



DIRECTIVE OF THE HEALTH OFFICER No. 2020-20

**DIRECTIVE OF THE HEALTH OFFICER OF
THE CITY AND COUNTY OF SAN FRANCISCO REGARDING REQUIRED BEST
PRACTICES FOR AMBULATORY CARE SERVICES, INCLUDING COUNSELING
AND OTHER HEALING ARTS**

(PUBLIC HEALTH DIRECTIVE)
DATE OF DIRECTIVE: June 16, 2020

By this Directive, the Health Officer of the City and County of San Francisco (the “Health Officer”) issues mandatory, context-specific direction permitting the provision of certain kinds of health-related care as part of the local response to the Coronavirus Disease 2019 (“COVID-19”) pandemic. This Directive constitutes context-specific guidance as provided under Sections 1 and 3 of Health Officer Order No. C19-08b issued on May 15, 2020 (the “Medical Care Order”, available online at www.sfdph.org/healthorders) and, unless otherwise defined below, capitalized terms used in this Directive have the same meaning given them in that order. This Directive goes into effect immediately upon issuance, and no care may be provided of the type covered by this Directive except as permitted by and subject to the restrictions of either the Medical Care Order or this Directive. As soon as the mandatory criteria for provision of care listed in this Directive are met, then a provider, facility, or office may provide the care covered by this Directive, and such care may continue to be provided by the provider, facility, or office only so long as the mandatory criteria are met. This Directive remains in effect until suspended, superseded, or amended by the Health Officer, as further provided below. This Directive has support in the bases and justifications set forth in the Medical Care Order as well as in Health Officer Order No. C19-07e updated on June 11, 2020 (the “Stay-Safe-At-Home Order”) and any updates or amendments to those orders. As further provided below, this Directive also automatically incorporates any revisions to the Medical Care Order, the Stay-Safe-At-Home Order, or other future orders issued by the Health Officer that supersede those orders or that reference this Directive. This Directive is intended to promote best practices as to Social Distancing Requirements listed in Section 15.k of the Stay-Safe-At-Home Order, infection control measures, and other best practices, helping reduce the transmission of SARS-CoV-2, the virus that causes COVID-19, in the health care and healing arts setting and helping safeguard the health of workers, patients and clients, and the community.

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

- 1. For any Healthcare Operation that Section 15.b of the Stay-Safe-At-Home Order permits to provide care in the City and County of San Francisco (the “City”) during this pandemic, this Directive applies only to the aspects of that Healthcare Operation that meet all of the following criteria:**
 - a. The aspect of the Healthcare Operation provides or supports the provision of the following types of care: Ambulatory Care, as that term is defined in Section 3 below; Counseling, as that term is defined in Section 4 below; or Healing Arts Services, as that term is defined in Section 5 below; and**



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- b. The aspect of the Healthcare Operation has appropriate supplies (Personal Protective Equipment (“PPE”), and all other necessary medical and cleaning supplies) and staffing to safely function in a manner that meets both regulatory requirements for staffing and operation and the community standard for the safe provision of care; and
- c. The aspect of the Healthcare Operation meets all applicable requirements listed in this Directive, including Appendix A to this Directive, at all times; and
- d. The aspect of the Healthcare Operation has reviewed and meets all applicable requirements listed in Appendix A of the Stay-Safe-At-Home Order, as revised on June 1, 2020, and has completed and posted the two-page Social Distancing Protocol checklist included in that Appendix A.

Each such aspect of a Healthcare Operation that meets all criteria listed above is referred to by this Directive as an “Ambulatory Care Service, including Counseling and the Healing Arts.”

- 2. This Directive permits the provision of care by the Ambulatory Care Service, including Counseling and the Healing Arts, of any Healthcare Operation so long as the owner, operator, manager, supervisor, Chief Executive Officer or Administrator, Chief Medical Officer or Chief of Service or Chief of Staff, or other medical or managerial supervisor of the Ambulatory Care Service, including Counseling and the Healing Arts, ensures that all mandatory best practices listed in Appendix A to this Directive (the “Best Practices”), which is incorporated by this reference, are followed and a Health and Safety Plan checklist is completed, followed, and posted in the form attached to this Directive as Appendix B.
- 3. For purposes of this Directive, the term “Ambulatory Care” means any health care provided by a person who is both (i) providing care or care-related services on an outpatient basis and (ii) either licensed under any Chapter of Division 2 of the California Business and Professions Code (except for the Chapters listed below in this Section 3) or is supervised by such a licensed professional. For purposes of this Directive, Ambulatory Care includes but is not limited to any preventative, routine, diagnostic, cosmetic, hygiene, corrective, urgent, or emergency care.

By way of example, Ambulatory Care includes but is not limited to: routine or diagnostic visits in a clinic, doctor’s office, or practice group office; outpatient dialysis or infusion; or physical therapy, and Ambulatory Care frequently includes but is not limited to care provided by the following types of professionals: physician or surgeon; doctor of osteopathy; nurse practitioner; nurse midwife; physician’s assistant; registered nurse; optometrist; optician; and nutritionist.

For purposes of this Section 3, Ambulatory Care does not include care provided by anyone licensed under the following Chapters of Division 2 of the California Business and Professions Code: Chapter 4 (Dentistry); Chapters 6.6 (Psychologists), 13 (Licensed Marriage and Family Therapists), 13.5 (Licensed Educational Psychologists), 13.7 (Board of Behavioral Sciences), 14 (Social Workers), or 16 (Licensed Professional Clinical Counselors); Chapters 2 (Chiropractors),



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10.5 (Massage Therapy), 10.7 (Music Therapy), or 12 (Acupuncture); or Chapter 11 (Veterinary Medicine).

- 4. For purposes of this Directive, the term “Counseling” means any care provided by a person who is both (i) providing care or care-related services on an outpatient basis and (ii) either licensed under Chapters 6.6 (Psychologists), 13 (Licensed Marriage and Family Therapists), 13.5 (Licensed Educational Psychologists), 13.7 (Board of Behavioral Sciences), 14 (Social Workers), or 16 (Licensed Professional Clinical Counselors) of Division 2 of the California Business and Professions Code or is supervised by such a licensed professional. For purposes of this Directive, Counseling includes but is not limited to talking therapy, cognitive behavioral therapy, family therapy, group therapy, and other therapy modalities provided on a routine, urgent, or emergency basis.**
- 5. For purposes of this Directive, the term “Healing Arts Services” means any care provided by a person who is both (i) providing care or care-related services on an outpatient basis and (ii) either licensed under Chapters 2 (Chiropractors), 10.5 (Massage Therapy), 10.7 (Music Therapy), or 12 (Acupuncture) of Division 2 of the California Business and Professions Code or is supervised by such a licensed professional. The term “Healing Arts Services” also includes anyone practicing other complementary or non-traditional modalities not licensed under Chapter 8.2 of Division 2 of the California Business and Professions Code, including but not limited to Ayurveda, homeopathy, naturopathy, or Chinese or Eastern medicine and herbalists. For purposes of this Directive, Healing Arts Services include but are not limited to massage, Reiki, Rolfing, cupping, other types of body work, and herbalist services provided on a routine, urgent, or emergency basis.**
- 6. If any procedure or type of encounter is not allowed by the State of California, it is not allowed under this Directive. If the State of California imposes restrictions or requirements on any procedure, care, or type of encounter covered by this Directive, then the provider must comply with this Directive’s requirements and also any restrictions or requirements imposed by the State of California. Also, there are certain types of care that are still prohibited given the risks.**

Until this Directive is updated or amended to modify this Section 6, the following types of care are not allowed to operate in the City:

- a. Massage therapy (as licensed by Chapter 2 of Division 2 of the California Business and Professions Code);**
- b. Other body-work such as Reiki, Rolfing, cupping, and structural integration (but licensed physical therapy, acupuncture, and chiropractor services are allowed);**
- c. Any care that involves in-person singing, yelling (such as primal scream therapy), or playing wind or brass instruments, all of which increase the number, speed, and size of exhaled particles and therefore pose an increased risk; and**
- d. Any in-person group therapy (but small groups, up to a maximum of 12 people including the therapist(s), are allowed so long as: all persons comply**



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with the Face Covering Order; all persons are seated or participate no closer than six feet from the nearest person; the provider of the therapy complies with the attached Best Practices, including determining if ventilation can be increased, leaving the space empty for an appropriate period between groups, and cleaning and disinfecting between groups).

7. The term Ambulatory Care Service, including Counseling and the Healing Arts, does not include any care that is provided on an emergency, urgent, or inpatient basis at any general acute care hospital, adult psychiatric hospital, skilled nursing facility, or other residential care or treatment facility, with such care already being authorized and provided pursuant to such facility's standard procedures and any applicable licensing and regulatory requirements. Such care is referred to in this Directive as "Inpatient, Residential, or Emergency Care." But the term Ambulatory Care Service, including Counseling and the Healing Arts, does apply to any clinic this is co-located at or affiliated with any Inpatient, Residential, or Emergency Care facility.
8. The term Ambulatory Care Service, including Counseling and the Healing Arts, includes care received from any urgent care center (except for an emergency room or hospital-based emergency department).
9. This Directive does not apply to dental care provided pursuant to Health Officer Directive Nos. 2020-09c (dental care) or 2020-08 (elective surgery), including as those directives are updated or amended in the future.
10. This Directive and the attached Best Practices may be revised by the Health Officer, through revision of this Directive or another future directive or order, as conditions relating to COVID-19 require, in the discretion of the Health Officer. Each Healthcare Operation that operates a Dental Care Service under this Directive must stay updated regarding any changes to the Medical Care Order, the Stay-Safe-At-Home Order, and this Directive by checking the Department of Public Health website (www.sfdph.org/directives) frequently.
11. Each Healthcare Operation that operates an Ambulatory Care Service, including Counseling and the Healing Arts, under this Directive must, before allowing such care to occur as outlined by this Directive, review and implement all applicable requirements of the Best Practices, consider action based on recommendations listed in the Best Practices, and complete and post the two-page checklist attached to this Directive as Appendix B (a "Health and Safety Plan").
12. There are certain people associated with the Ambulatory Care Service, including Counseling and the Healing Arts, who are subject to this Directive. Specifically, people who provide or support the provision of care by the Ambulatory Care Service, including Counseling and the Healing Arts, are collectively referred to by this Directive and the Best Practices as "Personnel", and those people include all of the following who provide services associated with the Ambulatory Care Service, including Counseling and the Healing Arts, in the City: employees; contractors and sub-contractors (such as those who perform services onsite or who deliver goods to the business); independent contractors; students who are participating in educational programs associated with their professional degree or licensure; volunteers; and other individuals who regularly provide services at the request of



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the Ambulatory Care Service, including Counseling and the Healing Arts, related to care being provided. This Directive requires the Healthcare Operation that operates an Ambulatory Care Service, including Counseling and the Healing Arts, to ensure that Personnel who perform work associated with the Ambulatory Care Service, including Counseling and the Healing Arts, comply with the requirements of this Directive.

13. Each Healthcare Operation that operates an Ambulatory Care Service, including Counseling and the Healing Arts, subject to this Directive must provide items such as Face Coverings (as provided in Health Order No. C19-12b issued on May 28, 2020), hand sanitizer, sinks for handwashing, PPE, and disinfectant and related supplies to Personnel and to the patients or clients, as required by the Best Practices. If any such Healthcare Operation that operates an Ambulatory Care Service, including Counseling and the Healing Arts, is unable to provide these required items or otherwise fails to comply with required Best Practices or this Directive, then it must cease operating the Ambulatory Care Service, including Counseling and the Healing Arts, under this Directive until it can fully comply and demonstrate its strict compliance.
14. Each Healthcare Operation that operates an Ambulatory Care Service, including Counseling and the Healing Arts, is required to take certain steps in the Health and Safety Plan related to its Personnel, including certain actions listed in Sections 2.1 through 2.4 of the Best Practices if Personnel are sick. Each Healthcare Operation that operates an Ambulatory Care Service, including Counseling and the Healing Arts, is prohibited from taking any adverse action against any Personnel for staying home in the circumstances listed in Sections 2.1 through 2.4 of the Best Practices. Personnel of each Healthcare Operation that operates an Ambulatory Care Service, including Counseling and the Healing Arts, are prohibited from coming to work if they are sick and must comply with the Directive, including the rules for returning to work listed in Sections 2.1 through 2.4 of the Best Practices.
15. Each Healthcare Operation that operates an Ambulatory Care Service, including Counseling and the Healing Arts, must: (a) make the Health and Safety Plan and Social Distancing Protocol checklists available to any patient or client, Personnel, or other member of the public on request, (b) provide a summary of the key aspects of its compliance plan regarding this Directive to all Personnel working onsite in relation to the Ambulatory Care Service, including Counseling and the Healing Arts (except for people only temporarily on-site), and (c) post a copy of the Health and Safety Plan and Social Distancing Protocol checklists in any reception area of the Ambulatory Care Service, including Counseling and the Healing Arts, and at any key Personnel gathering or break areas related to the Ambulatory Care Service, including Counseling and the Healing Arts.
16. Implementation of this Directive augments—but does not limit—the obligations of each Healthcare Operation under the Medical Care Order (Order No. C19-08b) and the Stay-Safe-At-Home Order (Order No. C19-07e). The Healthcare Operation must follow these context-specific Best Practices in relation to each Ambulatory Care Service, including Counseling and the Healing Arts, and update its compliance as necessary for the duration of this Directive, including, without limitation, as this Directive is amended or extended in writing by the Health Officer and consistent with any extension of the Medical Care Order and the Stay-Safe-At-Home Order,



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any other order that supersedes those orders, and any Health Officer order that references this Directive.

- 17. This Directive becomes effective immediately on issuance and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer.**

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

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

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

Date: June 16, 2020



**Best Practices for the Provision of Ambulatory Care, Including Counseling and
Other Healing Arts**

Each Ambulatory Care Service, including Counseling and the Healing Arts, that operates in the City must comply with each requirement listed below and prepare and post a Health and Safety Plan checklist substantially in the format of Appendix B, below.

Requirements:

1. General Requirements

- 1.1. Complete, post, and comply with the Social Distancing Protocol and checklist attached as Appendix A to Health Officer Order No. C19-07e, updated on June 11, 2020 (the “Stay-Safe-At-Home Order”), including as that order is updated or amended in the future. The Stay-Safe-At-Home Order and checklist are available online at www.sfdph.org/healthorders. When completing the Social Distancing Protocol checklist, keep in mind that the terms “business” or “entity” refer to the provider of care and the term “patron” refers to patients and clients and any support persons.
- 1.2. Require Personnel, patients, and clients, as well as support persons, to, at a minimum, wear Face Coverings as provided in Health Order No. C19-12b, issued on May 28, 2020 (the “Face Covering Order”), including as that order is amended in the future, at all times while in the facility or waiting to enter the facility unless this Directive requires or permits other conduct on the same topic. The Face Covering Order is available online at www.sfdph.org/healthorders. Note that under this Directive, an isolation mask or more protective Personal Protective Equipment is typically required (in healthcare settings) or is recommended (in Counseling and certain other settings).
- 1.3. All in-person care must comply with the requirements listed in this Directive, regardless of whether the care is emergent, urgent, or routine. But some requirements do not apply to some types of care, as outlined below.
- 1.4. Providers of Ambulatory Care Services, including Counseling and the Healing Arts, must continue to offer remote services via telephone, email, secure apps, or video conference to the extent possible in order to minimize in-person care and must do so in a manner that protects the confidentiality of patient or client information as required by law.
- 1.5. To the extent that any provider of Ambulatory Care Services, including Counseling and the Healing Arts, provides services that are covered by another Health Officer directive, the other directive also applies to those services. That includes any dental health care (which is subject to Health Officer Directive No. 2020-09c) and any procedure involving general anesthesia or conscious sedation (which are subject to Health Officer Directive No. 2020-08). Other directives are available online at www.sfdph.org/directives.
- 1.6. If any procedure or type of encounter is not allowed by the State of California, it is not allowed under this Directive. If the State of California imposes restrictions or requirements on any procedure, care, or type of encounter, then the provider must comply with this Directive’s requirements and also any restrictions or requirements imposed by the State of California. If any type of care is only allowed under a variance granted by the



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State of California (such as for massage as a Healing Art), then that type of care is only allowed under this Directive after a variance has been granted and the Health Officer indicates through an update to Section 6 of this Directive (the main body of the Directive, not this Appendix A) that such care is allowed in the City. Section 6 of the Directive also lists other types of care that are limited or prohibited.

Note: Compliance with these Best Practices and the Directive does not substitute for or supersede an employer's obligations under the Aerosol Transmissible Disease Standard of the California Division of Occupational Safety and Health (known as Cal/OSHA), codified at 8 CCR §5199. This Standard can be reviewed online at <https://www.dir.ca.gov/title8/5199.html>.

2. Prioritization of Care

- 2.1. Providers of Ambulatory Care Services, including Counseling and the Healing Arts, may not be able to return to offering services at full capacity for some time given social distancing constraints, availability of Personal Protective Equipment, challenges faced by Personnel, and other factors. Such providers have also been limited in the number of patients or clients they have been allowed to see for in-person care since March 2020. For all these reasons, there will be a backlog of patients and clients seeking care moving forward. Ambulatory Care Services, including Counseling and the Healing Arts, must create a methodology for prioritizing the scheduling of services (a "Priority Strategy") moving forward with a goal of minimizing patient or client negative outcomes. The Priority Strategy can be formal or informal and does not need to be written, but it should be made accounting for the considerations listed in this Section 2.
- 2.2. Providers of Ambulatory Care Services, including Counseling and the Healing Arts, must implement the Priority Strategy in a nondiscriminatory manner (subject to the other prioritization recommendations of this Directive) in regards to race, color, national origin, disability, age, sex, sexual orientation, gender, gender expression, religion, ancestry, medical condition, genetic information, marital status, citizenship, primary language, or immigration status.
- 2.3. Providers of Ambulatory Care Service, including Counseling and the Healing Arts, should prioritize emergency and urgent care, to the extent they provide such care, above routine care.
- 2.4. Ambulatory Care providers that provide medical care must prioritize in the Priority Strategy the following critical services to the extent they are applicable to the Ambulatory Care provider (and Counseling or Healing Arts providers may consider these factors):
 - 2.4.1. CDC-recommended immunizations for all age groups, but particularly for infants, toddlers, and school-age children. A list of such immunizations is available online at <https://www.cdc.gov/vaccines/schedules/>.
 - 2.4.2. Time-sensitive exams, testing, or procedures related to pregnancy or contraceptive use or that may result in harm if deferred.



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- 2.4.3. Mental health and substance use disorder medication administration, distribution, and monitoring services (*i.e.*, long acting injectables, observed medication distribution/dosing, methadone).
- 2.4.4. Preventive services testing or procedures that follow the United States Preventive Services Task Force A and B recommendations, which are available online at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations>.
- 2.5. Providers of Ambulatory Care Services, including Counseling and the Healing Arts, should also take into account the following groups and considerations, to the extent applicable, when creating the Priority Strategy in order to prioritize care for those who would benefit the most, subject to the provider's discretion regarding its own context:
 - 2.5.1. Patients seeking care related to contraception or pregnancy;
 - 2.5.2. Newborns, infants, and toddlers;
 - 2.5.3. People experiencing homelessness;
 - 2.5.4. Recently hospitalized patients requiring follow-up;
 - 2.5.5. Persons with hearing impairment or other communication challenges, including limited English proficiency in settings where telephone interpretation is not available;
 - 2.5.6. Adults and children with complex medical or behavioral health needs who would benefit from in-person communication or care;
 - 2.5.7. Exams or tests required for school or employment;
 - 2.5.8. Patients with communicable diseases of public health importance, including HIV, tuberculosis, and sexually transmitted infections (STIs);
 - 2.5.9. Elderly patients, and those with serious conditions, chronic or otherwise, that have had to defer routine visits during this pandemic;
 - 2.5.10. Persons seeking non-emergency care related to domestic violence and sexual assault; and
 - 2.5.11. Any other considerations that are relevant to the care provided by the individual provider of Ambulatory Care Services, including Counseling and the Healing Arts, making the Priority Strategy.



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3. Risk Categorization

- 3.1. In-person care has different kinds of risks associated with the nature of the care being provided. It is not possible to list each type of Ambulatory Care Service, including Counseling and the Healing Arts, by risk type. For that reason, this Section 3 lists the basic relevant considerations and includes a table categorizing risks and required protections associated with each risk level.
- 3.2. Providers of Ambulatory Care Services, including Counseling and Healing Arts, must assess the risk level of every service they provide and implement the level of protection required for each by using the protocol listed in this Section 3. In some instances the required protections vary depending on whether the care is emergent (emergency), urgent, or routine/diagnostic.
- 3.3. **Risk Factors**. The Risk Factors relevant to determining the risk associated with in-person care include the following, and each provider of Ambulatory Care Services, including Counseling and the Healing Arts, must assess these factors for each service they perform to determine the Risk Category. The factors are:
 - 3.3.1. **Aerosol generating procedures** (each an “AGP”). If the procedure involves an AGP, then there is elevated risk due to the possibility of virus transmission via the generated aerosol. Some procedures that increase patient exertion, such as cardiac stress testing or certain rehabilitation services procedures (physical therapy, occupational therapy, and speech-language therapy), may also increase production of respiratory aerosols. Note that some procedures, including but not limited to moderate sedation, can lead to intubation and thus have a risk of eventually involving an AGP—in those situations, the provider should consider using AGP precautions. Also, while the CDC does not consider collection of samples via oropharyngeal or nasopharyngeal swab to be AGPs, the provider should consider whether to apply the AGP standards of this Directive to those procedures since there is likely some heightened risk associated with such swab procedures.
 - 3.3.2. **Face Covering or masking**. Personnel, patients, clients, and support persons are required by the Face Covering Order to wear a Face Covering or more protective mask at all times during in-person care except to the extent required for the provision of care, such as during an oral exam. The longer the duration the patient or client does not wear a Face Covering or more protective mask, the higher the risk.
 - 3.3.3. **Duration**. Even when Face Coverings are worn and there is no physical contact, long duration in-person encounters are higher risk than shorter ones.
 - 3.3.4. **Physical proximity, including contact**. The risk of the encounter is increased when the physical distance between the provider and the patient or client is reduced, when there is physical contact, and when the counter occurs in an enclosed space.



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3.3.5. Ventilation. Purpose-built healthcare facilities have ventilation systems which typically provide greater ventilation rates (air exchange) than other types of commercial buildings and do not recirculate (recycle) part of their air. Buildings which do not provide healthcare facility-type ventilation may increase the risk of transmission of the SARS-CoV-2 virus during AGPs and require more time before rooms can be entered by unprotected staff or clients.

3.3.6. Other considerations. Based on the context, the care provider can treat a procedure as involving more risk if other factors warrant. For example, new a patient with a new psychiatric diagnosis that makes uncertain their compliance with the Protective Actions listed below should be considered higher risk.

3.4. **Protective Actions**. The types of Protective Actions that must be taken or are recommended depending on the Risk Category include the following:

3.4.1. Engineering Controls, which are generally physical modifications to a process, changes to existing equipment, or the installation of further equipment with the goal of preventing the risks in the care setting. Examples include:

Barriers to separate staff from clients;

Specialized tools equipped with “extractors” which provide suction during an AGP to capture particles close to the point of emission;

Local exhaust ventilation to capture droplets and aerosols before they can spread through a room or the facility; and

General ventilation with healthcare-level ventilation rates and increased fresh air.

3.4.2. Administrative Controls, which are training, procedure, policy, or shift designs that lessen the risks in the care setting. Administrative Controls generally focus on changing the behavior of people rather than removing a hazard. Some of the requirements in this Directive that require implementation regarding screening of patients, clients, and support persons before they arrive are examples of Administrative Controls. Another example is the idea of letting a room remain empty for a specific amount of time after a patient, client, or support person is in the room in order to allow particles to settle or be captured or removed by the building’s ventilation before appropriate Cleaning (as defined below).

3.4.3. Personal Protective Equipment (PPE), which is protective clothing, goggles, or other garments or equipment designed to protect the wearer from infectious disease agents. In the current context, PPE includes but is not limited to: isolation masks, N95 respirators, gloves, isolation gowns, and eye and face protection such as goggles or face shields. For purposes of this Directive, respirators with exhalation valves/one-way valves are not allowed unless they are equipped with some type of filtration or cover approved by a professional familiar with respirator function. This restriction on exhalation valves/one-way valves is due to the fact that such valves, if



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used without filtration or a cover, only protect the wearer and put others at higher risk by creating a focused jet of exhaled air and particles.

- 3.4.4. Testing, which for the purpose of this Directive refers to testing for current infection with SARS-CoV-2, the virus that causes COVID-19. Unless otherwise indicated, any requirement or recommendation for Testing in this Directive refers to diagnostic testing using a viral test for current infection that is approved for that purpose by the United States Food & Drug Administration. The term “Advance Testing” refers to the use of diagnostic Testing any time starting seven days before an appointment to the time of the appointment to determine if a person has an active SARS-CoV-2 infection. If Testing is required or recommended by this Directive, the Testing must occur before the visit.

When the care being provided extends over the course of multiple appointments—such as rehabilitation services procedures (physical therapy, occupational therapy, and speech-language therapy), a procedure that requires a patient to return after a week for follow-up care, or regular weekly appointments—and includes a procedure that requires or has recommended Testing, Testing does not need to occur for each such visit. Rather, the Testing should occur before the first visit that has the heightened risk, and the provider may then counsel the patient or client on ways to avoid infection by SARS-CoV-2 between future appointments. So long as the subsequent appointments include screening and discussion of risks, repeat Testing may be postponed for a reasonable period.

Nothing in this Directive prohibits an Ambulatory Care Service, including Counseling and the Healing Arts, from requiring testing of a patient or client beyond what is outlined by this Directive.

- 3.4.5. Cleaning, which refers to the use of appropriate products to clean surfaces and then disinfect or sanitize them using methods that are effective against SARS-CoV-2. See Section 9 below for additional information about Cleaning.
- 3.5. Other considerations. When other factors make the encounter or procedure riskier because certain standard precautions cannot be taken, the provider should treat the encounter under a higher Risk Category.
- 3.6. Change in circumstances. During an encounter or appointment, the context may change such that the Risk Category of the encounter may increase. For example, a routine physical exam may reveal information that requires more extensive visualization of the mouth cavity. When this happens, providers must take steps in line with the increased Risk Category for the procedure.
- 3.7. When considering Engineering and Administrative Controls, providers should take steps they feel appropriate even if they go beyond the requirements of this Directive. For example, long in-person encounters may benefit from opening a window that opens to the outside in order to increase airflow, but that may not be appropriate for all contexts depending on the nature of the procedure.



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3.8. Risk Categories. The following table lists the three Risk Categories associated with the Risk Factors listed above. Each provider of Ambulatory Care Services, including Counseling and the Healing Arts, must comply with the listed Minimum Protective Actions and other requirements associated with the Risk Category of a procedure or service when offering care under this Directive. Providers are free to take additional Protective Actions beyond the minimum listed actions, per their judgment.

**Table: Risk Categories for Ambulatory Care Services,
including Counseling and the Healing Arts**

***Note:** The third column lists the minimum protective actions. A provider of care should use their best judgment and may use additional protections. For N95 respirators to be most effective, they require fit testing and training.

Risk Category		
Criteria and Risk Factors	Minimum Protective Actions*	Is Advance Testing Required/Recommended?
1 - Lower		
a) No AGP, <u>and</u> b) patient or client, and any support person, will wear a Face Covering or an isolation mask the entire encounter (but temporary removal is permitted during the encounter, such as an oral exam as part of general physical exam), <u>and</u> c) nobody answered “yes” to any screening question.	<u>For client/patient/support person:</u> An isolation mask is required in healthcare settings; a Face Covering is required in other settings (Counseling or Healing Arts) but an isolation mask may be used. <u>For provider:</u> Standard precautions, plus an isolation mask is required in healthcare settings; a Face Covering is required in other settings (Counseling or Healing Arts) but an isolation mask may be used.	Not required or recommended.



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2 - Medium		
<p>a) No AGP, <u>and</u></p> <p>b) patient or client, and any support person) will wear a Face Covering or an isolation mask but is anticipated to remain unmasked for more than a brief period <u>or</u> the patient or client cannot wear a Face Covering or isolation mask.</p> <p>Also, if a patient, client, or support person has any symptoms on the screening list, the encounter is at least Medium risk or could be higher risk in the judgment of the provider.</p>	<p><u>For client/patient/support person:</u> An isolation mask is required in healthcare settings; a Face Covering is required in other settings (Counseling or Healing Arts) but an isolation mask is strongly suggested.</p> <p><u>For provider:</u> Standard precautions, plus an isolation mask and either face shield or goggles.</p>	<p>Not required or recommended, but testing may make sense in certain situations based on the provider's judgment.</p>
3 - Higher		
<p>The encounter involves AGP <u>or</u> other Risk Factors indicate a higher risk encounter.</p> <p>Also, if a patient or client has a current SARS-CoV-2 infection or had recent close contact with someone with a current SARS-CoV-2 infection, the encounter is Highest risk and should be postponed unless the provider has adequate training and protective measures available. If a patient, client, or support person previously tested positive for SARS-CoV-2, the provider should check CDC, CDPH, and DPH guidance for when it is safe to treat them under another Risk Category. Support persons with active infections or recent close contact are not allowed.</p>	<p><u>For client/patient/support person:</u> Isolation mask</p> <p><u>For provider:</u> Standard precautions, plus N95 respirator, either face shield or goggles, and gown.</p> <p><i>And:</i></p> <p>When possible, other Engineering or Administrative Controls should be implemented as appropriate.</p> <p><u>Note</u> – If the patient, client, or support person tested negative in the preceding 7 days and has no symptoms, then full PPE is not required, but the provider should use professional judgment regarding what PPE to employ and should at least use an isolation mask and eye protection.</p>	<p><u>Strongly recommended</u> for routine/diagnostic appointments, and it is recommended but not required for urgent or emergent (emergency) care.</p> <p>For any course of care or treatment that continues over time, see the notes regarding repeat testing above in Section 3.4.4.</p>



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4. General Screening of Personnel and Patients or Clients

- 4.1. Ensure that all Personnel are screened daily pursuant to the Social Distancing Protocol, which includes a one-page screening checklist, and follow the Social Distancing Protocol requirements regarding any Personnel who answer yes to any screening question.
- 4.2. Patients or clients, as well as anyone accompanying them to an appointment, must be screened for symptoms in advance of and at the time of their in-person visit, including on the calendar day of the visit. Attached to this Directive as Appendix C is a one-page screening form that may be used for this process. At a minimum, such screening must occur before the patient or client, as well as anyone accompanying them, enters the facility, office, or suite on the day of the visit to protect Personnel and other patients or clients. This screening is in addition to examining any patient or client vital signs as part of the care being provided. For any patient or client, as well as anyone accompanying them, who has symptoms, has a current confirmed COVID-19 diagnosis, or has a current confirmed SARS-CoV-2 infection, in-person care may only be provided subject to infection control practices appropriate to ensure that that care can be provided safely for the patient or client and all Personnel.

Such screening must address all of the following:

- 4.2.1. Within the preceding 10 days has the person been diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-isolate as outlined at <https://www.sfcdep.org/Isolation-Quarantine-Packet>.)
- 4.2.2. Does the person live in the same household with or have they had close contact with someone who in the preceding 14 days was diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-quarantine as outlined at <https://www.sfcdep.org/Isolation-Quarantine-Packet>.)
- 4.2.3. Has the person had any one or more of the following symptoms which is new or not explained by a pre-existing condition that day or within the preceding 24 hours? The symptoms include: fever, chills, or repeated shaking/shivering; cough; sore throat; shortness of breath or difficulty breathing; feeling unusually weak or fatigued; loss of taste or smell; muscle pain; headache; runny or congested nose; or diarrhea. If any listed symptom is present, the person might be positive for SARS-CoV-2 and should be referred for testing, and appropriate precautions should be taken or non-urgent care delayed.

5. Face Covering and Related PPE

- 5.1. Face Coverings, or more protective PPE, are required of all patients or clients, as well as anyone accompanying them to an appointment, seeking care from an Ambulatory Care Service, including Counseling and the Healing Arts, as outlined in Section 6.e of the Face Covering Order. The Ambulatory Care Service, including Counseling and the Healing Arts, must ensure that each patient or client and any support person wears a Face Covering or more protective mask at all times when onsite at the facility except where the provision of care requires removal of the Face Covering/mask or except to the extent the Face Covering Order does not



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require one (such as for children 12 and younger and for people with a written excuse from a physician). The Ambulatory Care Service, including Counseling and the Healing Arts, must provide a Face Covering or more protective mask for any patient, client, and support person who does not have one. When a Face Covering or other mask is not worn by the patient or client, the Ambulatory Care Service, including Counseling and the Healing Arts, must take other steps to minimize risk of transmission of SARS-CoV-2. This Directive requires or recommends a mask that is more protective than a Face Covering in certain situations outlined above.

- 5.2. Providers who have a license to provide medical care (such as a physician, nurse, therapist, etc.) may have a policy that some children (such as those age three and older) must wear a Face Covering in most situations, but such a policy must include appropriate supervision of children between 3 and 12 years old to ensure they are safely wearing a Face Covering and must include appropriate exceptions similar to those in the Face Covering Order. It is important that children 12 years old and younger are supervised when wearing a Face Covering.
- 5.3. If any written policies of an Ambulatory Care Service, including Counseling and the Healing Arts, or any local, state, or federal law, regulation, or rule require the use of medical-grade masks or other masks that are more protective than a Face Covering, the more protective item must be used and its use must comply with the policy or law, regulation, or rule. For clarity, this Directive's requirements regarding Face Coverings are meant to ensure that Personnel, patients, clients, and support persons are wearing a Face Covering or mask that is more protective against the transmission of SARS-CoV-2 except where the care does not permit use of the Face Covering or mask. Appropriate masks must be utilized as directed by the clinical context and type of procedure being performed.

6. Physical Distancing

- 6.1. Physical distancing of at least 6 feet/2 meters must be maintained by Ambulatory Care Services, including Counseling and the Healing Arts, Personnel, patients, clients, and support persons whenever possible. This includes at a minimum the following requirements:
 - 6.1.1. In any waiting area or other area with seating, chairs should be removed or taken out of use to ensure proper distancing in other remaining chairs or seats. If a patient or client is in a waiting area with a support person, those two may sit next to each other in a designated chair or area.
 - 6.1.2. For check-in and other areas with lines, floor markings of some kind should be used, to the extent possible, to create visual reminders of minimum distancing.
 - 6.1.3. If space is available, any patient or client who has an active SARS-CoV-2 infection or who has symptoms should be isolated away from other patients or clients and Personnel. If isolation is not possible, other steps should be taken to prevent transmission. Support persons with an active SARS-CoV-2 infection are not allowed.
 - 6.1.4. The physical distancing requirements include screening of the patient or client, and any support person, on the calendar day of a visit or procedure must be done **before** arrival



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in the facility, office, or suite (such as via a call the morning of the visit or a call from outside the building or in the lobby or hallway just before entry).

- 6.1.5. When a patient or client, as well as any support person, is in an exam or treatment room, physical distancing must be observed whenever possible.
- 6.2. The requirements for physical distancing may be tailored based on the context of a specific patient or client's clinical situation.
- 6.3. Appointments and procedures should be staggered during the day as much as possible to avoid crowding during the day.
- 6.4. Patients and clients should be encouraged to conduct visits via telephone or other remote technology like video chat when doing so does not compromise the care being provided.

7. Hand Hygiene

- 7.1. Providers (or the building where the office is located) should have bathrooms with sinks, soap, water, and disposable paper towels available for hand washing by Personnel, patients, clients, and support persons. Providers must also provide hand sanitizer effective against SARS-CoV-2 at entrances and elsewhere at the facility or location for Personnel and patients or clients and support persons. Sanitizer must also be provided to patients or clients, as well as support persons, in waiting areas. Information on hand sanitizer, including sanitizer effective against SARS-CoV-2 and how to obtain sanitizer, is available online from the Food and Drug Administration here: <https://www.fda.gov/drugs/information-drug-class/qa-consumers-hand-sanitizers-and-covid-19>.
- 7.2. Encourage patients or clients to wash or sanitize their hands before they touch any Personnel and require Personnel to follow appropriate infection control precautions when they must touch any patients or clients.

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

- 8.1. Each Ambulatory Care Service, including Counseling and the Healing Arts, must promptly report any COVID-19 case and any patient, client, or Personnel SARS-CoV-2 infection as required by local, state, and federal laws, regulations, and rules.
- 8.2. In addition, each Ambulatory Care Service, including Counseling and the Healing Arts, must promptly (within 24 hours, and preferably during daytime hours) report to DPH Communicable Disease Control (CD Control) at 415-554-2830 each of the following except as excused by Section 8.3:
 - 8.2.1. Any instance where a patient, client, or support person is confirmed to have had an active SARS-CoV-2 infection at the time of any Ambulatory Care Service, including Counseling and the Healing Arts, or related in-person care and the care provider did not know about the infection at the time of the in-person care;



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- 8.2.2. Any instance where any member of the Personnel of the Ambulatory Care Service, including Counseling and the Healing Arts, is confirmed to have had an active SARS-CoV-2 infection at the time of an in-person interaction onsite with any patient, client, or support person and the Ambulatory Care Service, including Counseling and the Healing Arts, 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 Personnel, patients, clients, or support persons, including among Personnel or among patients, clients, or support persons associated with in-person care provided onsite by the Ambulatory Care Service, including Counseling and the Healing Arts,
- 8.3. A hospital with quality management and/or infection prevention and control programs that are overseen by the hospital's Medical Staff does not need to report occurrences listed in subsections 8.2.1 and 8.2.2 above to DPH so long as the incident is reported to and reviewed by its quality control or infection control program.
- 8.4. The Ambulatory Care Service, including Counseling and the Healing Arts, is required to provide all information associated with this Directive requested by DPH, the Health Officer, or the Health Officer's designee. Such disclosure includes protected health information or other health information of patients or clients and information, including confidential employment and health information, about Personnel where the disclosure is limited to the minimum amount necessary for public health purposes and where any such information that is confidential must be protected by DPH and the Health Officer as required by law.
- 8.5. Each Ambulatory Care Service, including Counseling and the Healing Arts, must cooperate with DPH, the Health Officer, or the Health Officer's designee in relation to action required by DPH, the Health Officer, or the Health Officer's designee that relates to any information reported under this Directive.

9. Cleaning

- 9.1. The Ambulatory Care Service, including Counseling and the Healing Arts, must implement routine cleaning and disinfection procedures, including using cleaners and water to pre-clean surfaces prior to applying an Environmental Protection Agency-registered hospital-grade disinfectant to frequently touched surfaces or objects for the appropriate contact times for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. This includes use of disinfecting liquid, wipe, or spray products that are effective against SARS-CoV-2 when disinfecting high touch surfaces. A list of products approved by the United States Environmental Protection Agency as meeting criteria for use against SARS-CoV-2 can be found online at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Products must be used in strict accordance with the product label and manufacturer's instructions, including but not limited to the manufacturer's specified dwell (wet contact time) for SARS-CoV-2, which can be obtained from the product manufacturer or found on the EPA list linked above.



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- 9.2. Providers must stay up to date with practice-related recommendations that relate to the kind of care they provide, such as those issued by the United States Centers for Disease Control and Prevention (CDC), the California Department of Public Health, other governmental or regulatory agencies, and professional organizations. The cleaning and disinfection procedures of the Ambulatory Care Service, including Counseling and the Healing Arts, must include appropriate cleaning and environmental controls as outlined by these sources.

Such controls should include implementing wait times after procedures to both allow particles to settle and/or be captured or removed by ventilation systems before cleaning; see the CDC recommendations available online at <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>. Technologies or techniques including but not limited to HEPA filtration, ultraviolet (light) germicidal irradiation (UVGI) systems, and photocatalytic oxidation (PCO) purifiers may be used to supplement general ventilation where the context warrants use of such equipment. If an activity-, equipment-, and facility-specific risk assessment is performed, wait times may be modified.

- 9.3. All areas where patient or client care takes place must, at a minimum, undergo standard cleaning between each patient or client use. This includes any toys or other materials used by children in clinical or waiting areas. This also includes any tools that are used by Personnel when providing care.
- 9.4. For enclosed rooms used for patient or client care, providers and other Personnel such as porters or custodians must wait after the patient or client leaves the room to allow droplets in the air to settle before cleaning and, as necessary, disinfecting the room. The appropriate waiting times for cleaning in different settings are listed below:
- 9.4.1. Cleaning following AGPs or treatment of any person with an active SARS-CoV-2 infection: The 99.9% contaminant removal column (or the calculated equivalent) of the United States Centers for Disease Control and Prevention's Airborne Contaminant Removal Table, found online at <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>, should be used to calculate wait times.

In the absence of the information needed to look up or calculate the required wait time, a wait period of no less than 60 minutes should be used.

- 9.4.2. For cleaning following other care, facilities should determine the appropriate wait time based on the context of the activities. In the absence of a facility-specific risk assessment, a wait period of not be less than 15 minutes should be used. The 15 minute wait period is often used in settings where large droplets are released, such as with a patient or client who is coughing, sneezing, or has other productive respiratory symptoms. A review of the risks can result in a lesser wait time when appropriate.



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10. Other Requirements

- 10.1. Discontinue the use of magazines and other shared items in waiting areas. Toys may be provided for use by children so long as they are appropriately cleaned as required by Section 9.3 above.
- 10.2. Discontinue the use of any self-serve blood pressure or other diagnostic equipment.
- 10.3. If the California Department of Public Health, the United States Centers for Disease Control and Prevention, the California Division of Occupational Safety and Health (known as Cal/OSHA), and the United States Department of Labor Occupational Safety and Health Administration (known as OSHA), or any other California or United States regulatory entity issues guidance or requirements regarding the pandemic and the type of care provided by the Ambulatory Care Service, including Counseling and the Healing Arts, the Ambulatory Care Service, including Counseling and the Healing Arts, must review such guidance and comply with any such requirements in addition to complying with this Directive.
- 10.4. If the Ambulatory Care Service, including Counseling and the Healing Arts, performs procedures or offers care of a type that are the subject of recommendations or guidance of a professional association in the field, the Ambulatory Care Service, including Counseling and the Healing Arts, should review and consider implementing appropriate recommendations related to the pandemic and should update its Health and Safety Plan practices over time based on such recommendations with the focus of protecting patients, clients, and Personnel.
- 10.5. The Health Officer may revise this Directive and add additional requirements in the future to ensure that Ambulatory Care Service, including Counseling and the Healing Arts, are provided in the safest possible manner during this pandemic.

Health Officer Directive No. 2020-20 (Appendix B) Health and Safety Plan (issued 6/16/2020)

Checklist

Each Ambulatory Care Service, including Counseling and the Healing Arts, (the “Provider” or “Business/Entity”) must complete, post onsite, and follow this Health and Safety Plan.

Check off all items below that apply and list other required information.

Business/Entity name:

Contact name:

Facility Address:

Contact telephone:

(You may contact the person listed above with any questions or comments about this plan.)

- Provider has posted a checklist and complies with all requirements set forth in the Social Distancing Protocol included in Health Officer Order No. C19-07e, available at www.sfdph.org/healthorders, including any amendments to that order.
- Provider is familiar with and complies with all requirements set forth in Health Officer Directive No. 2020-20, available at www.sfdph.org/directives.
- If any procedure or type of encounter is not allowed by the State of California, it is not allowed under this Directive. Also, Section 6 of the Directive prohibits certain care.
- Provider is offering remote services via telephone, email, secure apps, or video conference in a secure, private manner instead of in-person visits when possible.
- Provider has a formal or informal Priority Strategy under Section 2 of Appendix A to address scheduling of patients or clients in a nondiscriminatory manner that also prioritizes the provision of critical services and emergency and urgent care and has done so keeping in mind the groups and considerations listed in Sections 2.3, 2.4, and 2.5 of Appendix A.
- Provider has reviewed the Risk Factors and Protective Actions listed in Section 3 of Appendix A and has placed each offered service and procedure in the appropriate Risk Category on the Table listed in Section 3, including based on the context of each patient, client, or support person.
- Provider is complying with the required Protective Actions listed on the Risk Category Table in Section 3 of Appendix A and has considered other recommended actions in relation to the Risk Category of each offered service or procedure.
- Provider is ensuring that all Personnel are screened daily as required by the Social Distancing Protocol and instructing those who respond “yes” to any question to stay home for the appropriate amount of time and to get tested for the SARS-CoV-2 virus.
- Provider is screening each patient, client, and support person before and at the time of each appointment before the patient, client, or support person enters the building or waiting room area, and Provider is taking all required and appropriate precautions to protect patients, clients, support persons, and Personnel. This includes appropriately isolating any patient or client with an active SARS-CoV-2 infection from other patients, clients, and Personnel or postponing care. Support persons with active SARS-CoV-2 infections are not allowed.

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- Provider is familiar with and complies with all Face Covering requirements for patients, clients, support persons, and Personnel set forth in Health Officer Order No. C19-12b, available at www.sfdph.org/healthorders, including any amendments to that order, as well as any addition requirements for Personal Protective Equipment discussed in this Directive. This includes providing a Face Covering or more protective mask for any patient, client, and support person who does not have one.
- Provider is ensuring that the six foot physical distancing requirements are followed where feasible, including by reducing the number of chairs available in waiting rooms.
- Provider will report any positive SARS-CoV-2 infection as required in Section 8 of Appendix A, including:
 - To the state and DPH as required by federal, state, and local laws and regulations; and
 - To DPH Communicable Disease Control at 415-554-2830 when a patient, client, support person, or Personnel either (1) is exposed to SARS-CoV-2 at the Provider's location without knowing in advance that the person had an active infection; or (2) is believed to have contracted SARS-CoV-2 at the Provider's location in relation to the provision of services by the Provider. (Subject to the exception in Section 8.3 for hospital-associated clinics and programs)
- Provider is following all required cleaning and distinction/sanitizing requirements listed in Section 9 of Appendix A as well as in compliance with state and federal laws and regulations.
- Provider is complying with all applicable pandemic-related requirements of state, federal, and local governments and regulatory entities and is reviewing other guidance from those governments and entities.
- Provider is reviewing applicable pandemic-related guidance from other professional associations related to the care provided.
- Provider is regularly checking for updates to Health Officer orders and directives in order to stay current with pandemic-related requirements. Orders are available at www.sfdph.org/healthorders and directives are available at www.sfdph.org/directives.