



**ORDER OF THE HEALTH OFFICER No. C19-06b**

**ORDER OF THE HEALTH OFFICER  
OF THE CITY AND COUNTY OF SAN FRANCISCO DIRECTING  
HOSPITALS TO LIMIT VISITORS AND OTHER NON-ESSENTIAL  
PERSONS FROM BEING ON HOSPITAL PREMISES AND TO PREPARE  
WRITTEN PROTOCOLS REGARDING COVID-19, INCLUDING  
SCREENING OF VISITORS AND OTHER PROTECTIONS FOR  
PATIENTS, VISITORS, AND PERSONNEL**

**(PUBLIC HEALTH EMERGENCY ORDER)**

DATE OF ORDER: May 26, 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 City and County of San Francisco (the “City”) and five other Bay Area counties and the City of Berkeley have been under shelter-in-place orders since March 16, 2020, in a collective effort to reduce the impact of the virus that causes coronavirus disease 2019 (“COVID-19”). The SARS-CoV-2 virus is easily transmitted, especially in group and healthcare settings, and the disease can be extremely serious. It can require long hospital stays and in some instances can cause long-term health consequences or death. It can impact not only those known to be at high risk but also other people, regardless of age. This spread of disease is a global pandemic causing untold societal, social, and economic harm. To mitigate the harm from the pandemic, these jurisdictions issued parallel health officer orders on March 16, 2020 imposing shelter in place limitations across the Bay Area, requiring everyone to stay safe at home except for certain essential needs, and those orders have been subsequently updated multiple times. Other jurisdictions in the Bay Area and ultimately the State have since joined in adopting stay-safe-at-home orders.

The collective effort has had a positive impact on limiting the spread of the virus. As of the date of this Order, the City’s hospitals have capacity and hospitalization rates have been relatively low and flat for the past four weeks and recently have been slowly decreasing. The City continues to work on building up its testing, case finding, case investigation, and contact tracing capacity and its means to protect vulnerable populations and address outbreaks. Still, the virus continues to pose a danger to the health and welfare of all. A major risk remains the spread of COVID-19 through asymptomatic carriers. Also, while the search continues, there is not yet an effective treatment or cure for the disease. The vast majority of the population remains susceptible



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to infection. Therefore, patients at hospitals, their visitors, and hospital personnel remain at risk, and many of them are vulnerable to the worst outcomes from infection.

Due to this ongoing risk, it is important that hospitals continue to limit those who are able to visit patients and others, thereby reducing the opportunity of infection to patients, visitors, and hospital personnel. Accordingly, this Order continues to limit when visitors are permitted at hospitals in the City, but it gives hospitals additional ability to permit visitors in situations that are not time-sensitive or of an emergency nature, subject to reasonable controls such as screening, use of face coverings or other protective gear, and social distancing. This Order continues to require hospitals to prohibit visitors and other persons from coming into hospitals unless doing so is safe for all. This Order also continues to require hospitals to have a written plan to address COVID-19-related guidance issued by the United States Centers for Disease Control and Prevention (“CDC”), the California Department of Public Health (“CDPH”), and the San Francisco Department of Public Health (“DPH”), including as such guidance is updated in the future. This Order also incorporates other orders issued by the City’s Health Officer, including Health Officer Order No. C19-12, issued on April 17, 2020 (the “Face Covering Order”), and Health Officer Order No. C19-07e issued on May 22, 2020 (the “Stay-Safe-At-Home Order”), as well as any future amendments to those orders.

This Order replaces the prior hospital visitation order issued on March 13, 2020. Beginning at 12:00 p.m. on May 27, 2020, all hospitals in the City must comply with this new Order. This Order is in effect, without a specific expiration date, until it is extended, rescinded, superseded, or amended in writing by the Health Officer. The Health Officer will continue to carefully monitor the evolving situation and will periodically revise this Order as conditions warrant in order to protect patients, visitors, and personnel. Hospitals must stay updated on amendments to this Order by checking the City Administrator’s website (<https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp>) regularly.

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, AND 120175, THE HEALTH OFFICER OF THE CITY AND COUNTY OF SAN FRANCISCO (THE “HEALTH OFFICER”) ORDERS:**

- 1. This Order will take effect at 12:00 p.m. on Wednesday, May 27, 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 12:00 p.m. on May 27, 2020, this Order revises and replaces Order Number C19-06, issued March 13, 2020. While this Order is in effect, the personnel of each Hospital must exclude from entry or access to its Premises any Visitors and Non-Essential Persons including, but not limited to, visitors of patients at the Hospital except as allowed by this Order. Such**



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Visitors and Non-Essential Persons, including, but not limited to, family members of patients and authorized decision- makers, are ordered not to visit any Hospital except as expressly permitted by this Order under exceptions described in Section 2 below. Capitalized terms in this Order are defined in Sections 2, 4, 12, 15, and 25, below.

- 2. This Order restricts physical contact between Hospital patients and Visitors. When Visitors seek to visit or contact a patient, the Hospital may facilitate contact only in the following ways. First, each Hospital must make reasonable efforts to facilitate such contact by means such as telephone or videoconference that do not expose the patient to in-person contact. Second, each Hospital 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, a Hospital 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 Hospital personnel.**

**“General Visitation” means a visit or contact that occurs in person between a patient and a Visitor a limited number of times each day. The Hospital may arrange for General Visitation of a Hospital patient no more than one time per day and by no more than one Visitor that day. The limitation on visitation is necessary to cut down on the number of Visitors on any given day, permitting the Hospital to protect patients, other Visitors, and personnel from the cumulative risk posed by the number of people on the Hospital Premises who are not necessary for patient care. The Hospital should, when possible, determine the patient’s wishes in terms of who may visit on a given day. If the Hospital is unable to determine the patient’s wishes, then the patient’s authorized decision maker such as a spouse, person holding durable power of attorney for healthcare decisions, or other family member should be consulted. Absent such input, the Hospital must devise a process for determining who may visit and must do so in a non-discriminatory manner. In relation to General Visitation, the Hospital should recommend that 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. The Hospital should also recommend, and if possible facilitate, SARS-CoV-2 diagnostic testing for a person who is a frequent Visitor at the Hospital in order to reduce the risk of exposure if the Visitor is asymptomatic.**

**“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. If the needs and context of a particular request for Necessary Visitation justifies visitation in excess of the allowable General Visitation, then the Hospital Administrator may arrange for Necessary Visitation of a Hospital patient. For purposes of this Order, the Hospital Administrator may act through a designee. The decision about whether the needs and context justify Necessary Visitation is left**



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to the determination of the Hospital Administrator, who must make the decision based on this Order and the COVID-19 Guidance. Necessary Visitation also includes situations where a patient needs the presence of support persons for minor patients (those under 18 years old) or for patients with developmental or other disabilities who require assistance. Also, any Necessary Visitation permitted under this Section must be done subject to requirements of the COVID-19 Guidance and as otherwise deemed appropriate by the Hospital.

Visitors permitted under this Section are ordered to comply with all conditions of visitation imposed by the Hospital at the time of entry or access to the Premises.

3. The Hospital must screen each Visitor before each visit in a manner consistent with current guidance from CDC, CDPH, and DPH regarding screening. At a minimum, the screening must address current or recent: 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. 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.sfcdep.org/covid19>.
4. Each Visitor or Non-Essential Person must comply with the Face Covering Order when onsite at the Hospital, including wearing a Face Covering when required by that Order. The Hospital must provide a Face Covering or other mask to any Visitor on request. The Face Covering Order and this Order allow Hospitals to require and provide coverings that offer added protection such as an isolation mask or personal protective equipment ("PPE"), as appropriate in the circumstances.
5. In addition to conducting screening and requiring Face Coverings, Hospitals should take all other appropriate steps to protect patients, Visitors, and personnel from exposure to SARS-CoV-2, including use of hand sanitizer and hand washing, having Visitors follow the Social Distancing Requirements listed in Section 15.k of the Stay-Safe-At-Home Order, and recommending short visit duration as appropriate.
6. If the patient or the Visitor has a current suspected or confirmed COVID-19 diagnosis or SARS-CoV-2 infection, then the Hospital may only permit General Visitation or Necessary Visitation if the visit can be done in a manner that protects the health and welfare of the patient, the Visitor, and Hospital personnel, as determined by the Hospital, and also subject to the requirements of this Section. First, appropriate PPE must be provided to the patient, Visitor, and Hospital personnel to ensure their safety related to the visit and minimize the risk of transmission of the virus. Second, other appropriate protections must be followed as determined by the Hospital. If the context is such that the Hospital cannot



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facilitate a safe visit, then the Hospital may refuse to allow a visit to occur.

7. **To the maximum extent possible, each Hospital must discourage Non-Essential Patient Movement onto, off of, and within the Hospital's Premises, where feasible. The Hospital's plan for Non-Essential Patient Movement can include appropriate use of outdoor or other areas by patients and Visitors when appropriate and safe. Whenever a Hospital patient leaves the Hospital's Premises, the patient is ordered to comply with the Social Distancing Requirements listed in Section 15.k of the Stay-Safe-At-Home Order and with the requirements of the Face Covering Order.**
8. **Each Hospital must continue to monitor and limit the presence of Non-Essential Persons other than Visitors on Hospital Premises. Such Non-Essential Persons are prohibited from Hospital Premises except as allowed by the Hospital under its COVID-19 Plan. Non-Essential Persons must comply with the screening, Face Covering, and other requirements listed above in Sections 3 through 5 above and may be excluded from entry by the Hospital.**
9. **Each Hospital must update and continue to implement the written plan that was originally required by the prior version of this Order (the "COVID-19 Plan"). This Order does not require a Hospital to create any new documentation if it already has written policies or other written guidance that address the requirements for the COVID-19 Plan. The Hospital's existing COVID-19 Plan may be used while a new version is prepared, and the COVID-19 Plan should be updated no later than June 1, 2020. The plan must comply with applicable guidance from the CDC (available online at [www.cdc.gov](http://www.cdc.gov)), CDPH (available online at [www.cdph.ca.gov](http://www.cdph.ca.gov)), and DPH regarding the screening of patients, personnel, and visitors for signs of COVID-19 or other illnesses. The COVID-19 Plan must also address other applicable COVID-19-related guidance, including steps to reduce the risk of COVID-19 transmission by authorized Visitors and Non-Essential Persons such as through hand washing, use of Face Coverings, imposition of the Social Distancing Requirements listed in Section 15.k of the Stay-Safe-At-Home Order, and limiting the duration of visits, as appropriate. Nothing in this Order prohibits a Hospital from taking steps more protective against transmission of COVID-19 than guidance provided by the CDC, CDPH, and DPH in its plan. Each Hospital must update its COVID-19 Plan when appropriate under new COVID-19 recommendations or requirements issued by the CDC, CDPH, and DPH or as otherwise required by law. See the COVID-19 Guidance (discussed in Section 12 below) for more information about the COVID-19 Plan.**
10. **Each Hospital's COVID-19 Plan must include a requirement that any employee or other personnel who is sick or does not pass the required screening must be immediately sent home and not return to work until permitted to return to work under CDC, CDPH, and DPH guidance. If a Hospital is unable to immediately send home any such member of its personnel, then the Hospital must (1) prevent that person from engaging in any patient care or contact (except in an emergency when**



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the Hospital is doing whatever it can to protect patients) and (2) immediately notify its respective licensing entity and seek guidance from that entity.

- 11. If a Hospital learns that any member of its personnel who is, or within the two weeks prior was, working at the Hospital tests positive for SARS-CoV-2, then the Hospital must following all applicable reporting requirements. If the Hospital determines that the member of its personnel was the suspected or confirmed source of infection of any patient with SARS-CoV-2, then the Hospital must immediately (within 1 hour) notify DPH Communicable Disease Control (CD Control) at 415-554-2830.**
- 12. Attached as part of this Order is written guidance to Hospitals (“COVID-19 Guidance”) issued by the Health Officer. The Health Officer or designee may revise the COVID-19 Guidance in writing from time to time. Each Hospital should periodically check the DPH website ([www.sfdph.org](http://www.sfdph.org)) to confirm it is following the most recent COVID-19 Guidance. Each Hospital must follow the COVID-19 Guidance when complying with this Order.**
- 13. If any Visitor or Non-Essential Person refuses to comply with this Order, then the Hospital may contact the San Francisco Police Department or other appropriate entity to request assistance in enforcing this Order. The Hospital must take whatever steps are possible within the bounds of the law to protect patients, Visitors, and personnel from any such Visitor or person who refuses to comply with this Order. For example, a Hospital should contact facility security and ask the unauthorized Visitor or person to comply with conditions of visitation imposed by the Hospital. Even if a Visitor or Non-Essential Person then complies with the facility’s visitation protocols as outlined in this Section, that individual is still in violation of this Order if the individual’s presence is not an authorized General Visitation or Necessary Visitation under Section 2 above.**
- 14. This Order does not restrict first responder access to the Hospital’s 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 Hospital’s Premises. Persons other than first responders permitted access under this Section must comply with all conditions of visitation imposed by the Hospital at the time of entry or access to the Hospital’s Premises when feasible.**
- 15. Definitions.**
  - a. “Visitors and Non-Essential Persons” are employees, contractors, volunteers, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Hospital. Refer to the COVID-19 Guidance for more information. This term includes family members and loved ones of patients and those who**



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have legal authority to make healthcare or other legal decisions for a patient. A “Visitor” is a person who is seeking to visit a patient for any reason other than the provision of health care as authorized by the Hospital. The Ombudsperson is an authorized visitor and is not included in this term, but the Ombudsperson must still follow all conditions of visitation imposed by the Hospital and should also try to avoid non-essential visits. Nothing in this Order prohibits a patient from seeking care at any Hospital or at any clinic or other location providing health care or other services on the Hospital’s Premises.

- b. “Non-Essential Patient Movement” means travel off, onto, or within the Hospital’s Premises by a patient other than for specific treatment or pressing legal purposes as described more fully in the COVID-19 Guidance.
- c. “Premises” includes, without limitation, the buildings, grounds, facilities, driveways, parking areas, and public spaces within the legal boundaries of each Hospital within the City.

16. This Order is issued based on evidence of continued significant community transmission of COVID-19 within the City and throughout the Bay Area; continued uncertainty regarding the degree of undetected asymptomatic transmission; scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically; evidence that the age, condition, and health of a significant portion of the population of the City, including of Hospital patients, places it at risk for serious health complications, including death, from COVID-19; and further evidence that others, including younger and otherwise healthy people, are also at risk for serious outcomes. Due to the outbreak of the COVID-19 disease in the general public, which is a pandemic according to the World Health Organization, there is a public health emergency throughout the City. Making the problem worse, some individuals who contract the virus causing the COVID-19 disease have no symptoms or have mild symptoms, which means they may not be aware they carry the virus and are transmitting it to others. Further, evidence shows that the virus can survive for hours to days on surfaces and be indirectly transmitted between individuals. Because even people without symptoms can transmit the infection, and because evidence shows the infection is easily spread, gatherings and other direct or indirect interpersonal interactions, including those in the Hospital setting between patients, Visitors, and personnel, can result in preventable transmission of the virus.

17. The collective efforts taken to date regarding this public health emergency have slowed the virus’ trajectory, but the emergency and the attendant risk to public health remain significant. As of May 26, 2020, there are 2,399 confirmed cases of COVID-19 in the City (up from 37 on March 16, 2020, just before the first shelter-in-place order) as well as at least 40 deaths (up from 1 death on March 17, 2020). The cumulative number of confirmed cases continues to increase, though the rate of



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increase has slowed in the weeks leading up to this Order. Evidence suggests that the restrictions on mobility and social distancing requirements imposed by the Stay-Safe-At-Home Order are slowing the rate of increase in community transmission and confirmed cases by limiting interactions among people, consistent with scientific evidence of the efficacy of similar measures in other parts of the country and world.

18. The scientific evidence shows that at this stage of the emergency, it remains essential to continue to slow virus transmission to help (a) protect the most vulnerable; (b) prevent the health care system from being overwhelmed; (c) prevent long-term chronic health conditions, such as cardiovascular, kidney, and respiratory damage and loss of limbs from blood clotting; and (d) prevent deaths. Continuation of this Order is necessary to protect patients, Visitors, and personnel, many of whom are vulnerable, while they participate in the essential healthcare offered by Hospitals.
19. This Order is issued in accordance with, and incorporates by reference, 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 Gavin Newsom, the February 25, 2020 Proclamation by the Mayor Declaring the Existence of a Local Emergency issued by Mayor London Breed, as supplemented on March 11, 2020, the March 6, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, and guidance issued by the CDC, CDPH, and DPH, as each of them have been and may be supplemented.
20. This Order is also issued in accordance with, and incorporates by reference, the Stay-Safe-At-Home Order and Face Covering Order, including as each of them may be supplemented or amended in the future.
21. While this Order is in effect, the Hospital must: (1) post this Order on the Hospital website (if any); (2) post this Order at all entrances to the Hospital; (3) provide a summary of this Order to each Hospital patient with information about the key details and how to request a copy of the Order; (4) provide a summary of this Order to any authorized decision maker for each Hospital patient who is currently making decisions for the patient, including any conservator; (5) provide a copy of this Order to the Hospital Ombudsperson (if any); (6) provide a summary of this Order to anyone who visits the Hospital or who contacts the Hospital seeking to visit; and (7) provide a copy of this Order to anyone on request.
22. Each Hospital must within 12 hours of receipt of this Order notify its respective licensing entity (whether the California Department of Public Health or otherwise) of the existence of this Order regarding the Hospital.
23. The Health Officer will continue to assess the quickly evolving situation and may, at any time or from time to time, modify or extend this Order, or issue additional





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orders, related to COVID-19.

24. 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.

25. This Order applies to each facility listed below (each a “Hospital”):

**General Acute Care Hospitals:**

<u>Facility Name</u>	<u>Street Address</u>	<u>ZIP</u>
1. California Pacific Medical Center - Davies Campus	601 Duboce Ave	94117
2. California Pacific Medical Center - Mission Bernal Campus	3555 Cesar Chavez	94110
3. California Pacific Medical Center - Van Ness Campus	1101 Van Ness Ave	94109
4. Chinese Hospital	845 Jackson St	94133
5. Kaiser Foundation Hospital - San	2425 Geary Blvd	94115
6. Laguna Honda Hospital & Rehabilitation Center	375 Laguna Honda Blvd	94116
7. Priscilla Chan And Mark Zuckerberg San Francisco General Hospital	1001 Potrero Ave	94110
8. Saint Francis Memorial Hospital	900 Hyde St	94109
9. St. Mary's Medical Center	450 Stanyan St	94117
10. UCSF Medical Center	505 Parnassus Ave	94143
11. UCSF Medical Center At Mission Bay	1975 4th Street	94158
12. UCSF Medical Center At Mount Zion	1600 Divisadero St	94115

**Acute Psychiatric Hospitals:**

<u>Facility Name</u>	<u>Street Address</u>	<u>ZIP</u>
1. California Pacific Medical Center D/P APH	2323 Sacramento St	94115
2. California Pacific Medical Center Davies Campus Hospital D/P APR	601 Duboce Ave	94117
3. Jewish Home & Rehab Center	302 Silver Ave	94112
4. Langley Porter Psychiatric Institute	401 Parnassus Ave	94143



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<b>5. Saint Francis Memorial Hospital D/P APH</b>	<b>900 Hyde St</b>	<b>94109</b>
<b>6. Zuckerberg San Francisco General Hospital D/P APH</b>	<b>1001 Potrero Ave</b>	<b>94110</b>
<b>7. St. Mary's Medical Center D/P APH</b>	<b>450 Stanyan St</b>	<b>94117</b>

**A HOSPITAL PATIENT OR THE PATIENT’S AUTHORIZED LAWFUL REPRESENTATIVE MAY CONTACT A REPRESENTATIVE OF THE HOSPITAL TO SEEK CLARIFICATION OF ANY PART OF THIS ORDER BY CONTACTING PATIENT SERVICES OF THE HOSPITAL.**

**IF A PATIENT OR THE PATIENT’S AUTHORIZED LAWFUL REPRESENTATIVE OBJECTS TO THE APPROPRIATENESS OF THE LIMITATION ON ACCESS CONTAINED IN THIS ORDER, THEN THE PATIENT OR LAWFUL AUTHORIZED REPRESENTATIVE MAY RAISE THEIR CONCERNS WITH THE HOSPITAL. THE HOSPITAL MUST RESPOND TO THE CONCERN WITHIN 2 BUSINESS DAYS IF POSSIBLE. IF A RESPONSE IS NOT RECEIVED WITHIN 2 BUSINESS DAYS OF RECEIPT OF THE OBJECTION, THEN THE OBJECTION WILL BE CONSIDERED NOT GRANTED.**

**IT IS SO ORDERED:**

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

Date: May 26, 2020



**WRITTEN GUIDANCE REGARDING COMPLIANCE WITH  
ORDER OF THE HEALTH OFFICER No. C19-06b**

DATE ORDER ISSUED: May 26, 2020

This information (the “COVID-19 Guidance”) is meant to help each Hospital implement the Order to which it is attached. This document uses the terms defined in the Order.

1. For purposes of the Order, the term “Administrator” means the administrator of a Hospital or the administrator’s designee.
2. The Order does not prohibit a Hospital from being more restrictive in its operations and practices than is outlined in the Order. The Order also does not require permitting visitation when not otherwise required by applicable laws or regulations.
3. Guidance regarding Sections 9 and 10 (COVID-19 Plan): The Order requires the Hospital to create a COVID-19 Plan that addresses issues including: 1) screening of patients, staff, and visitors for signs of COVID-19 or other illness; 2) conditions of visitation imposed by the Hospital at the time of entry or access to the Premises for authorized visitors that reduce the risk of infection, such as thorough hand washing, appropriate use of Personal Protective Equipment (PPE), wearing a Face Covering or other mask, maintaining at least six feet distance from other people, and limiting the duration of visits, as appropriate; 3) sending sick employees home immediately; 4) notifying DPH and other regulators of any actual or suspected instance when Hospital personnel is responsible for infecting a patient with SARS-CoV-2; and 5) other CDC, CDPH, or DPH requirements. Note that the Order does not require a Hospital to create any new documentation if it already has policies or other guidance that address the requirements for the COVID-19 Plan.

The COVID-19 Plan should also address how the facility can reduce the risk of unnecessary exposure as outlined CDC, CDPH, and DPH guidance. For example, the facility should avoid large in-person gatherings of patients or staff when feasible.

Additionally, there may be areas that warrant limitations that are not normally in place. A Hospital may have a cafeteria or other concession that is normally available to patients, essential employees, other employees (such as others who share the building but are not associated with the healthcare mission of the facility), and visitors. While this Order is in effect, the Hospital should consider whether a restriction on such use makes sense. One option might be to limit cafeteria visits to patients and essential staff and temporarily block other employees from that area.

If the facility had plans to have vendors come onsite for meetings or to show sample products, those meetings should be conducted via remote communication, occur at another site that does not include a vulnerable population, or be postponed until after this emergency situation if possible.

4. Guidance regarding Section 2 (efforts to facilitate contact that is not in-person): The Order requires the Hospital to make reasonable efforts to facilitate contact between a Visitor and a patient. Such efforts include using technology to facilitate a remote connection with the



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patient when possible and would include telephone calls, telephone conferences involving multiple people, and video conferences using appropriate technology. Efforts are not reasonable if they interfere with the Hospital's healthcare mission or if they are not available or are cost prohibitive. The Hospital is encouraged to be creative in trying to facilitate contact that is not in-person so long as it complies with its other legal and regulatory obligations.

5. Guidance regarding Section 2 (Necessary Visitation): The term Necessary Visitation refers to a visit or contact that is based on urgent health, legal, or other issues that cannot wait until later. Nothing in the Order limits the standard healthcare that the Hospital provides to a patient. When medical care is appropriate or required, it is by definition permitted under the Order. Necessary Visitation refers to other types of visits or contact that are time-sensitive or critical. Necessary Visitation also includes support persons for minors (those under 18 years old) or for persons with developmental disabilities who require assistance, and the intent of the Order is for a Hospital to permit visitation by these listed support persons except in situations when doing so would conflict with the Hospital's mission.

For example, a patient may be in the end stages of life. In that instance, family or loved ones should be permitted to be with the patient unless doing so would interfere with the Hospital's mission in light of the current emergency. Another example would be a patient who is updating their will or other legal papers and an in-person meeting with the lawyer or family members or a notary is required, again unless doing so would interfere with the Hospital's mission. But, a meeting with a lawyer to discuss future changes or other, non-urgent issues should generally be postponed, conducted via telephone or other means, or occur as a General Visitation.

Anyone who is legally authorized to make decisions for the patient, whether by operation of a durable power of attorney or public or private conservatorship, must be given special consideration, especially if they need to meet in person with the patient to fulfill their role. This distinction is in place because decisions regarding care when there is a surrogate decision maker should not be delayed when in-person contact is needed, whereas visits by other family or loved ones are important but may not be time-sensitive. But such authorized decision-makers should be encouraged to use alternative methods of contacting the patient when possible in order to avoid exposing the patient and others.

Also, Necessary Visitation should not be granted for routine visits by decision makers, family, or loved ones, even if the patient very much looks forward to the visit or the visitor has a strong desire for the visit. Such routine visits put all patients at risk at this time. But if a family member or loved one plays an essential role in providing care to a patient, without which the patient will suffer medical or clinical harm, Necessary Visitation may be appropriate. Routine visits should normally occur as General Visitation.

There may be other unique situations that justify a Necessary Visitation based on the context. And as the situation evolves, the Hospital may need to restrict Necessary Visitation. This



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Order is intended to give the Administrator flexibility in making that determination so long as the decision is in line with the Order and this COVID-19 Guidance. The Administrator should not authorize Necessary Visitation for all or a majority of patients as that would likely reflect a violation of the intent of the Order to protect all patients from the risks of non-essential exposure to COVID-19.

**All visits allowed as Necessary Visitation must occur subject to all conditions of visitation imposed by the Hospital at the time of entry or access to the Premises.**

- 6. Guidance regarding Section 15 (Visitors and Non-Essential Persons): The Order defines Visitors and Non-Essential Persons as employees, contractors, volunteers, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Hospital. This term includes non-patient spouses or partners, family, loved ones, friends, clergy, and colleagues of the patient. This term also includes anyone who is legally authorized to make decisions for the patient, whether by operation of a durable power of attorney or public or private conservatorship (but see guidance above about decision-maker visits).

This term also includes employees of the Hospital or its vendors (and their employees) who are not needed in the short term for the facility to perform its healthcare mission. For example, a vendor that makes deliveries of large bottled water refill jugs is likely not essential. However, the facility should work to see if there are ways to permit delivery, such as on a loading dock, which would eliminate the need in the short term for someone to make visits all across the facility. This Order grants the Administrator authority to make judgment calls about how best to ensure the facility is able to operate during this emergency situation.

The term Visitors and Non-Essential Persons does not include patients who are seeking care or other services from clinics or other service facilities located on the Hospital Premises. But a Hospital is not required by this Order to keep open any specific facilities, clinics, or services.

- 7. Guidance regarding Section 15 (Non-Essential Patient Movement): The Order defines Non-Essential Patient Movement as travel off, onto, or within Hospital Premises by a patient other than for specific treatment or pressing legal purposes. This is contrasted with situations when a patient leaves the facility for health-related purposes or as required by law, such as for a meeting or service mandated by a court. The goal of the Order is to encourage patients to limit Non-Essential Patient Movement.

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Dated: May 26, 2020