

Saint Francis Memorial Hospital

Health and Safety Plan

Effective 5/19/20; Updated 5/27/2020

Pursuant the San Francisco Department of Public Health Directive of The Health Officer No. 2020-08, issued May 15, 2020, Saint Francis Memorial Hospital (SFMH) has implemented the following Health and Safety Plan which encompasses best practices for elective surgeries and related care, effective May 19, 2020.

Pursuant to the San Francisco Department of Public Health Order No. C19-06b, issued May 27, 2020, SFMH has updated its Health and Safety Plan to include an Addendum, which directs all hospitals to limit visitors and other non-essential persons from being on hospital premises and to prepare written protocols requiring COVID-19, including screening of visitors and other protections for patients, visitors, and personnel.

1. Signage and Education

- 1.1. SFMH has posted signage at each public entrance to inform all patients that they must: avoid entering the facility if they have any symptoms consistent with COVID-19 or SARS-CoV-2 (unless they have notified the facility in advance and precautions are taken to protect Personnel and other patients); maintain a minimum six-foot distance from others while at the facility to the extent possible; wear a face covering or barrier mask at all times except as authorized by a healthcare provider; and not shake hands or engage in any unnecessary physical contact. Criteria for Face Covering and the requirements related to their use are set forth in Health Officer No. C19-12, issues on April 17, 2020 (the “Face Covering Order”), including as that order is revised or replaced. SFMH will provide patients with a barrier mask upon entering the facility if the patient is observed without a face covering.
- 1.2. Copies of this Health and Safety Plan are posted at each public entrance at SFMH.
- 1.3. The SFMH Health and Safety Plan has been distributed to all personnel and instructions on how to obtain copies for future reference. Copies of the SFMH Health and Safety Plan and other COVID-19 Infection Control resource documents may be accessed on the Emergency Management Resources Desktop Icon.
- 1.4. All SFMH personnel have been educated on the requirements of social distancing of the Stay-Safe-At-Home Order via unit-specific leader huddles, Personnel email communications, weekly

2. **Compliance**

2.1. SFMH complies with all local, state, and federal regulations pertaining to the COVID-19 pandemic (California Department of Public Health “CDPH”, Center for Medicare and Medicaid Services “CMS”, The Joint Commission “TJC”). Our Quality, Regulatory, Emergency Management, and Infection Control Program Personnel monitor the unfolding pandemic situation 24/7 and operationalize any updates as needed. 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. SFMH activated their Hospital Incident Command System to assist with emergency management planning, response and recovery capabilities during unplanned and planned events, of which SFMH communicates San Francisco Department of Public Health (DPH) directive updates and how updates will effect operations. The SFMH Hospital Command Center has been activated since March 7, 2020 in response to the COVID-19 pandemic. SFMH regularly monitors DPH websites to ensure compliance with DPH orders and directives, in addition to any regulatory updates.

2.3. On April 27, 2020 CDPH issued a document outlining relevant considerations 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%E2%80%99sDeferredandPreventiveHealthCare.aspx>. SFMH follows the considerations for offering non-emergency care (see above link).

2.4. SFMH performs procedures in compliance with American College of Surgeons, American Surgical Association, and American Society of Anesthesia. Surgical care workflows were developed with implemented COVID-19 pandemic interim guidelines.

3. **General Screening of Personnel and Patients**

3.1. The SFMH leadership and management teams have communicated, both verbally and in writing, healthcare personnel must not come to work if they are sick.

3.2. Copies of the attachment to Exhibit A to Health Officer Directive No. 2020-08, titled “Handout for Personnel (Employees, Contractors, Volunteers) of Essential Business and Other Businesses Permitted to Operate During the Health Emergency,” (the “Attachment”) have been provided to personnel in a hardcopy format and electronically by the management team. PDF and translated versions of the Attachment can be found online at www.sfcddcp.org/covid19. If the

Attachment is updated, SFMH will provide an updated copy to all Personnel.

- 3.3. Criteria listed in Part 1 of the Attachment is reviewed by all personnel on a daily basis prior to the person's arrival to their work space or start of their shift. SFMH instructs any personnel who answers 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.
 - 3.4. All Personnel must follow the SFDPH, CDPH, and CDC guidance for self-monitoring, active monitoring, home isolation and quarantine. See SFMH Interim Infection Control recommendations for sick employees. Applicable requirements from the quarantine and isolation directives are available online at www.sfdph.org/dph/alerts/coronavirus-healthorders.asp.
 - 3.5. SFMH regularly monitors the DPH website for compliance regarding SARS-CoV-2 testing requirements and guidelines for Essential Businesses and other businesses. The SFMH Health and Safety Plan will be updated to reflect any testing requirement updates and SFMH will ensure all personnel are in compliance by any necessary means, per the requirement.
 - 3.6. SFMH screens patients for symptoms in advance of and at the time of their in-person visit, including on the calendar day of the visit as outlines in section 5.1 below. Patients are screened prior to their entrance into the facility by a phone screening on the day of the visit in order to protect Personnel and other patients. See SFMH COVID-19 Phone Screening (5.15.2020) for more information, which is consistent with the latest CDC guidance on COVID-19 signs and symptoms. The same screening tool is used to monitor patients and visitors coming into the facility. For any patient 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. The SFMH Phone Screening (5.15.2020) addresses all of the following:
 - 3.6.1. Previous SARS-CoV-2 diagnosis within the past 10 days
 - 3.6.2. Household Contacts
 - 3.6.3. Patient Symptoms within the past 24 hours
- 4. Face Covering and Related PPE**
- 4.1. All patients are asked to wear a face covering upon arrival to the facility. SFMH will provide unmasked patients or visitors with a surgical/procedural mask for use when about the facility; exceptions are outlined in SFMH's Interim Infection Control Guidance for COVID-19.
 - 4.2. All personnel are to wear a face mask when entering and about the facility; exceptions are outlined in SFMH's Interim Infection Control Guidance for COVID-19.

4.3. To the extent that SFMH written policies or 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 will be used to comply with the policy or law, regulation, or rule. Appropriate PPE will be utilized as directed by the clinical context and type of surgery or procedure being performed.

5. Physical Distancing

5.1. SFMH observes physical distancing of at least 6 feet/2 meters by personnel and patients when possible. This includes:

5.1.1. In any waiting area or other area with seating. Refer to the SFMH Universal Source Control Playbook for more information. All seating in waiting areas is compliant with current DPH standards.

5.1.2. For check-in and other areas with lines, floor markings will be used to ensure minimum distancing. SFMH uses physical distancing floor stickers or tape to ensure compliance with DPH, CDPH, and CDC Guidance.

5.1.3. If space is available, any patient who has an active SARS-CoV-2 infection or who has symptoms will be isolated away from other patients and Personnel. If space is available, said patient will be directed to an exam room immediately upon arrival.

5.1.4. All patients are screened by phone prior to their arrival to the facility on the calendar day of the visit or procedure. All asymptomatic patients requiring COVID-19 swabbing are directed to the SFMH Swab Clinic. The patient will be swabbed and remain at home to self-isolate while awaiting test results. Any symptomatic patient requiring urgent surgery is presumed to be COVID-19+, due to an abundance of caution.

5.1.5. When a patient is in an exam or treatment room, physical distancing is observed when possible. Physical distancing floor stickers or tape will guide distancing requirements.

5.2. The requirements of physical distancing can be tailored based on the context of the specific patient clinical situation, a decision made amongst the provider and care coordination team.

5.3. Appointments and procedures are staggered to avoid crowding. Refer to the SFMH Universal Source Control Playbook for more information.

5.4. SFMH has an in-house telehealth program that utilizes electronic devices (iPads) to conduct patient consults and visits whenever possible to minimize exposure without sacrificing patient care. Refer to the Interim Infection Control Guidance for more information.

6. Hand Hygiene

6.1. Hand sanitizing foam is readily accessible at all entrances, waiting areas, and patient care areas

6.2. Patients are encouraged to wash or sanitize their hands before they touch any Personnel, and Personnel are required to follow appropriate infection control precautions when they must touch any patient. See Hand Hygiene Policy and Procedure for more information.

7. Patient Testing for SARS-CoV-2

7.1. Patients undergoing a surgical procedure are tested for SARS-CoV-2 infection within 72 hours of the scheduled surgical procedure. If the test is not performed by the SFMH, results must be received prior to the scheduled surgical procedure. This is in addition to the screening requirements on the day of the scheduled procedure.

7.2. SFMH may exercise additional diagnostic or serology testing of a patient, if deemed necessary by the Infectious Diseases Specialist on Call.

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

8.1. SFMH promptly reports any confirmed COVID-19 case and any confirmed patient or Personnel SARS-CoV-2 infection as required by local, state, and federal laws, regulations and rules. Reporting is coordinated and completed by the Laboratory and Quality Department.

8.2. In addition, SFMH promptly (within 24 hours) report to DPH Communicable Disease Control (CD Control) at 415-554-2830.

8.2.1. Any instance where a patient 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 SFMH did not know about the infection at the time of the Elective Surgery or other in-person care;

8.2.2. Any instance where Personnel is confirmed to have had an active SARS-CoV-2 infection at the time of an in-person interaction onsite with any patient and SFMH 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 and Personnel, including among Personnel or among patients, associated with in-person care provided onsite by SFMH.

8.3. Due to the Medical Staff oversight of the Quality Control and Infection Control Program, SFMH is not required to report occurrences listed in 8.2.1 and 8.2.2 above to DPH so long as the incident is reported and reviewed by the Quality Control or Infection Control Program.

8.4. SFMH provides all information associated with this Directive requested by DPH, the Health Officer, or the Health Officer's designee via email, phone, or ReddiNet. Such disclosure includes protected health information or other health information of patients 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. SFMH cooperates 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 the Health Officer Directive No. 2020-08.

9. **Phased Implementation**

- 9.1. SFMH has a phased approach that gradually returns the facility to operation as outlined in this Section (referred to as the "Phased Return to Service"). SFMH's has a phased approach 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 Personnel; the ability of SFMH to appropriately provide the safest care possible for its patients; the ability of the hospital or facility to maintain capacity in the event of an increase in confirmed transmission of SARS-CoV-2 in San Francisco 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; and the ability of San Francisco 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. SFMH complies with the Hospital-based requirements listed in Section 11 below.

- 9.2. SFMH Phased Return to Service consists of the following timeline:
May 18- May 22, 2020: Open four (4) operating rooms. All cases will be scheduled from 07:30 - 15:00, on a first come, first serve basis.

May 25- May 29, 2020: Open five (5) operating rooms. All cases scheduled from 07:30 -15:00, on a first come, first serve basis.

June 1 – June 5, 2020: Six (6) operating rooms will be open with a block schedule.

Under the auspices, all cases require a completed risk assessment form from the surgeon in order to schedule a case; not all cases apply at this time. All scheduled surgical patients are appropriately screened via telephone and then are scheduled for a preoperative Covid-19 swab test, 72 hours or less before the scheduled surgery. Elective cases cannot be performed unless the patient has a negative Covid-19 swab test result. For patients who test positive, they are placed on quarantine and their cases are rescheduled.

SFMH must proceed cautiously, not starting at full capacity, operating pursuant to the criteria for safe operation of Elective Surgeries in Section 9.3 below, and only increasing capacity when it can ensure the continued safe operation as listed in Section 9.3. SFMH has a Personnel plan for the Phased Return to Service in order to offer Elective Surgeries or associated care, including Routine Medical Appointments and will not begin Elective Surgeries or associated care, including Routine Medical Appointments, until it can be done safely. If SFMH is unable to maintain the provision of care while meeting all safe operating criteria listed in Section 9.3 below, then it must scale to a level that permits meetings 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. SFMH Phased Return to Service is contingent on available supply levels, including but not limited to PPE, medical equipment, and medications, sufficient for the current capacity;

9.3.2. SFMH Phased Return to Service will include appropriate staffing levels in accordance with Title 22 ratios, SFMH Staffing policies, and local, state and federal laws and regulation, or rule for the current capacity;

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

9.3.4. SFMH has the capacity to offer SARS-CoV-2 diagnostic testing to patients or have the ability to ensure testing occurs as required by this Directive.

9.4. SFMH will 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 SFMH is the source of patient infections.

10. Scheduling Prioritization

10.1. When scheduling patients for Elective Surgeries and related care, SFMH considers the severity of the patient's health condition and the consequences of recent delays or continued delays in care due to the pandemic in relation to prioritizing patients. All physicians complete a risk assessment form and submit the request to Surgical Services prior to scheduling.

11. Hospital Capacity

11.1. SFMH has the following plans and tools in place to offer and sustain elective surgeries and related services amidst the COVID-19 pandemic:

- 11.1.1. SFMH has a COVID-19 Surge Plan, Labor Pool, and Emergency Supply Cache to maintain adequate capacity, staff, and supplies to safely handle a sudden increase in COVID-19 patients based on local trends in cases and hospitalizations in San Francisco;
- 11.1.2. SFMH has laboratory surveillance, Cerner Infection Prevention Worklist, and ReddiNet system to monitor and report patient or healthcare personnel SARS-CoV-2 infection rates, hospitalizations, emergency room admissions, and ICU utilization as well as Personnel metrics regarding infection rates, sick days, and staff; and
- 11.1.3. SFMH ensures that Elective Surgeries and related services do not impair the inability 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

- 12.1. All scheduled Elective Surgeries or related appointments must be cancelled by SFMH – including but not limited to within 24 hours of the planned procedure or visit, if the requirements listed by SFMH’s Health and Safety Plan and the Health Officer Directive No. 2020.08 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 SFMH or by the patient, including but not limited to within 24 hours of the planned procedure or visit, if the patient is sick (whether SARS-CoV-2 related or otherwise).
- 12.3. SFMH will not charge a cancellation fee associated with any cancellation listed in Section 12.1 or where the patient has a confirmed positive SARS-CoV-2 infection that was the basis for the cancellation.

13. Infection Control and Quality Practices

- 13.1. SFMH has, updates, and implements appropriate infection control practices, including practices that address how to safely provide patient care in light of the current pandemic in a manner that meets community and regulatory standards and that protects patients and Personnel from infection. Refer to SFMH Interim Infection Control guidance for COVID-19 for more information.
- 13.2. If SFMH provides care to someone who has a COVID-19 diagnosis or who has an active SARS-CoV-2 infection, infection control practices include specific details of how to provide safe care in a manner that protects other patients and Personnel. Employees wear all recommended PPE (gown, gloves, eye shield, N95 mask/surgical mask as appropriate) when

caring for COVID-19 positive patients, per CDC guidelines. The care provider will move the patient to a negative pressure room if available per physician's recommendations. Of note, some procedures can be performed in a private room with a closed door (for COVID-19 positive patients), including nasopharyngeal specimen collection, swallowing assessments, transesophageal echocardiogram, and nasogastric tube placements. For more information, refer to CDC guidance for donning and doffing PPE; CommonSpirit Health COVID MyJourney education module; and SFMH Interim Infection Control Guidance for COVID-19 pandemic.

13.3. SFMH has and utilizes a quality and infection control review that will promptly investigate any situation that may require reporting under Section 8.2 above.

13.4. SFMH has appropriate cleaning and sanitization processes with a human coronavirus kill time 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.

13.4.4.1. For COVID-19 patients, all daily cleaning is performed with H204 wipes. Equipment is disinfected before, after, and in between use with Sani-Wipes, which have a 2 minute human coronavirus kill time. Room discharge cleaning is performed per EVS's Contact Precautions Cleaning Policy (bleach wipes).

13.4.4.2. For non-COVID-19 patients, SFMH is following CommonSpirit Health's recommendations for daily, weekly, and terminal cleaning – which is in accordance with CDPH and CDC guidance.

13.4.4.3. Refer to "Room Turnover: New Standard of Cleaning Ambulatory Exam/Procedure Rooms"

ADDENDUM

Under the authority of California Health and Safety Code Sections 101040, 101085, and 12-185, the Health Officer of the City and County of San Francisco (the “Health Officer”) excludes from entry or access to its premises any visitors and non-essential persons including, but not limited to, visitors of patients at SFMH except as allowed by this Order.

This Order restricts physical contact between SFMH patients and visitors. When visitors seek to visit or contact a patient, SFMH facilitates such contact via telephone or videoconference that does not expose the patient to in-person contact. Second, SFMH may authorize General Visitation or Necessary Visitation (as defined in this Section) on a case-by-case basis using the following protocols and other protocols regarding visitation it puts in place. Based on the context, SFMH may refuse General Visitation or Necessary Visitation when visits cannot occur in a manner that protects the health and welfare of the patient, the visitor, and personnel.

14. General Visitation

- 14.1. “General Visitation” means a visit or contact that occurs in person between a patient and a visitor a limited number of times each day.
- 14.1 SFMH authorizes General Visitation of inpatients and outpatients no more than one (1) time per day and by no more than one (1) visitor per day.
 - 14.1.1 One (1) pre-authorized visitor is permitted per day for a maximum of one (1) hour for all inpatients and outpatients.
- 14.2 SFMH recommends the patient designate a small group of people, such as immediate family or close friends, who may visit rather than having a large number of people visit over time due to the increased risk of exposure to the patient and to others at the hospital.
- 14.3 SFMH recommends frequent visitors seek external SARS-CoV-2 diagnostic testing in order to reduce the risk of exposure to patients and personnel if the visitor is asymptomatic. SFMH in-house testing is not provided at this time.
- 14.4 SFMH does not restrict first responder access to the premises during an emergency. Further, this Order does not restrict local, state, or federal officers, investigators, regulators, medical, or law enforcement personnel from carrying out their lawful duties on the premises. Persons other than first responders permitted access to SFMH must comply with all conditions f

- 14.5 SFMH reserves the right to call SFMH Security and the San Francisco Police Department to request assistance in enforcing this order if any visitor or non-essential person refuses to comply with this Order.

15. Necessary Visitation

- 15.1. “Necessary Visitation” means a visit or contact that is based on urgent health, legal, or other issues that cannot wait and that needs to occur in addition to General Visitation.
- 15.2. If the needs and context of a particular request for Necessary Visitation justifies visitation in excess of the allowable General Visitation, then the Nurse Supervisor may arrange for Necessary Visitation of a hospital patient. The Administrator-on-Call is available for decision-making – based on this Order and relevant CDC, CDPH, and SFDPH guidance.
- 15.3. Necessary Visitation also includes situations where a patient needs the presence of support persons for minors and pediatric patients (those under 18 years old) or for patients with developmental or other disabilities who require assistance.
- 15.4. Necessary Visitation is also authorized for patients requiring end-of-life care.
- 15.4.1. Multiple family members or loved ones are permitted after authorization by the Nursing Supervisor.
- 15.4.2. There continues to be no in-and-out of the hospital during visitation at this time.

16. Visitor Screening

- 16.1. SFMH screens all visitors before entering the facility per current CDC, CDPH, DPH, and DH guidance.
- 16.2. Screening addresses the following: actual or suspected COVID-19 diagnosis; actual or suspected SARS-CoV-2 infection; actual or suspected close contact with someone with the virus; and symptoms consistent with SARS-CoV-2 infection.
- 16.3. If a Visitor answers affirmatively to any screening question, they should, if appropriate, be referred for testing and directed to the DPH website with information about Health Officer Directives on isolation and quarantine and explanatory material in multiple languages, available online at <https://www.sfcdcp.org/covid19>.

17. Visitor or Non-Essential Personnel Compliance with Face Covering Order, Hand Hygiene, and Social Distancing

- 17.1. SFMH provides a surgical or procedural mask to all visitors.
- 17.2. SFMH provides visitors and personnel with readily available hand sanitizer. Visitors are instructed to perform hand hygiene per CDC guidelines.
- 17.3. SFMH instructs all visitors to comply with social distancing requirements by maintaining at least six-foot distances.

18. Visitors of inpatients with a confirmed COVID-19 diagnosis or SARS-CoV-2 infection

- 18.1. SFMH permits the entry of one (1) pre-authorized person for a maximum of one (1) hour, as long as PPE supplies permit. The Nurse Supervisor can filter additional questions through the Administrator-on-Call.
- 18.2. The visitor must wear appropriate PPE (i.e., surgical mask disposable gown, gloves, and eye shield) to enter the patient room.
 - 18.2.1. The unit RN/designee must watch the visitor don and doff all PPE per CDC guidelines.
- 18.3. All additional recommendations for General Visitation and Necessary Visitation apply to visitors of inpatients with a confirmed COVID-19 diagnosis or SARS-CoV-2 infection.
- 18.4. Visitation is not allowed for confirmed or suspected COVID-19 outpatients at this time.

19. Non-Essential patient and visitor movement

- 19.1. All visitors and patients are to remain in their designated areas.
- 19.2. The visitor must remain in the patient room at all times to discourage non-essential patient movement.
- 19.3. Visitors are not permitted in the Cafeteria.

20. Employee screening and sick policy

- 20.1. Daily employee temperature screening is performed
- 20.2. Personnel who report a fever or symptoms consistent with COVID-19 while at work may seek in-house testing, upon authorization by Employee Health. The personnel must inform their supervisor/designee immediately.

- 20.3. Personnel who report a fever or symptoms consistent with COVID-19 while at home are to immediately inform their supervisor and Employee Health, and call their primary care provider for external testing (e.g., GoHealth, CitySFTest).
- 20.4. Personnel are to notify Employee Health/designee of any laboratory confirmed COVID-19 test result, positive for SARS-CoV-2 infection.
- 20.5. A potential exposure is defined per San Francisco Department of Public Health direction as close contact with an individual with confirmed or suspected COVID-19 up to 48 hours before the individual developed symptoms.
 - 20.5.1. Close contact includes: (1) Living in the same household or being an intimate partner; (2) Spending more than 10 minutes within six feet of the person without masks; (3) Direct contact with another persons' bodily fluids and/or secretions (e.g., being coughed or sneezed on, sharing utensils, or providing care/being cared for without wearing a mask, eye shield, gown, or gloves).

21. Accessibility of Order

- 21.1. While in effect, SFMH posts this Order on the SFMH website and at all entrances.
- 21.2. A summary of this Order is provided to any authorized decision maker for each SFMH patient who is currently making decisions for the patient, including any conservator.
- 21.3. A copy of the Order is provided to the SFMH Ombudsperson, when applicable.
- 21.4. A summary of the Order is provided to anyone who visits SFMH or who contacts SFMH seeking to visit.
- 21.5. A copy of this Order is available to anyone on request.

City and County of San Francisco Health Officer Directive - Attachment
Handout for Personnel (Employees, Contractors, Volunteers) of Essential Business and Other Businesses Permitted to Operate During the Health Emergency (May 15, 2020)

Any business or entity that is subject to a Health Officer Directive to which this handout is attached (each "Business") must give a copy of this handout to Personnel who work in the City outside their household during this emergency. Go to www.sfgcdcp.org/covid19 for more info or a copy of this form.

All Personnel: If you work outside your household in the City during this local health emergency, then you qualify for a **free** test for the virus that causes COVID-19, *even if you have no symptoms!* Just go to **CityTestSF** at <https://sf.gov/get-tested-covid-19-citytestsf> to get more info and sign up for a free test.

Part 1 – You must answer the following questions before starting your work every day that you work.

You may be required to provide the answers in person or via phone or other electronic means to the Business before the start of each shift. If any answers change while you are at work, notify the Business by phone and leave the workplace.

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?
2. Do you live in the same household with, or have you had **close contact*** with someone who in the past 14 days was diagnosed with COVID-19 or had a test confirming they have the virus?

If the answer to either question is "yes", do not go to work and follow the steps listed in **Part 2** below.

3. Have you had any one or more of these symptoms today or within the past 24 hours, which is new or not explained by a pre-existing condition?

- | | |
|--|---------------------------|
| • Fever, Chills, or Repeated Shaking/Shivering | • Loss of Taste or Smell |
| • Cough | • Muscle pain |
| • Sore Throat | • Headache |
| • Shortness of Breath, Difficulty Breathing | • Runny or congested nose |
| • Feeling Unusually Weak or Fatigued | • Diarrhea |

If the answer to Question 3 is "yes", do not go to work and follow the steps listed in **Part 3** below.

Part 2 –

- If you answered **yes to Question 1**: you are subject to the Health Officer Isolation Directive. Do not go to work. **Follow Isolation Steps** at: <https://www.sfgcdcp.org/Isolation-Quarantine-Packet>
- If you answered **yes to Question 2**: you are subject to the Health Officer Quarantine Directive. Do not go to work. **Follow Quarantine Steps** at: <https://www.sfgcdcp.org/Isolation-Quarantine-Packet>
- Do not return to work until the Isolation or Quarantine Steps tell you it is safe to return!
- The meaning of ***Close Contact** is explained in this document: <https://www.sfgcdcp.org/Isolation-Quarantine-Packet>

Part 3 – If you answered yes to Question 3:

You may have COVID-19 and **must be tested for the virus** before returning to work. Without a test, the Business must treat you as being positive for COVID-19 and require you to stay out of work for at least **10** calendar days. In order to return to work sooner and to protect those around you, you must get tested for the virus. Follow these steps:

1. Contact your usual healthcare provider about getting tested for the virus, or sign up for free testing at CityTestSF <https://sf.gov/get-tested-covid-19-citytestsf>. If you live outside the City, you can check with the county where you live, get tested by your usual healthcare provider, or use CityTestSF.
2. Wait for your test results at home while minimizing exposure to those you live with. A good resource is <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
3. If your result is positive (confirms that you have the virus) go to **Part 2** above and follow **Isolation Steps**.
4. If your result is negative, do not return to work until you have had at least 3 days in a row without fever and with improvements in your other symptoms.

If you have questions about any part of this Handout, please call 3-1-1