



ORDER OF THE HEALTH OFFICER No. C19-16

**ORDER OF THE HEALTH OFFICER
OF THE CITY AND COUNTY OF SAN FRANCISCO REQUIRING HOSPITALS IN
THE CITY AND COUNTY OF SAN FRANCISCO TO PROVIDE PATIENT DATA FOR
INPATIENTS WITH SARS-COV-2 INFECTIONS FOR THE PURPOSE OF PUBLIC
HEALTH PREVENTION AND RESPONSE EFFORTS**

(PUBLIC HEALTH EMERGENCY ORDER)

DATE OF ORDER: December 11, 2020

The State of California and San Francisco are currently experiencing a rapid and significant surge in COVID-19 cases. This Order is based in large part and incorporates by reference the underlying facts that support the suspensions, reductions in capacity limits, and other restrictions contained in the Regional Stay At Home Order issued by the California Department of Public Health on December 3, 2020 and the related San Francisco Health Officer Order No. C19-07q issued on December 9, 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 recorded its first reported case of COVID-19. 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. Since that time, we have come to learn that the virus can be transmitted in the air through aerosols and that the risk of such airborne transmission is generally higher indoors. Also, while treatments for the disease are improving and vaccines are on the horizon, treatments remain limited and a vaccine will not likely be widely available until sometime in 2021. The vast majority of the population remains susceptible to infection until that time, and local conditions are rapidly worsening associated with the current surge and the yet-to-be experienced surge from the Thanksgiving holiday.

Indeed, back in July 2020 the City and the region experienced a second surge in infections and hospitalization and took appropriate steps to respond, including pausing the reopening process. Along with all the other counties in the Bay Area, the City was placed on the State monitoring list and temporarily suspended certain additional business activities as required by the State Health Officer. Over the following month, with the collective efforts of businesses and residents, the City was able again to reduce its virus transmission rate and resume re-opening some businesses and other activities.



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Along with most of the rest of the country and State, the City is in the midst of a third surge of the virus. Based on increased case rates, on November 17, 2020, the State reassigned the City to the most restrictive (purple) tier of its framework for assessing risk in each county. The City's case rates and hospitalizations have continued to increase and are now higher than they were at the peak of the second (July) surge, causing an additional emergency. Local COVID-19 cases have quadrupled during the last month. San Francisco is currently averaging 231 new COVID-19 positive cases per day compared to the 34 per day that it averaged in late October. Moreover, the City currently has approximately 1,600 COVID-19 cases diagnosed per week and hospitalizations have tripled over the last month. Given the recent Thanksgiving holiday, it is expected that the City—along with the rest of the nation—will see a “surge upon surge,” further reducing the capacity of acute and intensive care unit (“ICU”) beds in the City and the region and potentially overwhelming capacity absent further health interventions. As a result, the City's hospital capacity will be under considerable stress. At its current rate of COVID hospitalizations, the City is projected to run out of hospital beds by December 30, 2020. Unlike in previous surges, the rest of the State's hospital capacity is strained and reaching patient limits and it is unlikely there will be additional hospital capacity in other counties if San Francisco's is compromised. In fact, it is likely other regions, which are approaching or already at capacity, will seek to transfer patients to the City.

On December 3, 2020, the State issued a new Regional Stay-at-Home Order in an effort to slow the spread of COVID-19 and avoid overwhelming the State's hospitals. The December 3 order places each of the State's counties into one of five regions, with San Francisco included in the “Bay Area” region. Under the new order, once a region's capacity of adult ICU beds reaches a threshold that is less than 15%, the region is subject to shelter-in-place restrictions similar to those enacted by the State in March 2020 during the first surge though not as restrictive in certain limited respects. The State's Regional Stay-at-Home Order remains in effect for at least three weeks and until the State's four-week projections of the region's total available adult ICU bed capacity is greater than or equal to 15%. At least one of the counties in the Bay Area region already has less than 15% of their adult ICU beds available, and the region as a whole is projected to reach that threshold soon. As a result and in an attempt to protect our population and the City's hospital capacity, the Health Officer of the City and County of San Francisco (the “Health Officer”) revised our stay-safer-at-home order to implement all of the requirements of the State's December 3, 2020 Regional Stay-at-Home Order.

We are going to have to live with the threat of the virus for months to come, even after the vaccines start to be administered. In order to protect the City's population, to keep the City's hospitals as open for emergency care as possible, and to be able to keep our schools, businesses, and other activities as accessible as possible, the San Francisco Department of Public Health and its Population Health Division needs access to the best possible information regarding all COVID-19 cases and SARS-CoV-2 infections in City hospitals. Having access to that information, which is possible given the functionality and power of modern hospital electronic health record systems, will allow the San



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Francisco Department of Public Health to better understand where cases are surging, how to best respond to the increasing number of infections, how to best treat those in the City who become seriously ill, and to provide the San Francisco Department of Public Health and City policymakers with the best data for purposes of policy planning and of responding to this pandemic.

For the reasons outlined above, this Order requires that each general acute care hospital in the City immediately work with the San Francisco Department of Public Health in order to establish a system allowing the daily transfer of patient-specific information into the San Francisco Department of Public Health’s confidential COVID-19 Hospital Data Repository System for all COVID-19 and SARS-CoV-2 inpatients. Such data must be provided on a forward-going basis no later than December 23, 2020, with data for all such patients from the start of the pandemic being provided no later than January 6, 2021. The San Francisco Department of Public Health will maintain the confidentiality of this data and only provide aggregate or summary data to policy makers or the public that is de-identified consistent with state and federal privacy laws.

Term. This Order will remain in effect, without a specific expiration date, for so long as the data is needed in relation to the pandemic, and the Order may be extended, rescinded, superseded, or amended in writing by the Health Officer depending on local conditions and health indicators.

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**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE
SECTIONS 1797.153, 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE
CITY AND COUNTY OF SAN FRANCISCO ORDERS:**

1. Purpose and Findings.

a. Purpose. This Order requires each Hospital in the City to share certain patient information via an electronic health record system or health information exchange system interface with a confidential data repository established by the Population Health Division of the San Francisco Department of Public Health (“SFDPH”) for the purposes of collecting and evaluating case-specific information about all hospitalizations for Novel Coronavirus Disease 2019 (“COVID-19”) in the City. COVID-19 continues to pose a severe risk to residents of our City, and significant safety measures are necessary to protect against the continuing surge in COVID-19 cases, serious illnesses, and deaths. Accordingly, this Order requires each Hospital to share information electronically with the CHDR System about each COVID-19 Patient on a daily basis. (Note that initially capitalized terms used in this Order are defined in Section 4 below or elsewhere in this Order.) This information will be used to help SFDPH and the Health Officer respond to the pandemic, to protect communities within San Francisco, and to better understand the course of the disease and efforts to treat it. The Health Officer will continue to monitor data regarding COVID-19 and the evolving scientific understanding of the risks COVID-19 poses and may amend or rescind this Order based on analysis of that data and knowledge.



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- b. Intent. The primary intent of this Order is to facilitate the daily sharing of data by each Hospital in the City with SFDPH via its CHDR System in a confidential and highly useful manner. This information will be used by SFDPH to help the City respond to the current surge in COVID-19 cases for the protection of all, including current inpatients at hospital as well as communities at risk from the pandemic. Much of the data required to be shared by this Order is not available to the Health Officer or SFDPH from any other source.
- c. Interpretation. All provisions of this Order must be interpreted to effectuate the purposes and intents of this Order as described in subsections (a) and (b) 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 of the Order will control. Certain initially capitalized used in this Order have the meanings given them in Section 4 below or elsewhere in the Order. The interpretation of this Order in relation to the health orders of the State is described in Section 5 below.
- d. Effect of Failure to Comply. Failure to comply with any of the provisions of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, is a misdemeanor under State and local laws, and is punishable by fine, imprisonment, or both, as further provided in Section 7 below. The failure to comply each day in relation to each patient covered by this Order is a separate violation and subject to separate enforcement as outlined in this Order.
- e. Continuing Severe Health and Safety Risk Posed by COVID-19. This Order is issued based on evidence of continued significant community transmission of COVID-19 within the City and throughout the Bay Area; continued uncertainty regarding the degree of undetected asymptomatic transmission; scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically; evidence that the age, condition, and health of a significant portion of the population of the City places it at risk for serious health complications, including death, from COVID-19; and further evidence that others, including younger and otherwise healthy people, are also at risk for serious outcomes including death. Due to the outbreak of COVID-19 in the general public, which is a pandemic according to the World Health Organization, there is a public health emergency throughout the City, region, State, and nation. That immediate threat to public health and safety is also reflected in the continuing declarations of emergency referenced in Section 5.a below. This situation has become a larger emergency due to the current surge in positive cases and in hospitalizations in the City, the Bay Area, the State, and the nation, which is at the brink of overwhelming hospital capacity in the City and has done so elsewhere in the State.



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- f. Local Health Conditions Relating to COVID-19. The efforts taken beginning in March 2020 under the shelter-in-place orders of the Health Officer, along with those of health officers of five neighboring counties, slowed the virus's trajectory. While the public health emergency and threat to the City's population remain severe, the region has significantly increased its capacity to detect cases, contain spread, and treat infected patients through widespread testing; greatly expanded its case investigation and contact tracing program and workforce; and expanded hospital resources and capacity. At the same time, across the region and the rest of the State, there has been a significant reopening of Businesses and activities, accompanied by an increase in cases and hospitalizations, and these increases create risks to City residents and resources. And the City, Bay Area, State, and nation have entered a third surge in infections and hospitalizations, one that is already having significant local impacts and that has already resulted in unprecedented surges in cases and hospitalizations across the State and nation. As we continue to evolve our strategies for protecting residents of the City from COVID-19, we must consider the trajectory of the virus in the City and across the region, as well as detailed information regarding new infections and hospitalizations and the course of medical care provided to people with the virus in order to determine the best options for treatment and prevention.
- g. Cases, Hospitalizations, and Deaths. As of December 8, 2020, there were 17,878 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 167 deaths (up from a single 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>. Local COVID-19 cases have quadrupled during the last month. San Francisco is currently averaging 231 new COVID-19 positive cases per day compared to the 34 per day that it averaged in late October. Moreover, the City currently has approximately 1,600 COVID-19 cases diagnosed per week and hospitalizations have tripled over the last month. As a result, the City's hospital capacity will be under considerable stress. At its current rate of COVID hospitalizations, the City will run out of hospital beds by December 30, 2020. Unlike in previous surges, the rest of the State's hospital capacity is strained and reaching patient limits and it is unlikely there will be additional hospital capacity in other counties if San Francisco's is compromised. In fact, it is likely the City will face requests from other California jurisdictions to take hospitalized patients because those jurisdictions are reaching or have reached capacity, further straining the City's hospital resources.
- h. Legal Authority for Disclosure. State law allows the Health Officer to order hospitals to share this data. *See, e.g.*, Cal. Health & Safety Code § 120175 (the Health Officer has authority to take any necessary measures to prevent the spread of disease or occurrence of additional cases), § 101085(a)(3) (after declaration of a local health emergency, which has occurred here, the Health Officer is authorized to sample, analyze, or otherwise determine the identifying and other technical information



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relating to the health emergency as necessary to respond to or abate the local health emergency and protect the public health), § 101095 (failure to provide such information is a misdemeanor); *see also* 17 C.C.R. § 2501 (the Health Officer has authority to take whatever steps are deemed necessary for the investigation and control of the disease). Both the Health Insurance Portability and Accountability Act of 1996 and associated regulations (“HIPAA”) and the state analog of HIPAA, the Confidentiality of Medical Information Act (“CMIA”), expressly authorize disclosure of this information to the Health Officer when required by the state laws listed above. *See* 45 C.F.R. § 164.512(a) (disclosure is allowed under HIPAA as required by law), § 164.512(b) (disclosure is allowed under HIPAA for public health activities, including but not limited to, “preventing or controlling disease,” “the conduct of public health surveillance, public health investigations, and public health interventions,” and “at the direction of a public health authority”); Cal. Civil Code § 56.10(b)(9) (disclosure is allowed under CMIA when required by law), § 56.10(c)(18) (disclosure is allowed under CMIA “to a local health department for the purpose of preventing or controlling disease ... including, but not limited to, the reporting of disease ... and the conduct of public health surveillance, public health investigations, and public health interventions”); *see also* 17 C.C.R. § 2500(b) (each health care provider must report to the local health officer certain information regarding infectious diseases including COVID-19). This information is not being provided to SFDPH for the purpose of patient care but is rather being shared for other public health purposes. Any hospital that needs information about a patient is allowed under HIPAA and CMIA to obtain relevant information from any transferring facility or other medical provider.

2. General Reporting Requirements for Hospitals.

- a. Electronic Data Transfer and Coordination. Beginning on the Effective Date listed in Section 8 below, each Hospital must begin efforts, if it has not already, to work with SFDPH to establish an Electronic Data Transfer between its electronic health record system and the CHDR System. Each Hospital must work with SFDPH regarding the requirements for such Electronic Data Transfer, including testing and quality control to ensure that data provided by the Hospital is accurate and usable by the CHDR System. Further, so long as this Order is in effect, each Hospital must take all efforts required by SFDPH, as the designee of the Health Officer, to ensure that the Hospital’s COVID-19 Patient Reportable Data is provided in a manner that is acceptable to SFDPH.
- b. COVID-19 Patient Data Reporting. Beginning no later than the Reporting Start Date listed in Section 8 below, each Hospital must use its Electronic Data Transfer to transmit all required COVID-19 Patient Reportable Data for patients it has cared for that day or the prior day into the CHDR System, providing updated information no less frequently than once a day. The Hospital must ensure that its reporting cycle is such that all COVID-19 Patient Reportable Data is transferred into the CHDR System on an ongoing basis, not missing any daily data on a specific patient once the Hospital



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has started reporting. The data must include all information required by SFDPH related to that COVID-19 Patient's admission, including data prior to the time of confirmation of SARS-CoV-2 infection for that admission or pre-admission clinical data, including if required data related to Emergency Department or other pre-admission information related to that round of illness or medical emergency.

In addition, no later than two weeks after the Reporting Start Date (by January 6, 2021), each Hospital must also provide via Electronic Data Transfer all required COVID-19 Patient Reportable Data for patients it has cared for between March 1, 2020, and the Reporting Start Date. A Hospital may receive written agreement of the Health Officer's designee to provide this historic data in batches, on a later date, or otherwise.

- c. Technical or Other Challenges. Each Hospital must immediately, within 24 hours, notify the Health Officer's designee in writing of any problems that result in its inability after the Reporting Start Date to provide Reportable Data, such as due to a system malfunction, problem with its Electronic Data Transfer, or scheduled downtime of its electronic medical record system. Any such notice must include an explanation of the issue, a description of the efforts the Hospital is undertaking to resolve the issue, the timeline for resumption of data reporting, and any other relevant information. Such failure to report data under this Order does not excuse non-compliance with this Order unless the Health Officer's designee notifies the Hospital in writing of a temporary exemption from required compliance. Failure to provide data remains a violation of this Order unless so excused.

3. Confidentiality and Handling of Data.

All Reportable Data provided by a Hospital under this Order is highly sensitive because it contains detailed information about a COVID-19 Patient, including personally identifying information, information about the patient's health conditions and health care (not just related to COVID-19), and other information that is subject to state and federal privacy protections. For this reason, all Reportable Data that is stored in the CHDR System is strictly confidential, is not subject to disclosure to third parties except pursuant to a Court order or as otherwise allowed by applicable privacy laws, must be maintained by the Population Health Division in a manner that ensures its confidentiality, and may only be used for the purposes outlined in this Order.

Data from the CHDR System may be used by the San Francisco Department of Public Health, including by the Health Officer and the Population Health Division, in analyzing trends, conducting research, and reporting to City leaders and the public regarding the progress of the pandemic and efforts to treat and prevent COVID-19. To the extent that any data from the CHDR System is shared with City leaders or the public, it must first be de-identified consistent with state and federal privacy laws in order to protect the privacy of COVID-19 Patients. Nothing in this Order requires that the San Francisco Department of Public Health, including the Health Officer and the Population Health Division, compile or disclose any information from the CHDR System in any specific format or



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manner.

These confidentiality requirements remain in place for as long as the Reportable Data is maintained in the CHDR System, even beyond the end date of this Order and any revisions to this Order.

4. Definitions.

For purposes of this Order, the following initially capitalized terms have the meanings given below.

- a. CHDR System. "CHDR System," or the COVID-19 Hospital Data Repository System, means the electronic health record information system that the SFDPH has established to receive confidential COVID-19 Patient Reportable Data. SFDPH is solely responsible for the establishment and maintenance of the CHDR System.
b. Hospital. "Hospital" means a general acute care hospital located in the City, including all of its emergency rooms, emergency departments, psychiatric emergency departments, and in-patient units (including but not limited to medical-surgical, intensive care, neonatal intensive care, geriatric, acute psychiatric, acute adolescent psychiatric, palliative care/hospice, and other inpatient units on the same campus). For purposes of this Order, each of the following facilities is a Hospital:

Table with 3 columns: Facility Name, Street Address, ZIP. It lists 10 hospitals including California Pacific Medical Center (Davies, Mission Bernal, Van Ness), Chinese Hospital, Kaiser Foundation Hospital, Kentfield Hospital, Laguna Honda Hospital, Priscilla Chan And Mark Zuckerberg San Francisco General Hospital, Saint Francis Memorial Hospital, and St. Mary's Medical Center.



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11. UCSF Medical Center	505 Parnassus Ave.	94143
12. UCSF Medical Center at Mission Bay	1975 4th Street	94158
13. UCSF Medical Center at Mount Zion	1600 Divisadero St	94115

To the extent that the San Francisco VA Health Care System (“VAMC San Francisco”), located at 4150 Clement Street, San Francisco, CA 94121, provides general acute care hospital-type inpatient or emergency care, this Order strongly encourages the VAMC San Francisco to include itself in the definition of Hospital and comply with this Order’s requirements.

- c. *COVID-19 Patient.* “COVID-19 Patient” means any person who receives care at a Hospital in the City where there is a confirmed active/current infection by SARS-CoV-2, the virus that causes COVID-19, and where the patient is admitted to the Hospital. This term includes patients who are asymptomatic or have mild symptoms and have not received a formal COVID-19 diagnosis but are admitted for other reasons so long as they have a confirmed SARS-CoV-2 infection, and it includes already-admitted patients who subsequently are found to have the SARS-CoV-2 virus. This term therefore includes a patient who prior to admission received care in a Hospital’s emergency room, emergency department, or psychiatric emergency service or who received inpatient care prior to confirmation of SARS-CoV-2 infection.
- d. *Reportable Data.* “Reportable Data” means the data fields and data elements designated in writing by the SFDPH. The data fields and data elements are subject to change over time, and each Hospital must provide the data fields and data elements designated by the SFDPH in the manner designated by the SFDPH. SFDPH will designate information about the name/title of each data element, the type of data (for example, date, number, or string), the allowed values (if any), and other information, and all Reportable Data must be reported in the described format.
- e. *Electronic Data Transfer.* “Electronic Data Transfer” means an interface or system designed by a Hospital in coordination with SFDPH to allow a Hospital’s electronic health record to transfer data into the CHDR System. Such an interface or system might involve a direct system-to-system interface (such as when a Hospital uses the same vendor that the SFDPH is using for its CHDR System) or an intermediary system such as a health information exchange. Each Hospital is responsible for establishing and maintaining its own Electronic Data Transfer.

5. 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 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,



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- 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, August 28, 2020, November 19, 2020, and December 3, 2020 Orders 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. The December 3, 2020 Order of the State Public Health Officer acknowledges the current surge and imposes restrictions on many activities in an effort to help stop that surge. Also on November 16, 2020 the State Department of Public Health issued updated guidance for the use of Face Coverings, requiring all people in the State to wear Face Coverings when outside the home, subject to limited exceptions, due to the increasing surge in cases.
- c. Health Officer Orders and Directives. This Order is also issued in light of and in conjunction with other orders and directives issued by the Health Officer as they relate to the pandemic and the City’s response to the pandemic. Those orders and directives show the seriousness of the issue and the many efforts that the City, including but not limited to the SFDPH, have taken to address the spread of COVID-19 within the City. Given the importance of this Order and the information that is to be obtained through the CHDR System—including the potential applicability of the obtained information to many or all of those other orders and directives—this Order incorporates by reference and is supported in part on each of the other orders and directives issued by the Health Officer to this point, including as each of them may be updated in the future. That includes, without limitation, each of the following in relation to this Order:
- i. Order No. C19-01c (restricting visitors at Laguna Honda Hospital and Zuckerberg San Francisco General Hospital Skilled Nursing Facility units);
 - ii. Order No. C19-03c (restricting visitors at other Skilled Nursing Facilities in the City);
 - iii. Order No. C19-06 (restricting visitors at General Acute Care Hospitals in the City);
 - iv. Order No. C19-07p (imposing new restrictions on activities outside the home for all people in the City in order to protect all during the pandemic);



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- v. Order No. C19-08b (imposing restrictions on elective surgeries and other routine medical care in the City);
- vi. Order No. C19-09b (restricting visitors at certain congregate living facilities);
- vii. Order No. C19-10 (imposing requirements on the reporting of COVID-19 testing in the City);
- viii. Order No. C19-11 (placing Laguna Honda Hospital Skilled Nursing Facility under a protective quarantine);
- ix. Order No. C19-12c (imposing on all people in the City a requirement to wear a face covering);
- x. Order No. C19-13 (requiring Skilled Nursing Facilities in the City to follow SFDPH requirements regarding testing of residents and staff);
- xi. Order No. C19-14 (requiring testing of all deceased people in the City for the presences of the SARS-CoV-2 virus);
- xii. Order No. C19-15c (requiring hospitals, hospital systems, large provider groups, and others to conduct testing of certain people for the SARS-CoV-2 virus);
- xiii. Directive Nos. 2020-02c and 2020-03c (isolation and quarantine directives);
- xiv. Directive No. 2020-08b (restricting elective surgeries by hospitals and other surgery centers);
- xv. Directive No. 2020-09c (regulating care provided by dentists and dental providers);
- xvi. Directive No. 2020-20c (regulating health care provided in ambulatory/outpatient settings); and
- xvii. Directive No. 2020-33b (requiring testing of school personnel and others).

6. Obligation to Follow Stricter Requirements of Orders.

This Order adopts reporting requirements that go beyond those required by the California Department of Public Health and State rules regarding reporting for infectious diseases. Without the benefit of the additional information required to be disclosed by this Order, it is likely that the SFDPH, the Health Officer, and the City will be less able to protect the population of the City and prevent additional cases of COVID-19, thus risking worsening of the public health crisis in the City, overtaking available health care resources within the City (including the capacity of each Hospital to treat both COVID-19 and other patients), and increasing the death rate from COVID-19. Where a conflict exists between this Order and any state law or public health order related to the COVID-19 pandemic or infectious diseases, the most restrictive provision (i.e., the more protective of public health) controls. Consistent with California Health and Safety Code section 131080 and the Health Officer Practice Guide for Communicable Disease Control in California, except where the State Health Officer may issue an order expressly directed at this Order and based on a finding that a provision of this Order constitutes a menace to public



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health, any more restrictive measures in this Order continue to apply and control in the City. Also, to the extent any federal rules or guidelines do not require the reporting required by this Order, this Order controls.

7. Enforcement.

Under Government Code Sections 26602 and 41601 and Health and Safety Code Section 101029, the Health Officer requests that the Sheriff and the Chief of Police in the City ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both. For purposes of this Order, the failure to provide the required information on each day of hospitalization for each patient who is covered by the Order constitutes a separate violation of this Order. SFDPH is separately authorized by Section 597 of the San Francisco Health Code to respond to such public nuisances by issuing Notice(s) of Violation (a separate misdemeanor with each day's continuing offense constituting a separate and distinct violation and convictions punishable by imprisonment in the County Jail not exceeding one year or a fine not exceeding \$1,000 per violation), levying fines, and making related orders until the owner, tenant, or manager submits a written plan to eliminate all violations and SFDPH finds that plan satisfactory. Such Notice(s) of Violation, fines, and orders may be issued based on a written report made by any City employees writing the report within the scope of their duty.

8. Effective Date.

This Order becomes effective at 11:59 p.m. on December 11, 2020, and will continue, including as it is updated from time to time, to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer. Hospitals may begin to provide Reportable Data as soon as their Electronic Data Transfer has been tested and confirmed to work. Each Hospital must provide Reportable Data to the CHDR System through an Electronic Data Transfer no later than December 23, 2020 (the "Reporting Start Date"), except as excused in writing by the Health Officer or the Health Officer's designee.

9. Copies.

The City must promptly provide copies of this Order as follows: (1) by posting on the SFDPH website (www.sfdph.org/healthorders); (2) by posting at City Hall, located at 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102; (3) by ensuring that a representative of each Hospital is provided a copy of this Order electronically or otherwise; and (4) by providing to any member of the public requesting a copy.

10. Severability.

If any provision of this Order or its application to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force



**City and County of
San Francisco**

**Department of Public Health
Order of the Health Officer**

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and effect. To this end, the provisions of this Order are severable.

IT IS SO ORDERED:

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: December 11, 2020