



**ORDER OF THE HEALTH OFFICER No. C19-15**

**ORDER OF THE HEALTH OFFICER  
OF THE CITY AND COUNTY OF SAN FRANCISCO REQUIRING CERTAIN  
HEALTHCARE FACILITIES WITHIN THE CITY TO OFFER AND CONDUCT SARS-  
CoV-2 DIAGNOSTIC TESTING TO SYMPTOMATIC PERSONS, PERSONS WHO  
HAVE HAD CONTACT WITH CONFIRMED COVID-19 CASES, AND PERSONS WHO  
ARE AT HIGHER RISK OF EXPOSURE, AND DIRECTING OTHER HEALTHCARE  
PROVIDERS TO FOLLOW TESTING GUIDELINES ISSUED BY THE DEPARTMENT  
OF PUBLIC HEALTH**

**(PUBLIC HEALTH EMERGENCY ORDER)**

DATE ORDER ISSUED: July 21, 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 § 120295, *et seq.*; California Penal Code §§ 69, 148(a)(1); and San Francisco Administrative Code § 7.17(b).)**

Summary: On February 25, 2020, the Mayor of the City and County of San Francisco (the “City”) declared a state of emergency to prepare for coronavirus disease 2019 (“COVID-19”). On March 5, 2020, the City had its first reported case of COVID-19 in the County. On March 16, 2020, the City and five other Bay Area counties and the City of Berkeley, working together, were the first in the State to implement shelter-in-place orders in a collective effort to reduce the impact of the virus that causes COVID-19. That virus is easily transmitted, especially indoors or in group settings, and the disease can be extremely serious. It can require long hospital stays, and in some instances cause long-term health consequences or death. It can impact not only those who are older or have underlying health conditions and known to be at high risk, but also other people, regardless of age. And a major risk remains in that the virus that causes COVID-19 can be spread by asymptomatic and pre-symptomatic carriers, people who can spread the disease but do not even know they are infected and contagious. The spread of disease is a global pandemic causing untold societal, social, and economic harm.

As of the date of this Order the City and the region are at the beginning of a major surge in infections and hospitalizations and are taking appropriate steps to respond, including pausing the reopening process. Along with other counties in the Bay Area, the City has been placed on the State monitoring list and is suspending certain additional business activities as required by the State Health Officer.

We are going to have to live with the threat of the virus for many months to come. And for us to be able to continue to resume business and other activities, as well as to protect our healthcare system from being overwhelmed, it is critical to maintain and properly utilize the diagnostic testing in the City for the virus. But as cases rise, testing availability is become strained and the turn-around time for testing results is increasing. For these reasons, it is imperative that testing occur in the best possible way during this crisis.



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This Order has three key requirements. First, it requires each Healthcare Facility, as that term is defined by the Order, in the City to conduct diagnostic testing for SARS-CoV-2, the virus that causes COVID-19, for certain key groups of patients with the intent of quickly identifying those who are most likely to have the virus and thereby are at highest risk of infecting others. By focusing on testing these people first, this Order helps not only provide appropriate care to those who are infected, including many who may not know it, but also supports the collective effort to protect everyone in the City by identifying outbreaks, informing policy making, and reducing the spread of the virus by helping isolate those who are infected before they can infect others.

Diagnostic Testing must occur the same day as healthcare is provided or the next calendar day for anyone who: 1) has symptoms associated with SARS-CoV-2 infection; 2) is a close contact of someone who is a confirmed or likely carrier of the virus; or 3) is identified by the Department of Public Health as needing priority testing. Only larger facilities or those with the ability to conduct tests are required to meet these testing requirements, including: hospitals; any facility, clinic, or office that is owned by an entity that owns an acute care hospital; large practice or “medical groups” that have more than 100 licensed healthcare professionals; and any clinic or facility that provides healthcare, conducts diagnostic testing for SARS-CoV-2, and has its own lab testing equipment that is operated under federal lab certification requirements. Healthcare Facilities that are unable to conduct testing within this timeframe must notify the Health Officer via email of the reasons for the delays in testing and what steps they are taking to address any delays.

Second, such Healthcare Facilities must notify patients through websites or online patient portals, and also when feasible through signs in patient care areas, of the criteria for such testing, are reminded to follow state and federal laws regarding seeking reimbursement from patients for such testing, and are required to report test results as required by law.

Third, this Order attaches prioritization guidelines issued by the City’s Department of Public Health regarding diagnostic testing for SARS-CoV-2 and directs all Healthcare Facilities and other providers of healthcare to follow those guidelines, subject to the specific clinical context of a given patient. All providers of healthcare are strongly encouraged, upon patient request, to provide or order testing utilizing that testing prioritization. And each provider of healthcare is encouraged to order or provide Diagnostic Testing utilizing this testing prioritization whenever capacity allows, to take all reasonable steps to obtain necessary testing-related supplies, and to notify patients of the testing criteria and availability.

This Order goes into effect at 11:59 p.m. on July 22, 2020, although the notification requirements do not go into effect for Healthcare Providers until 11:59 p.m. on July 29, 2020. The Order will remain in effect, without a specific expiration date, for so long as the threat of the pandemic continues, or until this Order is otherwise extended, rescinded, superseded, or amended in writing by the Health Officer.

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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 ORDERS:

- 1. Intent. The intent of this Order is to ensure that patients have access to and receive Diagnostic Testing, as defined in Section 10 below, within the City and County of San Francisco (the "City") in order to effectively prevent and control the spread of COVID-19 in our community. Expansion of Diagnostic Testing is essential because it helps identify people who have SARS-CoV-2 (the virus that causes COVID-19), ensures those persons receive appropriate care, protects vulnerable populations, contains the spread of COVID-19 through case investigation and contact tracing, facilitates better understanding of the spread of the disease in the City, and ultimately prevents serious illness and death. As of the effective date and time of this Order set forth in Section 14 below, each Healthcare Facility as defined in Section 10, is required to follow the provisions of this Order. In addition, other providers of healthcare are directed to utilize the testing prioritization criteria described in Sections 2 and 4 below, subject to their professional clinical judgment, when collecting samples for or ordering Diagnostic Testing.
2. Testing Advisory: Priorities for COVID-19 Testing. Attached as Appendix A to this Order is a document titled "Health Advisory: Priorities for COVID-19 Testing" issued by the City's Department of Public Health ("DPH") and updated on July 21, 2020 (the "Testing Advisory"). The Testing Advisory outlines the priority for



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testing to be used in the City by all providers of healthcare who are authorized by law to order Diagnostic Testing, subject to their professional clinical judgment in each case. The Testing Advisory may be updated from time to time, and this Order automatically incorporates any future changes to the Testing Advisory without the need to update this Order. For that reason, each healthcare provider that is subject to this Order is directed to periodically check for updates to the Testing Advisory. The Testing Advisory is available online at <https://www.sfchcp.org/testingadvisory>.

3. **Testing Requirements for Healthcare Facilities.** Each Healthcare Facility in the City **must** provide Diagnostic Testing to each of the following categories of patients who seek care—whether in-person or by remote methods such as telephone, video encounter, or electronic message—through the Healthcare Facility:
  - (a) Any Symptomatic Person, as defined in Section 10 below, regardless of age, hospitalization status, comorbidities, or other risk factors for COVID-19 (this category corresponds to the first bulleted item under **Tier 1** and the first bulleted item under **Tier 2** of the attached Testing Advisory);
  - (b) Any person who is referred to their provider for Diagnostic Testing by DPH—such as in relation to an outbreak (this category corresponds to the second bullet under **Tier 1** of the Testing Advisory); and
  - (c) Any person who is considered a close contact to a confirmed case of COVID-19 or SARS-CoV-2 infection—“close contact” is defined in the guidance available online at [www.sfchcp.org/Home-Isolation-Quarantine-Guidelines](http://www.sfchcp.org/Home-Isolation-Quarantine-Guidelines) (this category corresponds to the third bulleted item under **Tier 1** of the Testing Advisory).
4. **High-Priority Testing Recommendations for Healthcare Facilities and Other Healthcare Providers.** Separate from any testing required by Section 3 of this Order, each Healthcare Facility in the City and all providers of healthcare in the City who are authorized by law to order Diagnostic Testing are strongly encouraged, upon patient request, to provide or order Diagnostic Testing utilizing the testing prioritization outlined in the Testing Advisory. Each such provider of healthcare should order or provide Diagnostic Testing whenever capacity allows and take all reasonable steps to obtain necessary testing-related supplies such as swabs. This Order does not require any individual healthcare provider that is not part of a Healthcare Facility to collect specimens for Diagnostic Testing.
5. **Testing Timeframes.** For any patient described in Section 3 above, the Healthcare Facility that is providing care to the patient must provide the Diagnostic Testing either on the same day the patient presents for care or the following calendar day. In the event a patient described in Section 3 presents for care via telehealth or other remote methods, the Healthcare Facility must conduct or otherwise cause to be provided a Diagnostic Test no later than the end of the calendar day following the remote visit.



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The Healthcare Facility providing Diagnostic Testing under this Section 5 must make all reasonable efforts to conduct the testing within the listed timeframe, and if the context is such that routine testing of patients who are symptomatic, or are close contacts, cannot be completed within this timeframe, the Healthcare Facility, but not each individual provider, must within 48 hours notify the Health Officer via email through DPH (include "Health Officer Order No. C19-15" in the subject) of the reasons for the delays in testing and what steps it has taken to resolve the delays.

6. **Compliance With Reimbursement Rules and Restrictions.** Where applicable, Healthcare Facilities should seek payment from patients' group health plans or health insurance issuers for any fees, costs, or charges incurred in ordering or completing Diagnostic Testing under this Order. Healthcare Facilities must comply with all state and federal laws and regulations regarding reimbursement for testing, including any laws or regulations prohibiting patients from being billed for fees, costs, or charges related to Diagnostic Testing.
7. **Patient Notification Requirements.** Healthcare Facilities must publicize information to patients through their standard communication channels and methods as to how patients can access Diagnostic Testing. Healthcare Facilities that have a public- or patient-facing website or other information portal must post information on that website or through that portal about how patients can access Diagnostic Testing from the Healthcare Facility. Each Healthcare Facility should also, when feasible, conspicuously post a notice detailing for patients the criteria to qualify for Diagnostic Testing in areas visible to all patients, such as in patient waiting areas and exam or treatment rooms, in order to ensure that patients understand when they are eligible for Diagnostic Testing.

Healthcare Facilities must also provide patients receiving Diagnostic Testing with information regarding best isolation or quarantine practices at the point and time of testing to ensure symptomatic individuals isolate until clinical interpretation of diagnostic results rules out COVID-19 and to ensure close contacts quarantine for 14 days regardless of diagnostic result. Information that may be used for this purpose, including a description of exceptions to this 14 day quarantine requirement and translated versions of the information, is available online at [www.sfcdep.org/i&q](http://www.sfcdep.org/i&q).

All other providers of healthcare in the City are strongly encouraged to follow these patient notification requirements in relation to Diagnostic Testing of patients.

8. **No Limitation on Testing.** Nothing in this Order prohibits a Healthcare Facility from also offering Diagnostic Testing to other categories of persons at its own discretion. Healthcare Facilities are strongly urged to expand Diagnostic Testing to the greatest extent possible and to implement the recommendations and guidance from DPH regarding broader testing of individuals for COVID-19 listed in the attached Testing Advisory.



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9. **Compliance With Reporting Requirements.** Healthcare Facilities in the City must, as applicable, continue to comply with the reporting requirements regarding testing results set forth in Health Officer Order No. C19-10 or any subsequent Health Officer order, as well as any additional reporting required or requested by the Health Officer and any reporting required by state and federal law. The Health Officer Orders are available online at [www.sfdph.org/healthorders](http://www.sfdph.org/healthorders).
10. **Definitions:** For the purposes of this Order, the following initially capitalized terms have the meanings given below:
- (a) **“Diagnostic Testing”** means the use of Polymerase Chain Reaction (PCR) testing to detect the presence of SARS-CoV-2, the virus that causes COVID-19, with the primary purpose of individualized diagnosis or treatment.
  - (b) **“Healthcare Facility”** means any facility located in the City that provides healthcare and that is any of the following:
    - i. An acute care hospital, including but not limited to an emergency room, any inpatient units, and any on-site ambulatory care clinics;
    - ii. A clinic, office, or urgent care facility that is owned, directly or indirectly, by any entity (non-profit, religious, governmental, for-profit, or otherwise) that also owns and operates an acute care hospital, regardless of where that acute care hospital is located;
    - iii. Part of a practice or “medical group” of affiliated physicians and other healthcare providers where the overall group has at least 100 licensed healthcare providers (such as doctors, registered nurses, physicians assistants, or others), regardless of where those healthcare providers are located; or
    - iv. A clinic, office, or urgent care facility that provides healthcare and meets all of the following criteria: (A) it has staff trained to administer diagnostic tests to patients; (B) it administers Diagnostic Testing for SARS-CoV-2 to its patients or members of the public using tests authorized by the United States Food and Drug Administration for that purpose; and (C) it has its own lab with a certificate issued under the Clinical Laboratory Improvement Amendments (CLIA) allowing it to process samples collected for Diagnostic Testing.
  - (c) **“COVID-19 Symptom”** means a symptom consistent with SARS-CoV-2 infection, as listed in the first bullet point under Tier 2 of the Testing Advisory, including as that document is updated by DPH in the future. At the time this Order is issued, that list includes for individuals 18 years or



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older any of the following symptoms which is not explained by another condition or diagnosis: temperature greater than 100.4F (38.0C); cough; sore throat; shortness of breath; chills; headache; body aches; fatigue; loss of smell or taste; diarrhea; runny nose; nasal congestion; or other symptoms if there is associated clinical concern for COVID-19. For those younger than 18 years, “COVID-19 Symptom” means any of the following symptoms which is not explained by another condition or diagnosis: temperature greater than 100.4F (38.0C); chills; cough; shortness of breath or trouble breathing; loss of smell or taste; or other symptoms if there is associated clinical concern for COVID-19.

(d) “Symptomatic Person” means any individual, regardless of age, who has any COVID-19 Symptom.

**11. Continuing Severe Health and Safety Risk Posed by COVID-19.** This Order is issued based on the need for increased testing to detect COVID-19 and SARS-CoV-2 infections within the City. Due to the outbreak of the COVID-19 virus in the general public, which is now a pandemic according to the World Health Organization, there is a public health emergency throughout the City. Adequate Diagnostic Testing is essential to detect both symptomatic and asymptomatic transmission of the virus, provide appropriate treatment for infected patients, be able to identify cases and isolate them, identify contacts of cases and quarantine them, thereby slow virus transmission as much as possible in order to protect the most vulnerable, prevent infections and serious illness and death, and prevent the healthcare system from being overwhelmed. Diagnostic Testing is also an essential tool in the City’s mitigation efforts in order to understand the prevalence and spread of the disease in the City. One proven way to slow transmission is to identify sources of infection and isolate or quarantine close contacts of those sources before further outbreak occurs. Conducting broader testing provides greater opportunity to react to positive cases quickly enough to stop uncontrollable transmission. Broad testing also increases the availability of invaluable data used to better understand and combat COVID-19 and the virus that causes it.

**12. Cases, Hospitalizations, and Deaths.** As of July 20, 2020, there are 5,363 confirmed cases of COVID-19 in the City (up from 37 on March 16, 2020, the day before the first shelter-in-place order in the City went into effect) as well as at least 53 deaths (up from 1 death on March 17, 2020). This information, as well as information regarding hospitalizations and hospital capacity, is regularly updated on the San Francisco Department of Public Health’s website at <https://data.sfgov.org/stories/s/fjki-2fab>.

**13. Incorporation of State and Local Emergency Proclamations and State Health Orders.**

(a) **State and Local Emergency Proclamations.** This Order is issued in accordance with, and incorporates by reference, the March 4, 2020



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**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 California Department of Public Health, as each of them have been and may be supplemented.**

- (b) State Health Orders. This Order is also issued in light of the March 19, 2020 Order of the State Public Health Officer (the “State Shelter Order”), which set baseline statewide restrictions on non-residential Business activities, effective until further notice, the Governor’s March 19, 2020 Executive Order N-33-20 directing California residents to follow the State Shelter Order, and the July 13, 2020 Order of the State Public Health Officer. The May 4, 2020 Executive Order issued by Governor Newsom and May 7, 2020 Order of the State Public Health Officer permit certain Businesses to reopen if a local health officer believes the conditions in that jurisdictions warrant it, but expressly acknowledge the authority of local health officers to establish and implement public health measures within their respective jurisdictions that are more restrictive than those implemented by the State Public Health Officer. Also on June 18, 2020 the State Department of Public Health issued guidance for the use of face coverings, requiring all people in the State to wear face coverings in certain high risk situations, subject to limited exceptions.**
- 14. Effective Date. This Order becomes effective at 11:59 p.m. on July 22, 2020, and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer. But each Healthcare Facility has until 11:59 p.m. on July 29, 2020, to comply with the patient notification requirements listed in Section 7 above.**
- 15. Copies. The City must promptly provide copies of this Order as follows: (1) by posting on the Department of Public Health website at [www.sfdph.org/healthorders](http://www.sfdph.org/healthorders); (2) by posting at City Hall, located at 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102; and (3) by providing to any member of the public requesting a copy. In addition, the owner, manager, or operator of any facility, business, or entity that is likely to be impacted by this Order is strongly encouraged to post a copy of this Order onsite and must provide a copy to any member of the public asking for a copy.**
- 16. Severability. 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**





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Order are severable.

**17. Interpretation.** All provisions of this Order must be interpreted to effectuate the intent of this Order as described in Section 1 above. The summary at the beginning of this Order as well as the headings and subheadings of sections contained in this Order are for convenience only and may not be used to interpret this Order; in the event of any inconsistency between the summary, headings, or subheadings and the text of this Order, the text will control. Certain initially capitalized terms used in this Order have the meanings given them in Section 10 above.

**IT IS SO ORDERED:**

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

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

Date: July 21, 2020



# Appendix A

## Health Advisory:

### Priorities for COVID-19 Diagnostic Testing

July 21, 2020

#### HIGHLIGHTED CHANGES FROM ORIGINAL HEALTH ADVISORY POSTED JULY 17, 2020:

- Specified COVID-19 symptoms for pediatric and adult patients.

#### SITUATIONAL UPDATE:

- COVID-19 testing capacity has expanded over the past several months and we have learned much about which populations and communities it impacts disproportionately.
- San Francisco is experiencing an alarming increase in COVID-19 transmission and must align its testing and mitigation measures to support populations at highest risk of COVID-19 morbidity and mortality.
- On July 14, CDPH issued [updated COVID-19 testing guidance](#) to support public health officials, health care providers, and laboratories in determining who should be tested given the current context of the COVID-19 pandemic in California.
- SFDPH has adopted CDPH's 4-tier testing prioritization; *SFDPH additions or clarifications are noted in italics*. Notably, SFDPH added an entire category of at-risk populations that should be prioritized for asymptomatic testing given structural barriers to health – Category 2A below.
- This SFDPH testing prioritization is incorporated into a July 21 Health Officer order; see [www.sfdph.org/healthorders](http://www.sfdph.org/healthorders). The order **requires** healthcare providers in San Francisco to test:
  - Everyone in Tier 1
  - All other individuals with COVID-19 symptoms (the first bullet of Tier 2).

#### PRIORITIES FOR COVID-19 DIAGNOSTIC TESTING:

##### Tier 1 Priority

- Hospitalized individuals with COVID-19 symptoms.
- Investigation and management of outbreaks, under direction of state and local public health departments (includes contact tracing).
- Close contacts of confirmed cases.



## Tier 2 Priority

- All other individuals with COVID-19 symptoms.
  - *For individuals age 18 or greater, COVID-19 symptoms include any one or more of the following symptoms which is not explained by another condition or diagnosis: temperature greater than 100.4F (38.0C), cough, sore throat, shortness of breath, chills, headache, body aches, fatigue, loss of smell or taste, diarrhea, runny nose, nasal congestion, or other symptoms if there is associated clinical concern for COVID-19.*
  - *For individuals younger than 18 years old, COVID-19 symptoms include any one or more of the following symptoms which is not explained by another condition or diagnosis: temperature greater than 100.4F (38.0C); chills; cough; shortness of breath or trouble breathing; loss of smell or taste; or other symptoms if there is associated clinical concern for COVID-19.*
- Individuals who are asymptomatic (having no symptoms of COVID-19), who fall into one of the following categories:
  1. Live in higher risk congregate care facilities including skilled nursing facilities, residential care facilities for the elderly *or disabled*, correctional facilities, homeless shelters, *or other types of congregate residential care/treatment facilities.*
  2. Work in the health care sector who have frequent interactions with the public or with people who may have COVID-19 or have been exposed to SARS-CoV-2. The health care sector includes: hospitals; skilled nursing facilities; long-term care facilities; ambulatory surgery centers; health care providers' offices; health care clinics; pharmacies; blood banks; dialysis centers; hospices; and, home health providers.
  3. Work in a congregate care facility, including shelters for people experience homelessness, residential care facilities for the elderly *or disabled*, *or other types of congregate residential care/treatment facilities.*
  4. Provide care to an elderly person or a person with a disability in the home, including a person providing care through California's In-Home Supportive Services Program.
  5. Work in the emergency services sector who have frequent interactions with the public or with people who may have COVID-19 or have been exposed to SARS-CoV-2. The emergency services sector includes police and public safety departments, fire departments, ambulances, and emergency service response operations.
  6. Work in a correctional facility.
  7. Patients requiring pre-operative, pre-hospital admission, *or pre-high-risk procedure (e.g., dental care)* screening.
  8. Patients being discharged from hospitals to lower levels of care.



## Tier 2A Priority

[Tier 2A represents populations with structural barriers to health; priority falls between Tier 2 and Tier 3; see <https://sfdcpc.org/structurallyvulnerable> for more information]

- *People experiencing conditions that facilitate the spread of infection and may be at higher risk of developing COVID-19.*
  - *People Living in High Density Situations*
    - *Other congregate living settings not mentioned above such as single room occupancy (SRO) hotels*
    - *Low-income housing*
    - *Multi-generational households where isolation is difficult*
    - *Racially segregated and/or densely populated neighborhoods*
  - *People with High-Risk Economic/Work Conditions*
    - *People without paid sick leave and/or health insurance*
    - *Sex workers*
    - *People with low income who must go out in public for resources frequently*
- *People experiencing marginalization, systemic inequity, and health inequities that increase their risk for severe illness and death from COVID-19:*
  - *Racial and ethnic minority groups (see: [www.cdc.gov/coronavirus/2019-ncov/need-extraprecautions/racial-ethnic-minorities.html](http://www.cdc.gov/coronavirus/2019-ncov/need-extraprecautions/racial-ethnic-minorities.html)):*
    - *Black/African American Community*
    - *Latina/o/x Community*
    - *Native Americans/Indigenous Community*
    - *Pacific Islander Community*
  - *Immigrant and undocumented people*
  - *People with disabilities*
  - *People with developmental and behavioral disorders*
  - *People experiencing homelessness*
  - *People who use drugs or have substance use disorder*

## Tier 3 Priority

- Asymptomatic workers who:
  - Work in the retail or manufacturing sectors who have frequent interactions with the public or who work in an environment where it is not practical to maintain at least six feet of space from other workers on a consistent basis (*e.g., construction, retail cashiers, gas station attendants, laundromat service providers*).
  - Work in the food services sector who have frequent interactions with the public. The food services sector includes grocery stores, convenience stores, restaurants, and grocery or meal delivery services.
  - Work in the agricultural or food manufacturing sector who have frequent interactions with the public or who work in an environment where it is not practical to maintain at least six feet of space from other workers on a consistent basis. The agricultural or food manufacturing sector includes food production and processing facilities, slaughter facilities, harvesting sites or facilities, and food packing facilities.



- Work in the public transportation sector who have frequent interactions with the public. The public transportation sector includes public transit, passenger rail service, passenger ferry service, public airports, and commercial airlines.
- Work in the education sector who have frequent in-person interactions with students or the public. The education sector includes public and private childcare establishments; public and private pre-kindergarten programs; primary and secondary schools; *vocational schools*; and public and private colleges and universities.

#### **Tier 4 Priority**

- Tier Four would be implemented when the *City's testing turnaround time, as monitored by SFDPH*, is less than 48 hours.
- Other individuals not specified above including: those who are asymptomatic but believe they have a risk for being actively infected, as well as routine testing by employers.

#### **COUNSELING ABOUT PROPER USE OF TEST**

Please ensure those getting diagnostic testing for COVID-19 understand that:

- A negative diagnostic test only means that virus was not detectable at the time of testing (assuming it was a true negative test); and that
- At any time after that point of testing, they could develop or progress to COVID-19 infection that can be transmitted to others; and that
- They should therefore continue to adhere to social distancing practices with people outside their household.

#### **REMINDER TO ADDRESS THE SPREAD OF COVID-19**

Testing is only one tool for preventing the spread of COVID-19. Given the alarming increase in COVID-19 transmission in San Francisco, please emphasize the following important messages to all your patients:

- Stay home to the extent possible while caring for your mental and physical health. See more at [www.sfcdcp.org/safersocial](http://www.sfcdcp.org/safersocial).
- If you leave your home:
  - Avoid gathering with people outside your household.
  - If you must gather with people outside of your household, avoid being indoors. Outdoor interactions are much safer.
  - Keep your social circles small and stable.
  - Cover your face (both mouth and nose) with a bandana, scarf, cloth, or mask.
  - Keep 6 feet between you and people outside your household at all times.



## **ADDITIONAL RESOURCES**

Health advisories and alerts are posted at [www.sfgdp.org/health-alerts-emergencies/health-alerts/](http://www.sfgdp.org/health-alerts-emergencies/health-alerts/).

See [www.sfgdp.org/covid19hcp](http://www.sfgdp.org/covid19hcp) for additional COVID-19 information and guidance for San Francisco health care providers.