPH onsite at the Facility, and in that instance testing must occur onsite as required by DPH.

a. In relation to Resident Testing:

   i. For the duration of this Order, each Resident of the Facility must submit to Testing, as directed by the Facility, including as directed in Cooperation with DPH, or as otherwise directed by DPH, as further provided below in this Section 5.

   ii. Except solely as provided in subsections iii through v below, any Resident who is directed by the Facility or DPH to have a test must permit the test to be performed as directed.

   iii. If a Resident has an Authorized Decision Maker who is currently making health care decisions for the Resident, including but not limited to a conservator, the Facility must ask the Authorized Decision Maker of that Resident for consent to perform the test and must notify the Authorized Decision Maker that the Resident is required by this Order to have the test.

   iv. No test is permitted to be conducted on a Resident if the test cannot be administered safely, as determined by a physician.
providing care to the Resident or DPH. In the event of a conflict regarding whether a test can be administered safely, the decision of DPH controls.

v. This Order does not authorize forcible administration of a test against a Resident’s will or without the consent of the Resident’s Authorized Decision Maker (if the Resident does not have capacity to consent to the test) absent an additional lawful order requiring a forced test.

vi. The Facility must promptly (within 24 hours) notify DPH to obtain assistance if a Facility Resident is unable to be tested, is unwilling to comply with the requirements of this Order, or lacks capacity to make health care decisions and the Resident’s Authorized Decision Maker declines to consent to the testing or other requirements of this Order.

vii. The Facility must document the Testing results for each Resident in the Resident’s medical record (or other individual care record if there is no medical record) kept by the Facility. If a Resident is unable to be tested or the Authorized Decision Maker refuses to consent to testing, that must be documented.

viii. Each Facility must immediately (within one hour) report to DPH any positive test result of a Resident as required by subsection 5.d below. The Facility must also otherwise report all test results as required by law.

b. In relation to Personnel Testing:

i. For the duration of this Order, all Facility Personnel must submit to Testing, as directed by the Facility in Cooperation with DPH or as directed by DPH, as outlined in this Section 5.

ii. Any member of Facility’s Personnel who is directed by the Facility or DPH to have a test must permit the test to be performed in the manner directed. The refusal by any
member of a Facility’s Personnel to be tested is a violation of this Order. A Facility must not permit any member of its Personnel to come to work or otherwise enter the Facility’s premises if that person refuses to be tested, unless expressly permitted by DPH.

iii. The Facility must document Testing results and any refusal to test or to have third-party Testing results disclosed to the Facility for Facility Personnel in a secure and confidential manner, and the Facility must maintain the confidentiality of information about Testing results of Personnel and may only share such information as permitted or required by law.

iv. Each Facility must immediately (within one hour) report any positive test result of a member of the Facility’s Personnel as required by subsection 5.d below. The Facility must also otherwise report all test results as required by law.

v. To the extent that the Facility is required to ensure that its Personnel are tested and the test is not conducted by DPH or an agent of DPH, the Facility must conduct the Testing program as required by DPH and obtain and keep a record of the test result from each member of the Facility’s Personnel, whether a copy of the result is provided to the Facility by the tested person directly or by the lab or provider that conducted the test. In such situations, the member of the Facility’s Personnel who was tested must take all steps necessary to ensure the Facility receives the result within 48 hours if negative and within 8 hours if positive, whether by providing a written copy of the test result to the Facility or by signing a release permitting the testing lab or ordering provider to share the result directly with the Facility. When Testing is not performed by DPH, the Facility must prohibit each Personnel member who was tested from returning to work until the Facility receives proof of the test’s outcome within the timeframe required in this subsection except to the extent that DPH Guidance or
other DPH direction allows a return to work. In all instances covered by this subsection, it is the tested person’s responsibility to ensure that the result is provided to the Facility and that it is received in a timely manner.

vi. No member of the Facility’s Personnel may come to work or otherwise enter the Facility’s premises after receiving a positive test result except as permitted by DPH Guidance (as defined in Section 8 below) regarding allowing someone to returning to work after a positive test result. If a member of the Facility’s Personnel is awaiting a test result, that person may only come to work or otherwise enter the Facility’s premises as permitted by DPH Guidance.

c. The following requirements apply to all Testing:

i. The Facility in coordination with DPH, or DPH independently, may require Testing of Facility Residents and Personnel on an ongoing basis, including repeat Testing. Such Testing may include a random sample of Residents and Personnel.

ii. Testing may be conducted by DPH, by the Facility, or by a third party, as directed by DPH.

iii. This Order requires Residents and Personnel to comply with Facility infection control and other protocols based on the results of any test, including as directed by DPH, as outlined in DPH Guidance, or as outlined by CDPH or CDC guidance. This includes, by way of example and without limitation, isolation, quarantine, cohorting of Residents or Personnel, and transfer of Residents as outlined by DPH Guidance or as otherwise directed by DPH.

iv. All Testing must be done using tests that are approved by the United States Food and Drug Administration.

v. The Facility must share a Resident’s Testing results with that Resident (including the Resident’s Authorized Decision
vi. If Testing is able to be conducted without use of a laboratory to process the test, then such Testing results are subject to this Order.

vii. When testing of Residents or Personnel is required by this Order, the Facility must promptly notify each Resident (including any Authorized Decision Maker as required by Section 5.a.iii) or member of its Personnel who is subject to Testing of the testing requirements of this Order. The Facility must include in such notification a summary of all Testing-related aspects of this Order and an offer to provide a copy of this Order on request. A sample letter discussing testing requirements, which may be modified as appropriate, is attached to this Order as Appendix B.

d. The Facility must immediately report (within one hour) all positive Testing results of Residents and Personnel as well as any other confirmed COVID-19 diagnoses or positive tests of Residents or Personnel (such as when a Resident who is transferred to the Facility is a confirmed carrier of the virus or when a member of the Personnel reports they recently had a positive test result outside the work context) as follows:

i. To DPH Communicable Disease Control (CD Control) at 415-554-2830;

    **AND**

ii. For any Skilled Nursing Facility or General Acute Care Hospital, also to the California Department of Public Health Licensing and Certification District Office at 415-330-6353.

iii. If DPH conducted the Testing that requires reporting under subsection 5.d, the Facility is not required to report the result back to DPH but must still make the other report
iv. In relation to reporting positive test results for Residents or Personnel or a confirmed COVID-19 diagnosis, the Facility must provide all information requested by DPH or the other entity to which a report is required.

e. In relation to Testing, each Facility must do the following:

i. The Facility must follow DPH direction or any individual Health Officer order to test specific Residents or Personnel, whether performing the tests itself or working with DPH or another testing provider to conduct the tests. Nothing in this Order prohibits a Facility from also testing Residents or Personnel at its own discretion.

ii. The Facility must facilitate Testing and respond to Testing results as appropriate, including taking action based on the results of Testing, pursuant to the Facility’s infection control protocols, DPH Guidance, and CDPH and CDC guidelines. The Facility must take all steps required of the Facility by DPH in relation to positive, negative, pending, and inconclusive test results.

iii. The Facility must maintain written records of Testing as outlined by this Order.

iv. The Facility must share information about Testing with DPH as requested by DPH at any time.

6. Cooperation. For purposes of this Order, “Cooperation” means working and collaborating with DPH and otherwise following the direction of DPH in relation to the Facility. The term “Cooperate” means the act of Cooperation. While this Order is in effect, each Facility must Cooperate with DPH. Such Cooperation includes, but is not limited to, all of the following:
a. Promptly taking and responding to telephone calls, emails, and other inquiries and requests by representatives of DPH;

b. Permitting DPH personnel onsite without advance notice;

c. Responding to all DPH requests for information in a timely manner;

d. Taking steps required by DPH in relation to the operation of the Facility, including, but not limited to, placement of Residents, environmental changes, use of personal protective equipment (“PPE”), closing or re-purposing spaces, and changing staffing patterns or assignments;

e. Enacting policies or procedures required by DPH;

f. Communicating with Residents, Resident decision-makers and loved ones, and Personnel as directed by DPH;

g. Assisting with the assessment of Facility resources, procedures, and physical layout when requested, including by providing Personnel who can show DPH staff any areas or required information;

h. Disclosing to DPH staff protected health information and other medical information that relates to the subject matter of this Order, and such information must be protected by DPH as required by law;

i. Disclosing to DPH staff other information about Facility Personnel relevant to the subject matter of this Order so long as the disclosure of any confidential information under this subsection is limited to the minimum necessary for public health purposes, and any such information that is confidential must be protected by DPH as required by law;

j. Facilitating the safe transfer of any Resident to another Facility or other level of care based on the context as directed by DPH or the
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Facility’s regulatory entity;

k. Maintaining a bed hold for any Facility Resident who is transferred to another location as a result of the current local health emergency and facilitating the safe return of that Resident at an appropriate time consistent with DPH Guidance or other DPH direction; and

l. Accepting, in an emergency context, a safe transfer of a new Resident to the Facility as directed by DPH, with DPH being the final decision maker as to whether the transfer is safe.

7. Reporting. For purposes of this Order, “Reporting” means collecting, organizing, analyzing, and sharing information and data with DPH or other entities as directed by DPH in any format requested by DPH. “Report” means the act of Reporting. As described in more detail below, each Facility must Report any information, as reasonably necessary to protect public health and the safety and well-being of Facility Residents and Personnel, as directed by DPH regarding the Facility and its operation. Such Reporting includes, but is not limited to, all of the following:

a. Collecting, organizing, analyzing, and sharing data about Residents and Personnel, including but not limited to the number of Residents and Personnel at the Facility, staffing and assignment information, the number of Residents and Personnel with a suspected or confirmed COVID-19 diagnosis, the number of Residents and Personnel who have tested positive for the virus that causes COVID-19, the number of Residents and Personnel who have been tested and when they were tested, and information on Personnel absences and vacancies;

b. Collecting, organizing, analyzing, and sharing data regarding supply levels (for example, PPE, testing, and cleaning supplies), including the use rate, amount in storage, and anticipated future deliveries;
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c. Collecting, organizing, analyzing, and sharing other information related to the subject matter of this Order as requested by DPH;

d. Providing such information within the timeframe required by DPH;

e. Using tools provided or otherwise required by DPH for the purposes of collecting, organizing, analyzing, and sharing information; and

f. Providing requested information in the format designated by DPH, whether in electronic, hardcopy, verbal, or any other format.

The recipient of any confidential information that is subject to Reporting under this Section shall maintain the confidentiality of that information except to the extent that re-disclosure is permitted by law.

Note that each Facility must also continue to report other information required by law, including but not limited to reports to the state agency that regulates the Facility. By way of example, Skilled Nursing Facilities have reporting obligations to CDPH related to: infectious disease outbreaks (see All Facilities Letter 19-18); Persons Under Investigation and positive test results (see All Facilities Letter 20-11); and daily reporting of current staffing levels, number of COVID-19 patients, and equipment availability (see All Facilities Letter 20-43.1). Each Facility must remain current on its compliance obligations and make any reports as required by those obligations.

8. Guidance. For purposes of this Order, “Guidance” means the information and guidelines published periodically by DPH regarding the operation of a Facility regarding COVID-19-related issues. As described in more detail below, each Facility must check and comply with all applicable Guidance issued by DPH and posted online at www.sfdph.org/covid-19 and at sfcdcp.org/covid-19. A Facility must also comply with other written documentation provided by DPH to the Facility in other formats.
a. Each Facility must go to the websites listed in this Section 8 at least weekly to check for any update to DPH Guidance applicable to the Facility, including but not limited to the “SNF Interim Coronavirus Disease 2019 (COVID-19) Prevention and Management Protocol” and any updates to that document.

b. Each Facility must also review and follow other written Guidance provided by DPH to the Facility.

9. For purposes of this Order, the following terms have the listed meanings:

a. “Administrator” means the Chief Executive Officer, Facility Administrator, or other person designated by the Facility to supervise the operation of the Facility.

b. “Authorized Decision Maker” means someone who is authorized by law to make health care decisions on behalf of a Resident and who is currently making such decisions in relation to the Resident. For a Resident subject to a conservatorship, a conservator who has authority to make health care decisions for the Resident is an Authorized Decision Maker. An Authorized Decision Maker can also be someone who is making health care decisions for a Resident where the Resident lacks capacity to make those decisions, including a spouse, parent, or other family member of a Resident or someone who has durable power of attorney to make health care decisions for that Resident.

c. “Facility” means each facility listed on Appendix A to this Order, which is incorporated into the Order by this reference.

d. “Resident” means any person residing, including temporarily residing, in and receiving care of any kind from a Facility. The term Resident includes a patient.

e. “Personnel” means any employee, contractor, volunteer, or other agent of the Facility who works or performs duties onsite at the Facility at any time when this Order is in effect. The term Personnel also includes registry staff or other temporary staffing,
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who must comply with the requirements of this Order except to the extent an exception is granted by DPH.

10. The Facility must provide a copy of this Order to any Resident, member of its Personnel, or any other person who requests a copy.

11. Failure to comply with any of the provisions of this Order constitutes an imminent threat, an immediate menace to public health, and a public nuisance. Accordingly, anyone who attempts to violate this Order is subject to fine, imprisonment, or both.

12. This Order may be rescinded, superseded, or amended in writing by the Health Officer or by the State Public Health Officer.

13. A Resident or the Resident’s Authorized Decision Maker may contact the Administrator of the Facility to seek clarification of any part of this Order.

14. DPH must serve a copy of this Order on the Facility’s Administrator prior to enforcement of this Order against any Facility.

15. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other people or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

IT IS SO ORDERED:

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

May 7, 2020
Appendix A – List of Facilities

This Order applies to each facility listed below (each a “Facility”):

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Street Address</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawton Skilled Nursing &amp; Rehabilitation Center</td>
<td>1575 7th Ave</td>
<td>94122</td>
</tr>
<tr>
<td>San Francisco Health Care</td>
<td>1477 Grove St</td>
<td>94117</td>
</tr>
<tr>
<td>Central Gardens Post Acute</td>
<td>1355 Ellis St</td>
<td>94115</td>
</tr>
<tr>
<td>San Francisco Post Acute</td>
<td>5767 Mission St</td>
<td>94112</td>
</tr>
<tr>
<td>Hayes Convalescent Hospital</td>
<td>1250 Hayes St</td>
<td>94117</td>
</tr>
<tr>
<td>Heritage On The Marina</td>
<td>3400 Laguna St</td>
<td>94123</td>
</tr>
<tr>
<td>The Avenues Transitional Care Center</td>
<td>2043 19th Ave</td>
<td>94116</td>
</tr>
<tr>
<td>Laurel Heights Community Care</td>
<td>2740 California St</td>
<td>94115</td>
</tr>
<tr>
<td>Pacific Heights Transitional Care Center</td>
<td>2707 Pine St</td>
<td>94115</td>
</tr>
<tr>
<td>Tunnell Skilled Nursing &amp; Rehabilitation Center</td>
<td>1359 Pine St</td>
<td>94109</td>
</tr>
<tr>
<td>Sequoias San Francisco Convalescent Hospital</td>
<td>1400 Geary Blvd</td>
<td>94109</td>
</tr>
<tr>
<td>Sheffield Convalescent Hospital</td>
<td>1133 S Van Ness Ave</td>
<td>94110</td>
</tr>
<tr>
<td>St. Anne's Home</td>
<td>300 Lake St</td>
<td>94118</td>
</tr>
<tr>
<td>Victorian Post Acute</td>
<td>2121 Pine St</td>
<td>94115</td>
</tr>
<tr>
<td>California Pacific Medical Center - Davies Campus Hospital D/P SNF</td>
<td>601 Duboce Ave</td>
<td>94117</td>
</tr>
<tr>
<td>Jewish Home &amp; Rehab Center D/P SNF</td>
<td>302 Silver Ave</td>
<td>94112</td>
</tr>
<tr>
<td>San Francisco Towers</td>
<td>1661 Pine St</td>
<td>94109</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentfield San Francisco Hospital (note – Kentfield San Francisco Hospital is not a Skilled Nursing Facility but is included in this Order based on its patient/resident mix)</td>
<td>450 Stanyan St, 6th Floor</td>
<td>94117</td>
</tr>
<tr>
<td>San Francisco General Hospital D/P SNF</td>
<td>1001 Potrero Ave</td>
<td>94110</td>
</tr>
<tr>
<td>Laguna Honda Hospital &amp; Rehabilitation Ctr D/P SNF</td>
<td>375 Laguna Honda Blvd</td>
<td>94116</td>
</tr>
</tbody>
</table>

Note that the term “Facility” also includes the San Francisco VA Health Care System (‘VAMC San Francisco’), located at 4150 Clement Street, San Francisco, CA 94121, to the extent that VAMC San Francisco includes skilled nursing facility-type care. But in relation solely to the VAMC San Francisco, this Order does not impose any duty to comply with this Order but instead (1) indicates that DPH is offering to work with VAMC San Francisco on the subject matter covered by this Order and (2) this Order provides recommendations for Testing, Cooperation, Reporting, and Guidance that VAMC San Francisco is strongly encouraged to follow.
This letter should be modified by the Facility as appropriate, including being split into separate letters for residents and personnel as appropriate. Any letters must include details of testing requirements.

Dear ____-

Since March 6, 2020, the City and County of San Francisco (the “City”) has been in a local health emergency, and on March 12, 2020, Governor Gavin Newsom declared a State of Emergency across California related to the COVID-19 pandemic. On May 7, 2020, the City’s Health Officer issued Health Officer Order No. C19-13 (the “Order”). The Order requires that [Facility Name] as well as its residents and personnel cooperate with the San Francisco Department of Public Health (“DPH”) in relation to the response to the current Coronavirus Disease 2019 (“COVID-19”) pandemic.

Skilled nursing facilities like [Facility Name] are especially vulnerable to the virus that causes COVID-19. It is easy for the virus to be transmitted between and among personnel or residents, including by those without symptoms (asymptomatic people) or those with mild symptoms. There can also be a substantial delay between contracting the virus and having symptoms, and it is possible to transmit the virus during this pre-symptomatic period. Across the United States and around the world there is substantial evidence of how quickly the virus moves through congregate living facilities, often resulting in high incidence of negative outcomes, including death. In order to help [Facility Name] protect its residents and personnel, DPH will be partnering with us pursuant to the Order to take as many steps as possible to protect you. Such steps include resident and personnel screening and testing, restrictions on visitors, strong infection control programs, and limiting contact between those with the virus and those who have not contracted it.

One particular aspect of the Order is that it requires residents and personnel to submit to testing for the virus that causes COVID-19. This is the case regardless of whether someone has been tested before and regardless of whether someone has symptoms. This is especially important because the virus can be carried and transmitted by someone who does not show symptoms for weeks. In order to help [Facility Name] avoid the inadvertent spread of the virus, we will be working with DPH to increase testing.

For residents, the Order requires testing. And for residents with an authorized decision maker who helps them with making decisions, that person will be consulted and asked for agreement. It is critical that all residents cooperate with this testing, including testing that will occur over time, in order to protect everyone at [Facility Name]. No test will be given to a resident if the test cannot be administered safely. And we will support all residents through this process.

For personnel, the Order also requires testing. We fully expect everyone to cooperate given that this is not only for the protection of each staff member, but more importantly for every resident who lives here. Some tests may be conducted on-site by DPH as required by DPH. When the test is conducted off-site, the Order requires that personnel share proof of the test result with [Facility Name]. Any member the [Facility Name]’s personnel who refuses to be tested or who does not ensure results are shared with the Facility when required cannot return to work until permitted by DPH.

Residents and personnel alike will be supported when and if we find the virus, and having better knowledge due to this testing will help us stop the virus from spreading. [Facility Name] wants to ensure that everyone receives appropriate support when there is a positive result while also taking steps with input from DPH to ensure everyone at [Facility Name] is protected.
This letter should be modified by the Facility as appropriate, including being split into separate letters for residents and personnel as appropriate. Any letters must include details of testing requirements.

We appreciate your cooperation with the Order. If you (or if your decision maker, if you are a resident) wants to receive a copy of the Order, please let us know and we will make sure you receive a copy. A copy of the Order is also available online at www.sfdph.org/covid-19. Finally, if you have any questions about the Order or the situation, please be sure to let us know. Together we can keep everyone at [Facility Name] safe and healthy during this emergency.

Sincerely, etc.