

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

DATE: August 12, 2021

TO: Dr. Stephen Follansbee, President, Members of the Health Service Board

FROM: Abbie Yant, RN, MA Executive Director SFHSS

RE: August 2021 Board Report

SFHSS is Operating in a Virtual Environment and is Closed to the Public

Guidance is pending regarding the resumption of in-person Board and Commission meetings.

COVID-19 Update

As you are aware the COVID-19 pandemic continues to impact our communities. San Francisco Department of Public Health is the lead agency advising us on precautions to take during these months of lower COVID-19 cases and **the vaccine is now readily available**. We encourage all our members to get the vaccine. Recent policy changes require City employees to report their vaccine status and for certain departments employees must be vaccinated. In addition, the new Health Order requires masking while indoors.

<https://sfhss.org/news/covid-19-vaccine>

<https://sf.gov/get-vaccinated-against-covid-19>

[New Vaccine Policy](#)- see attached

[Face Covering Requirements at Work COVID-19 Prevention Policy](#) – see attached

[New Health Order N. C19-07y](#)– see attached

SFHSS staff is 100% compliant with reporting their vaccine status as required. The Health Service Board will continue to hold remote meetings until further in-person policy guidelines are decided.

Rates and Benefits

Supervisor Chan sponsored the Ordinance approving Health Service System plans and contribution rates for the calendar year 2022 at the Finance and Budget Committee on July 14th. On July 20th the Full Board of Supervisors completed the first reading and conducted their second reading on July 27th when the Ordinance was finally passed. Currently, Mayor Breed's office has the Ordinance for the Mayor's final review.

Thank you to Supervisor Chan for introducing and speaking to this legislation at the Finance and Budget Committee.

SFHSS Strategic Plan

The SFHSS Strategic Plan 2020-2022 was approved in October 2018. In November 2019, SFHSS reported to the HSB progress on business initiatives. Following this meeting, SFHSS consulted the Controller's Office Performance Division to refine the quantity and scope of business initiatives and to identify measures that demonstrate our department's progress toward achieving strategic goals and objectives. In March 2021 the HSB was updated regarding the revisions in the Strategic Plan business initiatives as well as our department's ability to manage change in the face of the pandemic.

Because of the significant lead time it takes from planning to implementation, SFHSS is currently, partnering with Aon to develop a new Strategic Plan for plan years 2023-2025 through the following activities:

- Conducting an environmental scan of the latest Strategic Planning models that align with our Mission, Vision, Core Values, and desired implementation approach.
- Engaging and listening to our staff about how to link day-to-day work to measures of organizational excellence in connection with our strategic plan framework.
- *Analyzing existing active and retiree member engagement data from focus groups and surveys to determine whether new data or key touchpoints are needed to inform future contracts, programs, or communications.*
- Elevating Social Determinants of Health (SDOH) and racial equity as important lenses through which we address whole-person health and well-being for our staff and membership in alignment with our core value of inclusivity.
- Collaborating with health plans and the Health Service Board to monitor strategic plan priorities using established metrics as a part of annual reporting.
- Consulting internal and external partnerships to identify educational forums and opportunities like the prior SFHSS Innovation Day Meeting.
- Determine opportunities to seek input and endorsement from the Health Service Board to embed strategic planning in all aspects of governance.

This ongoing strategic planning, implementation, and evaluation process drive our staff to deliver the highest standard of member services including understanding where we are now, where we want to go, and how we will achieve those initiatives. SFHSS will provide a revision of the Strategic Plan to the Health Service Board by the end of the fiscal year 2022.

Racial Equity Action Planning

June 30th marked one year since the San Francisco Office of Racial Equity released the internal Phase I Framework to all city departments, focused on organizational culture, programs, and policies. As a reflection of the learnings that have taken place over the past year, a new committee charter will be developed for the SFHSS Racial Equity Advisory Team. This charter will help to clarify roles, responsibilities, purpose, and expectations for the future.

At the citywide level, several landmark publications have been released related to diversity, equity, and inclusion. These include DHR's annual workforce report, legislation to expand LGBTQ data collection, and an independent review of city workplace policies and procedures authored by Professor William B. Gould, the current Professor of Law Emeritus and the first black professor at Stanford Law School.

The Mayor's Office of Communications also sent out a press release on August 3rd highlighting the launch of the new 'Vax to You' Program in partnership with the San Francisco Department of Public Health (SFDPH). "Our COVID response continues to lead with equity by removing barriers and ensuring everyone has easy access to this life-saving vaccine," said Mayor Breed. The vulnerable populations served include homebound individuals, seniors in residential facilities, and those living in permanent supportive housing, as well as people experiencing homelessness. This equity effort around COVID vaccination complements the annual August observance of the CDC's National Immunization Awareness Month (NIAM).

Resource Links:

- [SF Department of Human Resources: 2020 Annual Workforce Report Phase I](#)
- [May's Office Press Release: San Francisco Launches New 'Vax to You' Program](#)
- [Mayor's Office Introduces Legislation: Expand LGBTQ Data Collection for City Employees and Applicants](#)
- [Mayor's Office Equal Opportunity Press Release: SF Releases Independent Review of City Workplace Policies and Procedures](#)
- [Independent Reviewer Professor William B. Gould's Report on San Francisco for Mayor London Breed](#)
- [CDC National Immunization Awareness Month \(NIAM\)](#)

Follow up from Prior HSB Meetings

Delta Dental - Ongoing Contract Monitoring

SFHSS is meeting weekly with Delta Dental to address the following concerns listed in prior Directors Reports in the areas of 1) Network adequacy, 2) Provider and Member Satisfaction, 3) Smileway Wellness Program, 4) Preventive Services Utilization. SFHSS and Delta will update the HSB quarterly with the next report planned for November 2021.

Sutter Health Lawsuit Update

As previously reported on the status of the Sutter class action lawsuit:

- An agreement was reached to settle the lawsuit in December 2019 with Sutter agreeing to a one-time award of \$575 M.
- SFHSS is an eligible member of the class and submitted a claim in May 2021 to be a member of the settlement.

Since the last HSB meeting, a hearing was held on July 22nd to identify any outstanding issues in the settlement. It was reported that the amount of attorney fees to be awarded as a percentage of the settlement amount remains an unresolved issue. Until resolved, there is no established timeline for the settlement.

Kaiser Permanente Update

Kaiser Permanente notified SFHSS that the Department of Justice is investigating allegations brought forth from whistleblower complaints regarding Medicare Advantage risk adjustment documentation and diagnosis coding practices. Kaiser Permanente disputes the allegations in these complaints and intends to strongly defend against them. They are confident that they have complied with Medicare Advantage program requirements when documenting members' medical conditions and submitting risk adjustment diagnosis data to CMS, as evidenced by consistently strong performance on CMS Risk Adjustment Data Validation (RADV) audits.

Administration Update

Quarterly Email Tracker Report – See attached document

Legislative Report

Next report in September

SFHSS DIVISION REPORTS: June-July 2021

PERSONNEL

Welcome

- 0931 Member Services Manager effective June 14th: Olga Stavinskaya-Velazquez
Please welcome the new Member Services Manager, Olga Stavinskaya-Velasquez. Olga has worked with the City for about four years at the Human Services Agency (HSA) and also with Human Services at San Mateo County. At HSA, Olga was a section manager in San Francisco BenefitsNet where she managed CalFresh and Medi-Cal programs and their operational activities. Olga has demonstrated she's able to problem solve through bureaucratic changes. Under her leadership, she ensured their members maintained their benefits despite new requirements and changes to program qualifications.
- 1654 Accountant III effective August: Todd Creel
Todd Creel has been appointed into a Permanent Civil Servant Position (PCS) Accountant III within the finance unit. He has occupied this role since last September. He was previously an accountant at DPH after completing his accounting internship at HSS.

Retirements:

- After 22 years serving the City and County of San Francisco, Kathy Knudson will be retiring in September 2021. Kathy started her career with the city at Human Services Agency and has spent the last 6 years at HSS where she's been integral in supporting the mental health of our city's workforce as an Employee Assistance Counselor. She has been essential in the response to supporting employees throughout the pandemic and has played a critical role in building relationships with MTA, DPH, SHF, LIB, and many other departments. She has led the efforts in the implementation of CredibleMind, Mediation Services, and the development of Leadership in Action and spearheaded research around Bullying, Mental Health Assessment tools, and Substance Use. Kathy's passion and dedication to the job are greatly appreciated and will be missed. We want to thank Kathy for her incredible contributions to the city. We wish Kathy joy and adventure as she heads into the next chapter in life, retirement.

Promotions:

- 1210 Benefits Analysts (TEX) effective June 14th: Shaona Kuang and Carmen Zavala
Carmen Zavala and Shaona Kuang have been promoted to fill two of our project-based Benefits Analysts positions. Carmen and Shaona have been working as Benefits Technicians and they have demonstrated the ability to learn our systems and benefits quickly by being able to solve member problems independently.
- 0932 Director of ESA effective June 14th: Rin Coleridge
Rin Coleridge has been appointed Director of Enterprise Systems and Analytics. As the ESA Manager, Rin has provided HSS with high-level technical expertise and strategic thinking over the past 8 years. Technology requirements and demands on benefits administration have increased significantly over these years and Rin rose to the challenge to provide us with the technology and data needs for every aspect of our business. During her tenure, Rin perfected our HIPAA compliance and developed our operational continuity plan.
- 1054 IS Business Analyst – Principal effective August 9th: Vish Sheno
Vish Sheno had been working for SFHSS as an IS Programmer Analyst – Principal. The change in position more reflects Vish's combination of technical skills with functional expertise and business analyst capability.

Recruitments:

- 1824: Pending examination scheduling
- 1209: Pending Announcement

Employees' Working Status:

- SFHSS employees have been performing their duties in the SFHSS offices and at remote locations. SFHSS is expanding the in-office work requirements due to the workload demand for the upcoming open enrollment, flu shot clinics, and other activities. SFHSS aims to return to full in-office staffing under the guidance of the State and the City.

OPERATIONS

- Our offices remain closed to the public. We currently have three to four staff on-site Tuesdays and Fridays to perform essential work. Work has begun to prepare the office for re-opening for staff to work onsite.
- Member Services took over 4549 calls in June and 3891 in July. All customer service metrics were met.
- Most calls were new retirees – July 1st is the date with the most retirements.
- Virtual Consultations for Retirees was launched June 1, 2021, with success. 53 members have signed up for consultations. There have been 6 respondents to the post-consultation survey. Of the respondents, approximately 70% would recommend the virtual consultation to coworkers and 92% felt they had a good understanding of the retiree process at the end of the consultation.
- Preparing open enrollment training sessions with BSC/Accolade and HealthNet. Trainings will occur in mid-August and September.
- Interviews for 1209 Benefit Technicians are ongoing to fill 4 positions in time to train for open enrollment.
- Operations worked with Workterra to hold a mid-year enrollment for voluntary benefits that ended July 16th. We are waiting for enrollment information and feedback from Workterra on the success of that enrollment.
- Enrollments in the higher DC FSA election amount of \$10,500 have exceeded expectations.

ENTERPRISE SYSTEMS & ANALYTICS (ESA) (see attached slides)

- Configuring and testing the new health plans in PeopleSoft is on track
- Community College access to self-registration for the employee portal is complete
- Working with the Comms team on webinars and material to support eBenefits

COMMUNICATIONS

- Completed a new 3-part video series called Road to Retirement to help members understand the steps they need to take to secure their SFHSS benefits for retirement
- Completed this year's Open Enrollment video to encourage members to learn about the new benefits for Plan Year 2022
- Finalized OE Letters, Guides, and Booklets
- Developed postcard and email to inform current UHC PPO members about the change in plan administrator to BSC PPO-Accolade for next year
- Collaborating with vendors on 18 webinars to educate members during Open Enrollment

FINANCE DEPARTMENT

General Fund

- Fiscal year-end 2020-21 closed
 - Completing FY 2020-21 expenditure payments and accruals
 - Completing FY 2020-21 year-end closing activities
 - Final year-end close transactions to be completed by 8/13
- FY2021-22
 - Rolling over purchase order into the new fiscal year
 - Board of Supervisor's approved of FY2021-22 and FY2022-23 Budget

Trust Audit/Monitoring

- Initiated formal regular scheduled meetings with auditing firm MGO
- Received final list of documentation requests - 76% completed

Calendar Year 2022-Renewals/New Plans

- Development of rate tables to support benefit materials and eligibility systems in progress

CONTRACTS

- Executed amendment to the agreement with K&H for Open Enrollment print and mail communications
- Executed data agreement with University of California at Berkeley for ACO study and survey
- Executed agreement with eIMAGE for open enrollment, well-being, and benefits videos
- Executed amendment to agreement with IntraSee with Controller's Office for PeopleSoft update and SFHSS benefits enrollment projects
- Executed amendment to agreement with P&A for FSA and COBRA administration
- Executed agreement with Quadient for equipment maintenance
- Executed disclosure agreement with OptumRx for prescription drug transfer
- Executed disclosure agreement with UnitedHealthcare for 2022 ASO transition
- Executed Health Net (Canopy Care) and Aon Broker Disclosure authorization
- Personal Services Contract (PSC) continuing approval report for FY2020-21 approved unanimously by Civil Service Commission
- Received proposals in response to EAP and Mental Health Services RFP for First Responders and Frontline Personnel and initiated expert evaluation panel review
- Submitted FY2020-21 report to Board of Supervisors with sole source agreements in accordance with San Francisco Administrative Code 67.24(e)
- Supported the procurement selection of WordJet for transcription services

WELL-BEING (see attached slides)

- Met 50% of the success measures for Mental Health Awareness Month
- Launched a "Beyond COVID-19 Well-Being" Survey
- 3 out of 4 of the First Responder departments have met their download goal for the Cordico app
- Created new engagement goals for the Cordico app – 100% increase in module clicks per download
- June presented the 4th highest case to call volume in the last 12 months at 29% for 24/7 EAP

Attachments:

COVID-19 Updates from Health Plans

New Vaccine Policy

Face Covering Requirements at Work COVID-19 Prevention Policy

New Health Order N. C19-07y

Quarterly Email Tracker Report

ESA Slide

Well-Being Slides

SFHSS Specific Data – Testing

Cases:	Blue Shield of California (BSC) as of 6/30	Kaiser ^[1, 3]		UnitedHealthcare (UHC)	
		Non-Medicare as of 6/14	Medicare as of 6/14	Non-Medicare as of 7/28	Medicare as of 7/11
Confirmed	696	NR	NR	142	720
Probable	NR	NR	NR	2	10
Possible	NR	NR	NR	34	29
Total	696	NR	NR	178	759
Test Results:					
Positive	696	3,030	471	26	61
Negative	25,085	50,947	10,119	441	1,503
Inconclusive / Unknown	NR	NR	NR	934	5,064
Total	25,781^[2]	53,997	10,590	1,401	6,628

NR = Not Reported

[1] Does not represent unique members

[2] May be underreported due to claim submission lag

[3] Customer Analytics has temporarily halted production of Testing data for data quality review causing a delay in data reporting..

SFHSS Specific Data – Vaccine

	Blue Shield of California (BSC) as of 6/30 <i>Doses</i>	Kaiser		UnitedHealthcare (UHC)	
		Non-Medicare as of 7/22 <i>Doses</i>	Medicare as of 7/22 <i>Doses</i>	Non-Medicare as of 7/28 <i>Individuals</i>	Medicare as of 7/19 <i>Individuals</i>
Moderna	4,328	21,548	10,459	Fully: 800 Partial: 166	Fully: 3,586 Partial: 553
Pfizer	8,758	49,884	13,403		Fully: 3,544 Partial: 611
J&J (Single)	524	1,923	314		Fully: 256
Total	13,520	73,355	24,176	966	8,550

Vaccines are provided to all at no cost.

COVID Health Plan Benefit Info

	BSC as of 7/29/2021	Kaiser Non- Medicare as of 6/14/2021	Kaiser Medicare as of 6/14/2021	UHC Non-Medicare as of 8/2/2021	UHC Medicare as of 7/11/2021
Early Rx Refills Available?	Yes	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	Yes, through 1/20/2021	Yes, through 8/31/2020
Tele-Medicine	Via PCP: Copays waived Via Teladoc: No copay	No copay (no end date on this)	No copay (no end date on this)	COVID related copays waived through 10/17/2021 Non-COVID related copays waived through 9/30/2020	COVID treatment related copays waived through 3/31/2021 COVID testing related copays waived through 10/17/2021
Tele-Behavioral Health	No copay	No copay (no end date on this)	No copay (no end date on this)	COVID related copays waived through 1/20/2021 Non-COVID related copays waived through 9/30/2020	COVID related copays waived through 3/31/2021
Testing / Diagnostics	Copays waived	Copays waived through the last day of the month following the end of the national public health emergency	Copays waived through last day of the month following the end of the national public health emergency.	Copays waived through 10/17/2021	Copays waived through 10/17/2021

COVID Health Plan Benefit Info (cont.)

	BSC as of 7/29/2021	Kaiser Non- Medicare as of 6/14/2021	Kaiser Medicare as of 6/14/2021	UHC Non-Medicare as of 8/2/2021	UHC Medicare as of 7/11/2021
Treatment	Copays waived for treatment between 3/31/2020 – 2/28/2021	Copays waived through 7/31/21	Copays waived through 12/31/21	Copays waived through 4/29/2021 Out of Network waived through 10/22/2020	Copays waived through 3/31/2021
Specialist and Primary Care	If a member presents at a specialist office and receives testing or treatment with a COVID-19 diagnosis, there would be no member cost share for services	Copays waived through 7/31/21	Copays waived through 12/31/21	Pan deductible and coinsurance applies	Copays waived through 9/30/2020 for specialist; through 12/31/2020 for Primary Care
Other	https://www.blueshieldca.com/coronavirus/your-coverage	https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information	https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information	Emotional support line available: 1-866-342-6892 Sanvello: On-demand emotional support mobile app, free to members https://www.uhc.com/health-and-wellness/health-topics/covid-19	

Impact of COVID-19 on Plan Provider Premium Rates

The HSB previously asked about actuarial cost forecasts on 2022 premium rates due to COVID-19

- Aon has had many discussions with carriers on the expectations of premiums for the upcoming years, particularly now with COVID cases increasing
- Following a discussion with Kaiser in particular, a key difference between then and now is ability to proactively prepare now for pandemic-based operational influences on care delivery, relative to the largely reactive nature transpiring in Q2-2020:
 - Then: needed to account for increase in staffing costs given overtime and make-shift housing to allow workers not to go home after long shifts and risk infecting family members, needing to secure extra PPE at a time when supply was limited and thus prices were much higher than pre-pandemic, etc.
 - Now: much of their staff is vaccinated, they have prepared for ramped-up PPE needs, etc.
- Aon will continue to monitor and have a national team connectivity to actuarial leaders of the major health plans and will notify SFHSS and the HSB if the expected “no impact” vs. normal trends projection were to change.

[Source: Insurer filings suggest COVID-19 pandemic will not drive health spending in 2022 - Peterson-KFF Health System Tracker](#)



COVID-19 Vaccination Policy

Issued: 6/23/2021

Amended 8/6/2021

8/6/2021 Revision: *This revision updates the vaccination policy for all employees subject to San Francisco Health Officer's [Safer-Return-Together Order](#) ("SF Health Order") (last amended August 2, 2021) and who are required to be vaccinated no later than September 15, 2021 employees for regularly scheduled to work in high-risk settings and no later than October 13, 2021 for employees who may occasionally or intermittently enter high-risk settings as part of their job. All employees are required to report their vaccination status to the City by the August 12, 2021 extended deadline.*

This revision also clarifies that the City's Vaccination Policy applies to City interns, volunteers, and City fellows (including but not limited to McCarthy Fellows, and Willie Brown Fellows). Generally, all such persons must show proof of full vaccination status to the Departmental Personnel Officer or Human Resources personnel at the department where they intern, volunteer or have their fellowship, who will verify that the individual has shown appropriate documentation that they are fully vaccinated before the start of their internship, fellowship or volunteer activity, or, if they are a current intern, fellow or volunteer, by no later than the applicable deadline under the SF Health Order (if in a high-risk setting) or by October 13, 2021. Departments must not retain copies of the individual's vaccination record after verification. An addendum has been added to provide the dates by which all subject to this policy must report and begin the vaccination process.

PURPOSE STATEMENT

The City and County of San Francisco (City) must provide a safe and healthy workplace, consistent with COVID-19 public health guidance and legal requirements, to protect its employees and the public as it reopens services and returns more employees to workplaces.

According to the federal Centers for Disease Control (CDC), the California Department of Public Health (CDPH), and the San Francisco County Health Officer, COVID-19 continues to pose a risk, especially to individuals who are not fully vaccinated, and certain safety measures remain necessary to protect against COVID-19 cases and deaths. Vaccination is the most effective way to prevent transmission and limit COVID-19 hospitalizations and deaths. Unvaccinated employees, interns, fellows and volunteers are at greater risk of contracting and spreading COVID-19 within the workplace and City facilities, and to the public that depends on City services.

To best protect its employees and others in City facilities, and fulfill its obligations to the public, all employees must, as a condition of employment: (1) report their vaccination status to the City; and (2) be fully vaccinated and report that vaccination status to the City not later than

either the applicable deadline under the San Francisco Health Order, if it applies, or 10 weeks after the Federal Food & Drug Administration (FDA) giving final approval to at least one COVID-19 vaccine, if not otherwise covered by the SF Health Order.

LEGAL REQUIREMENTS

On June 17, 2021, Governor Newsom issued Executive Order No. N-09-21, which implements new California Division of Occupational Safety and Health (Cal/OSHA) rules, effective June 17, 2021. These rules require employers to take specific measures to protect employees from COVID-19, including enforcing masking and quarantine requirements, and offering COVID-19 testing and time off, for employees who are unvaccinated or for whom the employer does not have documentation verifying they are fully vaccinated. The Cal/OSHA rules require employers to verify and document that an employee is fully vaccinated before allowing that employee to discontinue masking indoors. For unvaccinated employees or employees for whom the City does not have documentation verifying fully vaccinated status, the City must enforce masking, provide COVID-19 testing following a close contact in the workplace or anytime they have COVID-19 symptoms, and exclude these employees from the workplace for 10 days after a close contact. Upon request, the City also must provide non-vaccinated employees with respirators (N95 masks) and provide education about using that type of mask.

On July 26, 2021 CDPH issued an Order ([CDPH Vaccination Status Order](#)) that workers in high risk and other healthcare settings must report their vaccination status no later than August 23, 2021. The CDPH Vaccination Status Order also requires routine testing and more rigorous masking for unvaccinated or only partially vaccinated personnel working in these settings.

On August 2, 2021, the San Francisco Health Officer updated the [SF Health Order](#) requiring all employers to determine the vaccination status of employees who routinely work onsite in high-risk settings by no later than September 15, 2021 and precluding unvaccinated employees from entering those facilities after that date, and precluding unvaccinated employees who may occasionally or intermittently enter those settings from entering those facilities after October 13, 2021. This order further requires employees (among others) to remain masked in the workplace, effectively superseding the Cal/OSHA COVID-19 Temporary Emergency Standard which allows vaccinated employees who had documented that status to remove their masks.

On August 2, DHR issued a revised policy Face Coverings at Work Policy that complies with both the state and local health orders and can be found here:

<https://sfdhr.org/sites/default/files/documents/COVID-19/Face-Covering-Requirements-at-Work.pdf>

On August 5, 2021, CDPH issued a new Order ([Health Care Worker Vaccine Requirement](#)) mandating all workers who provide services or work in identified health care facilities to be fully vaccinated by September 30, 2021. The only exemptions to the Health Care Worker Vaccine Requirement are for workers who have a documented and [approved exemption](#) from vaccination on the basis of a sincerely-held religious belief or due to a qualifying medical condition or restriction.

STATEMENT OF POLICY

Definition of “Employees” Under This Policy

For purposes of this policy only, the term “employees” includes all full, part-time and as-need City employees regardless of appointment type, volunteers, interns, and City fellows (such as San Francisco Fellows, McCarthy Fellows, Fish Fellows, and Willie Brown Fellows).

Requirement to Report Vaccination Status

To protect the City’s workforce and the public that it serves, all City employees were required to report their vaccination status to the City by July 29, 2021 (with a subsequent extension to August 12, 2021), by providing the following information:

- Whether the employee is vaccinated (yes or no)
- For employees who are vaccinated or partly vaccinated:
 - The type of vaccine obtained (Moderna, Pfizer, or Johnson & Johnson, or other vaccine received in approved clinical trials)
 - Date of first dose vaccine;
 - Date of second vaccine for a 2-dose vaccine;
 - Declaration under penalty of perjury that they have been fully vaccinated, and
 - Upload documentation verifying proof of vaccination status. Proof of vaccination can include a copy of the CDC COVID-19 Vaccination Record Card, documentation of vaccine from the employee’s healthcare provider, or documentation issued by the State of California by going to:
<https://myvaccinerecord.cdph.ca.gov/>

To be fully vaccinated, 14 days must have passed since an employee received the final dose of a two-shot vaccine or a dose of a one-shot vaccine. All unvaccinated employees must continue to comply with masking, testing, and other safety requirements until they are fully vaccinated and have reported and documented that status to the City consistent with this Policy. Employees who previously reported that they were unvaccinated must update their status once they are fully vaccinated.

Failure to comply with the reporting requirement may result in discipline, or non-disciplinary separation from employment with the City for failure to meet the minimum qualifications of the job.

How to Report Vaccination Status

Volunteers, interns, and City fellows must verify that they are fully vaccinated to the Departmental Personnel Officer or Human Resources professional by showing a copy of their CDC COVID-19 Vaccination Record Card, documentation from the individual’s healthcare

provider, or documentation issued by the State of California as described above. The department must retain documentation that the individual's vaccination status has been verified **but must not retain copies of the individual's vaccination record.**

All other employees must report their vaccination information and upload documentation verifying that status into the City's People & Pay system using the Employee Portal or by hand using the COVID-19 Vaccination Status Form. Only City employees authorized to access employee personnel information will have access to the medical portion of the file. The City will share information about an employee's vaccination status only on a need-to-know basis, including to the employee's department, managers and supervisors for the purpose of enforcing masking, quarantining in the event of a close contact, and other safety requirements.

Vaccination Requirements for Employees

1. To comply with the SF Health Order and ensure delivery of City services, City policy requires that all City employees routinely assigned to or working onsite in high-risk settings must be fully vaccinated— no later than September 15, 2021, unless they have been approved for an exemption from the vaccination requirement as a reasonable accommodation for a medical condition or restriction or sincerely held religious beliefs. Any employee who is requesting or has an approved exemption must still report their vaccination status to the City by the August 12, 2021 extended deadline. The vaccination and reporting requirements are conditions of City employment and a minimum qualification for employees who are routinely assigned to or working onsite in high-risk settings. Those employees who fail to meet the vaccination and reporting requirements under this Policy will be unable to enter the facilities and unable to perform an essential function of their job, and therefore will not meet the minimum requirements to perform their job.
2. To comply with the CDPH Health Care Worker Requirement and ensure delivery of City services, City policy requires that all City employees who are not otherwise covered by the SF Health Order September 15, 2021 deadline, but who provide services or work in the health care facilities identified in the state's order, must be fully vaccinated—no later than September 30, 2021, unless they have been approved for an exemption from the vaccination requirement as a reasonable accommodation for a medical condition or restriction or sincerely-held religious-beliefs. Any employee who is requesting or has an approved exemption must still report their vaccination status to the City by the August 12, 2021 extended deadline. The vaccination and reporting requirements are conditions of City employment and a minimum qualification for employees provide services or work in the health care facilities identified in the state's order. Those employees who fail to meet the vaccination and reporting requirements under this Policy will be unable to enter the facilities and unable to perform an essential function of their job, and therefore will not meet the minimum requirements to perform their job.
3. To comply with the SF Health Order and ensure delivery of City services, City policy requires that all City employees who in the course of their duties may enter or work in high-risk settings even on an intermittent or occasional basis or for short periods of time must be fully vaccinated — no later than October 13, 2021, unless they have been approved for an

exemption from the vaccination requirement as a reasonable accommodation for a medical condition or restriction or sincerely-held religious beliefs. Any employee who is requesting or has an approved exemption must still report their vaccination status to the City by the August 12, 2021 extended deadline. The vaccination and reporting requirements are conditions of City employment and a minimum qualification for employees who in the course of their duties may enter or work in high-risk settings even on an intermittent or occasional basis or for short periods of time. Those employees who fail to meet the vaccination and reporting requirements under this Policy will be unable to enter the facilities and therefore unable to perform an essential function of their job, and will not meet the minimum requirements to perform their job.

4. Volunteers, interns, and City fellows must be fully vaccinated – and must have reported that status and providing documentation verifying that status to the Departmental Human Resources personnel – as a condition of serving as a City volunteer, intern or fellow. Those already working and who do not fall under the SF Health Order must be fully vaccinated no later than October 13, 2021. Failure to comply with this policy will result in suspension of the internship, fellowship, or volunteer opportunity until such time as the individual provides verification that they are fully vaccinated.

5. All other City employees must be fully vaccinated as a condition of employment within ten weeks after the FDA provides final approval to at least one COVID-19 vaccine, unless they have been approved for an exemption from the vaccination requirement as a reasonable accommodation for a medical condition or restriction or sincerely-held religious beliefs. Any employee with an approved exemption must still report their vaccination status to the City by the August 12, 2021 extended deadline. Once the vaccination deadline is reached (10 weeks after FDA approval of a vaccine) the vaccination and reporting requirements are conditions of City employment and a minimum qualification for all City employees.

Failure to comply with this Policy may result in a disciplinary action, or non-disciplinary separation from employment for failure to meet the minimum qualifications of the job.

Requesting an Exemption from the Vaccination Requirement

Employees with a medical condition or other medical restriction that affects their eligibility for a vaccine, as verified by their medical provider, or those with a sincerely held religious belief that prohibits them from receiving a vaccine, may request a reasonable accommodation to be excused from this vaccination requirement but, must still report their status by the August 12, 2021 extended deadline. The City will review requests for accommodation on a case-by-case basis, and engage in an interactive process with employees who submit such requests. For some positions where fully vaccinated status is required to enter the facility where the employee works, an accommodation may require transfer to an alternate vacant position, if available, in another classification for which the employee meets the minimum qualifications.

Requests for Reasonable Accommodation forms and procedures can be found here:
<https://sfdhr.org/new-vaccine-and-face-covering-policy-city-employees>

COVID-19 VACCINATION COMPLIANCE DEADLINES ADDENDUM TO VACCINATION POLICY AMENDED AUGUST 5, 2021

Below are the vaccination status reporting deadlines for City employees.

COVID-19 VACCINATION STATUS REPORTING DEADLINES	
July 29, 2021	Reporting Deadline
August 12, 2021	Grace Period - Final day to report vaccination status

Below are the vaccination deadlines for City employees. City employees working in high-risk settings are subject to non-disciplinary release if not vaccinated by the deadlines referenced below for failure to meet the minimum qualifications of their jobs.

COVID-19 VACCINATION DEADLINES BY EMPLOYEE TYPE	
Employees not working in “High-Risk” or other Health Care Settings	No vaccination required at this time. Under the City Vaccination Policy, employees must be fully vaccinated within 10 weeks after full FDA approval of any COVID-19 vaccine.
Employees who are assigned to or routinely work onsite in High-Risk Settings	<p>Must be fully vaccinated <i>no later than</i> September 15, 2021.</p> <ul style="list-style-type: none"> • Moderna: First Shot <i>no later than</i> August 4, 2021; Second Shot <i>no later than</i> September 1, 2021 • Pfizer: First Shot <i>no later than</i> August 11, 2021; Second Shot <i>no later than</i> September 1, 2021 • Johnson & Johnson: First Shot <i>no later than</i> September 1, 2021
Employees working in other Health Care Facilities	<p>Must be fully vaccinated <i>no later than</i> September 30, 2021.</p> <ul style="list-style-type: none"> • Moderna: First Shot <i>no later than</i> August 19, 2021; Second Shot <i>no later than</i> September 16, 2021 • Pfizer: First Shot <i>no later than</i> August 26, 2021; Second Shot <i>no later than</i> September 16, 2021 <p>Johnson & Johnson: First Shot <i>no later than</i> September 16 2021</p>
Employees intermittently or occasionally working in “High-Risk Settings”	<p>Must be fully vaccinated <i>no later than</i> October 13, 2021.</p> <ul style="list-style-type: none"> • Moderna: First Shot <i>no later than</i> September 1, 2021; Second Shot <i>no later than</i> September 29, 2021 • Pfizer: First Shot <i>no later than</i> September 8, 2021; Second Shot <i>no later than</i> September 29, 2021 • Johnson & Johnson: First Shot <i>no later than</i> September 29 2021



**Face Covering Requirements At Work
COVID-19 Prevention**

Revised June 23, 2021 (suspended)

Revised August 3, 2021

Revision Note: *Revision Note: This guidance is updated based on the San Francisco Health Officer's Safer Return to Work Health Order C19-07y, last updated on August 2, 2021, and the State Public Health Officer's Order of July 26, 2021 in response to the increase in Covid-19 Delta Variant cases. This Face Covering Requirements at Work policy (Policy) supersedes the Face Covering Requirements at Work policy issued June 23, 2021. The June 23, 2021 policy is hereby suspended until further notice.*

POLICY

This Policy applies to all City employees working indoors consistent with the applicable Health Orders. All employees must wear face coverings of a type that complies with the specific requirements for the type of facility in which they are working. Departments must enforce face covering requirements for employees and must provide the appropriate type of face coverings regardless of an employee's of vaccination status.

These safety rules are essential to protect the health of City employees and the public and to comply with local and State health orders. If an employee is unable to comply with this face covering requirement based on a qualifying disability or medical restrictions or because of a sincerely held religious belief, they may request an accommodation by contacting their departmental Human Resources representative.

Employees shall be sent home and may use sick leave, if available, during the interactive reasonable accommodation process, unless the department determines telecommuting is available and appropriate.

An employee who fails to comply with these face covering requirements will receive one direct notice of the requirement and will be given an immediate opportunity to comply with the requirement. If the employee does not immediately comply, the employee will be sent home on vacation or accrued leave, other than sick leave. If the employee does not comply with the requirement a second time, the City will proceed with discipline up to and including separation from employment. There is no tolerance for employees who will not adhere to these safety requirements.

Well-Fitted Masks Defined

A well-fitted mask includes a surgical mask, a well-fitted voluntarily worn respirator, a fit-tested respirator, or a well-fitted cloth covering that is at least two-layers, without holes, and that fits closely around and covers the nose, mouth, and surrounding areas of the lower face. Well-fitted masks may not have a one-way valve (an "exhaust valve"), typically a small plastic square or disc on the front or side of the face covering, that is designed to allow easy exhaling. Bandanas, scarves, turtlenecks, ski masks, balaclavas, plastic face shields, or single-layer fabric coverings are not acceptable.

Face Covering Requirements

All employees, including fully vaccinated employees, must wear face coverings indoors at work except when eating and drinking while maintaining 6-foot distancing, or, when working alone in a private office so long as the

employee can put on the face covering quickly if someone enters. Non-vaccinated employees may be required to have higher-grade protection, depending on the worksite. Additionally, some employees work in facilities that must continue to comply with Cal/OSHA’s Aerosol Transmissible Diseases (ATD) standard, which requires respirator use in areas where suspected and confirmed COVID-19 cases may be present. Nothing in this Policy is intended to alter this requirement.

Worksite	Applicable Order or Policy	Face Covering Requirement
General Acute Care Hospitals Skilled Nursing Facilities (including Subacute Facilities) Intermediate Care Facilities	CDPH Vaccination Status Order¹	No later than August 23, 2021 , <u>unvaccinated or incompletely vaccinated</u> workers in these settings <u>must wear respirators</u> (i.e., N-95s) if they work in indoor work settings where (1) care is provided to patients or residents, or (2) to which patients or residents have access for any purpose. Facilities covered by this requirement must provide respirators at no cost to affected workers, and workers must be instructed how to properly wear the respirator and how to perform a seal check according to manufacturer’s instructions.
Residential Care Facilities for the Elderly; Homeless Shelters; State and Local Correctional Facilities and Detention Centers; Adult Care Facilities; Ambulatory Surgery Centers; Chemical Dependency Recovery Hospitals; Clinics & Doctor Offices; Congregate Living Health Facilities; Treatment and Mental Health Treatment Facilities; Pediatric Day Health and Respite Care Facilities; Residential Substance Use	CDPH Vaccination Status Order	No later than August 23, 2021 , <u>unvaccinated or incompletely vaccinated</u> workers in these settings must wear FDA-cleared surgical masks in indoor settings anywhere they are working with another person. Facilities covered by this requirement must provide affected workers with surgical masks.
All other sectors	Safer Return Together Health Order CCSF Department of Human Resources Policy	Effective 8/2/2021, all employees regardless of vaccination status must wear a face covering when working indoors or when in a vehicle with at least one other person that complies with the definition above and consistent with the exceptions as listed in this document. Departments may require fit-tested

¹ Under the CDPH Vaccination Status Order, the term “worker” includes, but is not limited to nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Face Covering Requirements
August 3, 2021

	respirators for certain activities depending on the type of activity.
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Any additional requirements must be included in the department's COVID-19 Prevention Plan required by Cal/OSHA.



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**ORDER OF THE HEALTH OFFICER
OF THE CITY AND COUNTY OF SAN FRANCISCO
ENCOURAGING COVID-19 VACCINE COVERAGE
AND REDUCING DISEASE RISKS
(Safer Return Together)**

DATE OF ORDER: June 11, 2021, updated July 8, 2021, July 20, 2021, and August 2, 2021

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: As of August 2, 2021, this Order replaces the prior health order, Health Officer Order No. C19-07x (the Stay-Safer-At-Home Order), in its entirety. Even though more people are vaccinated in San Francisco and the region against the virus that causes COVID-19, there remains a risk that people may come into contact with others who may have COVID-19 when outside their residence. San Francisco is currently experiencing a surge in new COVID-19 cases and an increase in hospitalizations, mostly among people who are not fully vaccinated, due to the highly contagious Delta variant. In some instances, individuals who are fully vaccinated have been infected by breakthrough infections and are showing symptoms, though nearly no vaccinated individuals have required hospitalization. Most COVID-19 infections are caused by people who have no symptoms of illness. There are also people in San Francisco who are not yet fully vaccinated, including children under 12 years old, and people who are immunocompromised and may be particularly vulnerable to infection and disease. We have also seen surges in other parts of the country and the world, increasingly impacting younger adults. Everyone who is eligible, including people at risk for severe illness with COVID-19—such as unvaccinated older adults and unvaccinated individuals with health risks—and members of their households, are urged to get vaccinated as soon as they can if they have not already done so.

While the best way to address the current surge is for everyone who is eligible to get fully vaccinated as soon as possible, in the meantime, and consistent with changing CDC recommendations regarding indoor masking, the spread of the Delta variant necessitates imposing a face covering mandate for everyone, including people who are vaccinated, to help prevent transmission. Accordingly, this Order adds a face covering requirement for individuals in indoor public settings, with some exceptions. It also maintains face covering requirements in other settings, consistent with federal and state rules.

This Order also maintains the lifting of local capacity limits on business and other sectors, local physical distancing requirements, and many other previous health and safety restrictions that were removed in the prior health order as of June 15. Businesses are no longer required to prepare and post social distancing protocols or in most instances



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submit health and safety plans to the Health Officer. Nor are they strongly urged to allow office employees to continue to work remotely as much as possible. Also, except for schools, childcare, and out-of-school time programs, sector specific guidance under local health directives no longer apply.

And this Order maintains some requirements on businesses and government entities, such as a general requirement to report positive cases in the workplace and in schools, a new and much more limited requirement for signage, and a vaccination or testing requirement to admit people to attend indoor mega-events largely consistent with state rules. It also requires personnel working in certain high-risk settings, such as acute care hospitals, skilled nursing facilities, residential care facilities for the elderly, homeless shelters and jails, to be fully vaccinated, with limited exemptions and within a specified timeframe. Also, this Order includes recommendations to reduce COVID-19 risk, but not requirements, for individuals, businesses, and government entities.

**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. Definitions.

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

- a. *Business.* A “Business” includes any for-profit, non-profit, or educational entity, whether a corporate entity, organization, partnership or sole proprietorship, and regardless of the nature of the service, the function it performs, or its corporate or entity structure.
- b. *Cal/OSHA.* “Cal/OSHA” means the California Department of Industrial Relations, Division of Occupational Safety and Health, better known as Cal/OSHA.
- c. *CDC.* “CDC” means the United States Centers for Disease Control and Prevention.
- d. *Close Contact.* “Close Contact” means having any of following interactions with someone with COVID-19 while they were contagious: (i) being within six feet of them for a total of 15 minutes or more in a 24-hour period; (ii) living or staying overnight with them; (iii) having physical or intimate contact including hugging and kissing; (iv) taking care of them, or having being taken care of by them; or (v) having direct contact with their bodily fluids (*e.g.*, they coughed or sneezed on you or shared your food utensils). The person is considered contagious *either* if they had symptoms, from 48 hours before their symptoms began until at least 10 days after the start of symptoms, *or* if they did not have symptoms, from 48 hours before their COVID-19 test was collected until 10 days after they were tested.
- e. *County.* The “County” means the City and County of San Francisco.



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- f. *COVID-19*. “COVID-19” means coronavirus disease 2019, the disease caused by the SARS-CoV-2 virus and that resulted in a global pandemic.
- g. *DPH*. “DPH” means the San Francisco Department of Public Health.
- h. *DPH Core Guidance*. “DPH Core Guidance” means the webpage and related materials titled *Core Guidance for COVID-19* that DPH regularly updates and includes health and safety recommendations for individuals and Businesses as well as web links to additional resources, available online at www.sfdph.org/dph/covid-19/core-guidance.asp.
- i. *Face Covering Requirements*. “Face Covering Requirements” means the requirement to wear a Well-Fitted Mask (i) as required by federal or state law including, but not limited to, California Department of Public Health guidance and Cal/OSHA’s rules and regulations; (ii) in indoor common areas of homeless shelters, emergency shelters, and cooling centers, except while sleeping, showering, engaged in personal hygiene that requires removal of face coverings, or actively eating or drinking; (iii) in indoor common areas of jails except while sleeping, showering, engaged in personal hygiene that requires removal of face coverings, or actively eating or drinking; and (iv) as required by Section 3.b, below and Appendix A, attached to the Order. If a separate state, local, or federal order or directive imposes different face covering requirements, including requirements to wear respirators or surgical masks in certain settings, the more health protective requirement applies.
- j. *FDA*. “FDA” means the United States Food and Drug Administration.
- k. *Fully Vaccinated*. “Fully Vaccinated” means two weeks after completing the entire recommended series of vaccination (usually one or two doses) with a vaccine authorized to prevent COVID-19 by the FDA, including by way of an emergency use authorization, or by the World Health Organization. For example, as of the date of issuance of this Order, an individual would be fully vaccinated at least two weeks after receiving a second dose of the Pfizer or Moderna COVID-19 vaccine or two weeks after receiving the single dose Johnson & Johnson’s Janssen COVID-19 vaccine. The following are acceptable as proof of full vaccination: (i) the CDC vaccination card, which includes name of person vaccinated, type of vaccine provided, and date last dose administered, (ii) a photo of a vaccination card as a separate document, (iii) a photo of the a vaccination card stored on a phone or electronic device, (iv) documentation of vaccination from a healthcare provider, or (v) written self-attestation of vaccination signed (including an electronic signature) under penalty of perjury and containing the name of the person vaccinated, type of vaccine taken, and date of last dose administered, or (vi) a personal digital COVID-19 vaccine record issued by the State of California and available by going to myvaccinerecord.cdph.ca.gov or similar documentation issued by another State, local, or foreign governmental jurisdiction. If any state or federal agency uses a more restrictive definition of what it means to be Fully Vaccinated or to prove that status for specified purposes (such as Cal/OSHA rules for employers in workplaces), then



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that more restrictive definition controls for those purposes. Also, to the extent Cal/OSHA approves an alternate means of documenting whether an employee is “fully vaccinated,” even if less restrictive than the definition contained here, employers may use the Cal/OSHA standard to document their employees’ vaccination status.

- l. *Health Officer*. “Health Officer” means the Health Officer of the City and County of San Francisco.
- m. *High-Risk Settings*. “High-Risk Settings” means certain care or living settings involving many people, including many congregate settings, where vulnerable populations reside out of necessity and where the risk of COVID-19 transmission is high, consisting of general acute care hospitals, skilled nursing facilities (including subacute facilities), intermediate care facilities, residential care facilities for the elderly, homeless shelters, and jails.
- n. *Household*. “Household” means people living in a single Residence or shared living unit. Households do not refer to individuals who live together in an institutional group living situation such as in a dormitory, fraternity, sorority, monastery, convent, or residential care facility.
- o. *Qualifying Medical Reason*. “Qualifying Medical Reason” means a medical condition or disability recognized by the FDA or CDC as a contra-indication to COVID-19 vaccination.
- p. *Mega-Event*. “Mega-Event” means an event with either more than 5,000 people attending indoors or more than 10,000 people attending outdoors, consistent with the definition of those events in the State’s Post-Blueprint Guidance. As provided in the State’s Post-Blueprint Guidance, a Mega-Event may have either assigned or unassigned seating, and may be either general admission or gated, ticketed and permitted events.
- q. *Personnel*. “Personnel” means the following people who provide goods or services associated with a Business in the County: employees; contractors and sub-contractors (such as those who sell goods or perform services onsite or who deliver goods for the Business); independent contractors; vendors who are permitted to sell goods onsite; volunteers; and other individuals who regularly provide services onsite at the request of the Business. “Personnel” includes “gig workers” who perform work via the Business’s app or other online interface, if any.
- r. *Religious Beliefs*. “Religious Beliefs” means a sincerely held religious belief, practice, or observance.
- s. *Residence*. “Residence” means the location a person lives, even if temporarily, and includes single-family homes, apartment units, condominium units, hotels, motels, shared rental units, and similar facilities. Residences also include living structures



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- and outdoor spaces associated with those living structures, such as patios, porches, backyards, and front yards that are only accessible to a single family or Household.
- t. *Schools*. “Schools” mean public and private schools operating in the County, including independent, parochial, and charter schools.
 - u. *State’s Post-Blueprint Guidance*. The “State’s Post-Blueprint Guidance” means the guidance entitled “Beyond the Blueprint for Industry and Business Sectors” that the California Department of Public Health issued on May 21, 2021 and that applies from June 15, 2021 through October 1, 2021, including as the State may extend, update or supplement that guidance in the future. (See www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Beyond-Blueprint-Framework.aspx.)
 - v. *Tested*. “Tested” means to have a negative test for the virus that causes COVID-19 within the prior 72 hours. Both nucleic acid (including polymerase chain reaction (PCR)) and antigen tests are acceptable. The following are acceptable as proof of a negative COVID-19 test result: a printed document (from the test provider or laboratory) or an email, text message, webpage, or application (app) screen displayed on a phone or mobile device from the test provider or laboratory. The information should include person’s name, type of test performed, negative test result, and date the test was administered. If any state or federal agency uses a more restrictive definition of what it means to be Tested for specified purposes (such as Cal/OSHA rules for employers in workplaces), then that more restrictive definition controls for those purposes.
 - w. *Ventilation Guidelines*. “Ventilation Guidelines” means ventilation guidance from recognized authorities such as the CDC, the American Society of Heating, Refrigerating and Air-Conditioning Engineers, or the State of California, including Cal/OSHA. The DPH Core Guidance also includes ventilation guidelines.
 - x. *Well-Fitted Mask*. A “Well-Fitted Mask” means a face covering that is well-fitted to an individual and covers the nose and mouth especially while talking, consistent with the Face Covering Requirements. DPH guidance regarding Well-Fitted Masks may be found at www.sfcdep.org/maskingupdate. A non-vented N95 mask is strongly recommended as a Well-Fitted Mask, even if not fit-tested, to provide maximum protection. A Well-Fitted Mask does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric or any mask that has an unfiltered one-way exhaust valve.
2. Purpose and Intent.
- a. Purpose. The public health threat from COVID-19 is decreasing in the County, the Bay Area, and the State. But COVID-19 continues to pose a risk especially to individuals who are not Fully Vaccinated, and certain safety measures continue to be necessary to protect against COVID-19 cases and deaths. Vaccination is the most effective method to prevent transmission and ultimately COVID-19 hospitalizations



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and deaths. It is important to ensure that as many eligible people as possible are vaccinated against COVID-19. Further, it is critical to ensure there is continued reporting of cases to protect individuals and the larger community. Accordingly, this Order allows Businesses, schools, and other activities to resume fully while at the same time putting in place certain requirements designed to (1) extend vaccine coverage to the greatest extent possible; (2) limit transmission risk of COVID-19; (3) contain any COVID-19 outbreaks; and (4) generally align with guidance issued by the CDC and the State relating to COVID-19 except in limited instances where local conditions require more restrictive measures. This Order is based on evidence of continued community transmission of SARS-CoV-2 within the County as well as scientific evidence and best practices to prevent transmission of COVID-19. The Health Officer will continue to monitor data regarding the evolving scientific understanding of the risks posed by COVID-19, including the impact of vaccination, and may amend or rescind this Order based on analysis of that data and knowledge.

- b. Intent. The primary intent of this Order is to continue to protect the community from COVID-19 and to also increase vaccination rates to reduce transmission of COVID-19 long-term, so that the whole community is safer and the COVID-19 health emergency can come to an end.
- c. Interpretation. All provisions of this Order must be interpreted to effectuate the purposes and intent of this Order as described 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 1 above. The interpretation of this Order in relation to the health orders or guidance of the State is described in Section 10 below.
- d. Application. This Order applies to all individuals, Businesses, and other entities in the County. For clarity, the requirements of this Order apply to all individuals who do not currently reside in the County when they are in the County. Governmental entities must follow the requirements of this Order that apply to Businesses, unless otherwise specifically provided in this Order or directed by the Health Officer.
- e. DPH Core Guidance. All individuals and Businesses are strongly urged to follow the DPH Core Guidance, containing health and safety recommendations for COVID-19.
- f. 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, and is punishable by fine, imprisonment, or both, as further provided in Section 12 below.



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3. General Requirements for Individuals.

- a. Vaccination. Individuals are strongly urged to get Fully Vaccinated as soon as they are able to. In particular, people at risk for severe illness with COVID-19—such as unvaccinated older adults and unvaccinated individuals with health risks—and members of their Household, are urged to get Fully Vaccinated as soon as they can. Information about who is at increased risk of severe illness and people who need to take extra precautions can be found at www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html. For those who are not yet Fully Vaccinated, staying home or choosing outdoor activities as much as possible with physical distancing from other Households whose vaccination status is unknown is the best way to prevent the risk of COVID-19 transmission. Fully Vaccinated individuals are subject to fewer restrictions as provided in this Order, and there are allowances for certain large gatherings where all the participants are Fully Vaccinated or Tested.
- b. Face Coverings. Because of the recent surge in the Delta variant, everyone, including people who are Fully Vaccinated, must wear a Well-Fitted Mask in indoor public settings as described in Appendix A to this Order. That Appendix lists exceptions when a Well-Fitted Mask is not required. All persons must also follow the Face Covering Requirements. People should be respectful of an individual's decision to wear face coverings even in settings where they are not required, such as crowded outdoor settings, and no Business or other person should take an adverse action against individuals who chose to wear a face covering to protect their health. Under current federal law, when riding or waiting to ride on public transit people who are inside the vehicle or other mode of transportation or are indoors at a public transit stop or station, must wear Well-Fitted Masks. This requirement extends to all modes of transportation other than private vehicles, such as airplanes, trains, subways, buses, taxis, ride-shares, maritime transportation, street cars, cable cars, and school buses. But any passenger who is outdoors or in open-air areas of the mode of transportation, such as open-air areas of ferries, buses, and cable-cars, is not required by federal law to wear a face covering. Personnel and passengers on public transit are urged to get Fully Vaccinated, and those who are not Fully Vaccinated are strongly urged to wear a Well-Fitted Mask or respirator when not otherwise required by the Face Covering Requirements. Under Cal/OSHA's rules and regulations, employers may also be required to ensure employees continue to wear Well-Fitted Masks or respirators, particularly in indoor settings.
- c. Monitor for Symptoms. Individuals should monitor themselves for symptoms of COVID-19. A list of COVID-19 symptoms is available online at www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html. Anyone with any symptom that is new or not explained by another condition must comply with subsections 3.d and 3.e below regarding isolation and quarantine.
- d. Isolation. Anyone who (i) has a positive COVID-19 test result, (ii) is diagnosed with COVID-19, or (iii) has a COVID-19 symptom that is new or not explained by another



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condition must refer to the latest COVID-19 isolation health directive (available online at www.sfdph.org/directives) and follow the requirements detailed there.

- e. Quarantine. Anyone who had Close Contact with someone with COVID-19 must refer to the latest COVID-19 quarantine health directive (available online at www.sfdph.org/directives) and follow the requirements detailed there.
 - f. Moving to, Traveling to, or Returning to the County. Everyone is strongly encouraged to comply with any State travel advisories and CDC travel guidelines (available online at www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html).
 - g. Indoor Private Gatherings. Individuals are urged to wear Well-Fitted Masks and maintain physical distance when they are in indoor private gatherings in Residences with members of other Households, regardless of the vaccination status of those individuals. Nothing in this section limits any requirements that apply under this Order to indoor public settings, indoor Mega-Events, or that Cal/OSHA or other State authority may impose on any indoor setting involving gatherings.
4. General Requirements for Businesses and Governmental Entities.
- a. Encourage Vaccination. All Businesses and governmental entities are strongly urged to consider implementing measures to require Personnel and patrons of the Business in large indoor public settings to be Fully Vaccinated as soon as possible.
 - b. Encourage Activities that Can Occur Outdoors. All Businesses and governmental entities are urged to consider moving operations or activities outdoors, if feasible and to the extent allowed by local law and permitting requirements, because there is generally less risk of COVID-19 transmission outdoors as opposed to indoors.
 - c. Personnel Health Screening. Businesses and governmental entities must develop and implement a process for screening Personnel for COVID-19 symptoms, but this requirement does not mean they must perform on-site screening of Personnel. Businesses and governmental entities should ask Personnel to evaluate their own symptoms before reporting to work. If Personnel have symptoms consistent with COVID-19, they should follow subsections 3.d and 3.e above.
 - d. Businesses Must Allow Personnel to Stay Home When Sick. Businesses are required to follow Cal/OSHA rules and regulations allowing Personnel to stay home where they have symptoms associated with COVID-19 that are new or not explained by another condition or if they have been diagnosed with COVID-19 (by a test or a clinician) even if they have no symptoms, and to not to have those Personnel return to work until they have satisfied certain conditions, all as further set forth in the Cal/OSHA rules. Also, Businesses must comply with California Senate Bill 95 (Labor Code, sections 248.2 and 248.3), which provides that employers with more than 25 employees must give every employee 80 hours of COVID-related sick leave



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retroactive to January 1, 2021 and through September 30, 2021 (pro-rated for less than full time employees), including that employees may use this paid sick leave to get vaccinated or for post-vaccination illness. Each Business is prohibited from taking any adverse action against any Personnel for staying home in any of the circumstances described in this subsection.

e. Signage.

i. Signage for Patrons. All Businesses and governmental entities are required to conspicuously post signage reminding individuals of COVID-19 prevention best practices to reduce transmission: Get vaccinated; Stay home if sick, and talk to your doctor; Masks are required indoors; Maximize fresh air; and Clean your hands. Sample signage is available online at sf.gov/outreach-toolkit-coronavirus-covid-19.

ii. Signage for Employees. All Businesses and governmental entities are required to post signs in employee break rooms or areas encouraging employees to get vaccinated and informing them how to obtain additional information. Sample signage is available online at sf.gov/outreach-toolkit-coronavirus-covid-19.

f. Ventilation Guidelines. All Businesses and governmental entities with indoor operations are urged to review the Ventilation Guidelines and implement ventilation strategies for indoor operations as feasible. Nothing in this subsection limits any ventilation requirements that apply to particular settings under federal, state, or local law.

g. Mandatory Reporting by Businesses and Governmental Entities. Consistent with Cal/OSHA rules and regulations, Businesses and governmental entities must require that all Personnel immediately alert the Business or governmental entity if they test positive for COVID-19 and were present in the workplace either (1) within the 48 hours before onset of symptoms or within 10 days after onset of symptoms if they were symptomatic; or (2) within 48 hours before the date on which they were tested or within 10 days after the date on which they were tested if they were asymptomatic. If a Business or governmental entity learns that three or more of its Personnel are confirmed positive cases of COVID-19 and visited the workplace during their high-risk exposure period at any time during a 14-day period (*i.e.*, three cases onsite within a 14-day period), then the entity must call DPH at 628-217-6100 immediately to report the cases and in any event no later than the next business day after learning of those positive cases. Businesses and governmental entities must also comply with all case investigation and contact tracing measures directed by DPH including providing any information requested within the timeframe provided by DPH, instructing Personnel to follow isolation and quarantine protocols specified by DPH, and excluding positive cases and unvaccinated close contacts from the workplace during these isolation and quarantine periods.



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Schools and Programs for Children and Youth are subject to separate reporting requirements set forth in Health Officer Directive Nos. 2020-33 and 2020-14, respectively, including as those directives are updated in the future.

5. Schools and Programs for Children and Youth

- a. Schools. Based on extremely low COVID-19 case rates throughout the region, and the demonstrated low risk of transmission in school settings, the Health Officer strongly believes that schools can and should reopen in full for in-person classes for all grades at the beginning of the 2021/2022 school year. Largely because not all children are eligible to be vaccinated against COVID-19 at this time, schools must follow the health and safety requirements set forth in Health Officer Directive No. 2020-33, including as it may be amended in the future, to ensure the safety of all students and Personnel at the school site.
- b. Programs for Children and Youth. Largely because not all children are eligible to be vaccinated against COVID-19 at this time, the following Programs for Children and Youth must operate in compliance with the health and safety requirements set forth in Health Officer Directive No. 2020-14, including as it may be amended in the future: (1) group care facilities for children who are not yet in elementary school—including, for example, licensed childcare centers, daycares, family daycares, and preschools (including cooperative preschools); and (2) with the exception of schools, which are addressed in subsection a above, educational or recreational institutions or programs that provide care or supervision for school-aged children and youth—including for example, learning hubs, other programs that support and supplement distance learning in schools, school-aged childcare programs, youth sports programs, summer camps, and afterschool programs.

6. Vaccination Requirements for Personnel in High-Risk Settings.

- a. Subject to the extension for some Personnel as provided in subsection (i)(1) below, no later than September 15, 2021, Businesses and governmental entities with Personnel in High-Risk Settings must:
 - i. ascertain vaccination status of all Personnel in High-Risk Settings who routinely work onsite, and ensure that before entering or working in any High-Risk Setting, all Personnel who routinely work onsite are Fully Vaccinated with any vaccine authorized to prevent COVID-19 by the FDA, including by way of an emergency use authorization, or by the World Health Organization, unless any Personnel are exempt under subsection b below.
 1. For purposes of this Order, Personnel who are not permanently stationed or regularly assigned to a High-Risk Setting but who in the course of their duties may enter or work in High-Risk Settings even on an intermittent or occasional basis or for short periods of time are considered to routinely work onsite in High-Risk Settings. Businesses and governmental entities



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with such Personnel are required to meet all requirements of this Section 6 for such Personnel no later than October 13, 2021; this additional time allows Businesses and governmental entities adequate time to identify Personnel who are covered by this paragraph and comply with this Order. In the interest of protecting residents of High-Risk Settings, Personnel, and their families, Businesses and governmental entities are strongly urged to meet these requirements by September 15, 2021; and

- ii. require any unvaccinated exempt Personnel to:
 1. get tested for COVID-19 at least once a week (and at least twice a week for unvaccinated exempt Personnel in general acute care hospitals, skilled nursing facilities, and intermediate care facilities) using either a nucleic acid (including polymerase chain reaction (PCR)) or antigen test; AND
 2. at all times at the worksite in the High-Risk Setting wear a face covering in compliance with the State Public Health Officer Order of July 26, 2021 ("CDPH Vaccination Status Order"), available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx>.

Because of the COVID-19 risks to any unvaccinated exempt Personnel, the High-Risk Setting must provide such Personnel, on request, with a well-fitting non-vented N95 respirator and strongly encourage such Personnel to wear that respirator at all times when working with patients, residents, clients, or incarcerated people;

- iii. consistent with applicable privacy laws and regulations, maintain records of employee vaccination or exemption status; and
- iv. provide these records to the Health Officer or other public health authorities promptly upon request, and in any event no later than the next business day after receiving the request.

For clarity, this requirement applies to Personnel in other buildings in a site containing a High-Risk Setting, such as a campus or other similar grouping of related buildings, where such Personnel do any of the following: (i) access the acute care or patient, resident, client, or incarcerated person areas of the High-Risk Setting; or (ii) work in-person with patients, residents, clients, or incarcerated people who visit those areas. All people in San Francisco who work in a clinical setting with a population that is more vulnerable to COVID-19 are strongly urged to be fully vaccinated against COVID-19.

- b. Limited Exemptions. Personnel in High-Risk Settings are exempt from the vaccination requirements under this section upon providing the requesting Business



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or governmental entity a declination form, signed by the individual under penalty of perjury stating either of the following: (1) the individual is declining vaccination based on Religious Beliefs or (2) the individual is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons. As to declinations for Qualifying Medical Reasons, to be eligible for this exemption Personnel must also provide to their employer or the Business a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the individual's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate). A sample ascertainment and declination form is available online at www.sfdph.org/dph/covid-19/files/declination.pdf. Personnel who qualify for an exemption due to Religious Beliefs or Qualifying Medical Reasons, as provided above, must still follow the requirements in subpart 6.a.ii, above.

- c. Record Keeping Requirements. Businesses or governmental entities that operate in High-Risk Settings subject to this section must maintain records with following information:
 - i. For vaccinated Personnel: (1) full name and date of birth; (2) vaccine manufacturer; and (3) date of vaccine administration (for first dose and, if applicable, second dose). Nothing in this subsection is intended to prevent an employer from requesting additional information or documentation to verify vaccination status, to the extent permissible under the law.
 - ii. For unvaccinated Personnel: signed declination forms with written health care provider's statement where applicable, as described in subsection b above.
- d. Compliance with CDPH Vaccination Status Order. In addition to the requirements set forth above:
 - i. Until the more health protective requirements in this section take effect, Businesses and governmental entities with Personnel in High-Risk Settings must comply with the requirements of the CDPH Vaccination Status Order; and
 - ii. Businesses and governmental entities with Personnel in adult care facilities and Other Health Care Settings—as that term is defined in the CDPH Vaccination Status Order—must be in full compliance with the requirements of the CDPH Vaccination Status Order.
- e. Cooperation with Public Health Authorities. Businesses or governmental entities with Personnel subject to this Section 6 must cooperate with Health Officer or DPH requests for records, documents, or other information regarding the Business or governmental entity's implementation of these vaccination requirements. This



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cooperation includes, but is not limited to, identifying all jobs or positions within the organization and describing: (1) whether a given job or position is subject to the vaccination requirements of this Section 6, (2) how the Business or governmental entity determined a job or position is subject to vaccination requirements of this Section 6, and (3) how the Business or governmental entity is ensuring full compliance with the vaccination requirements set forth in this Section 6. Complete responses to these requests must be provided to the Health Officer or DPH promptly upon request, and in any event within three business days after receiving the request.

7. Mega-Events. All Businesses, governmental entities, and other organizations must comply with the requirements in the State's Post-Blueprint Guidance for indoor Mega-Events and are urged to follow the recommendations in the State's Post-Blueprint Guidance for outdoor Mega-Events.

For indoor Mega-Events, Personnel and patrons age 12 and up are required to show proof, before entering the facility, that they are Fully Vaccinated or Tested. A written self-attestation of vaccination signed (including an electronic signature) under penalty of perjury and containing the name of the person vaccinated, type of vaccine taken, and date of last dose administered is acceptable as proof of full vaccination only if all Personnel and patrons two-years-old and older wear a Well-Fitted Mask at all times other than while actively eating or drinking.

The host or organizer of an indoor or outdoor Mega-Event or series of Mega-Events must submit to the Health Officer a proposed plan detailing the procedures that will be implemented to minimize the risk of transmission among patrons and Personnel. Specifically, the proposed plan should include to following:

- Description of event details (date/time; expected capacity; location; and type of event).
- Contact name for the event (*i.e.*, a person who can be reached in the event of an outbreak and/or who can be contacted to discuss the proposed plan).
- An explanation of how the host or organizer will have attendees meet requirements for providing their vaccination and/or testing status (if applicable).
- An explanation of how the host or organizer will communicate/message:
 - Information to ensure that guests are aware of testing and vaccination requirements (indoors)/recommendations (outdoors);
 - Encouragement for attendees to have completed their vaccination at least 2 weeks before the event; and
 - The safety measures being taken.



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- If the Mega-Event is being held indoors, an explanation of how the host or organizer will adhere to the Face Covering Requirements and Appendix A attached to this Order.
- A description of the strategies that will be implemented to avoid stagnant crowds (this can include traffic flow, advanced ticketing, touchless payment, etc.).

Plans must be submitted to HealthPlan@sfcityatty.org at least ten business days before the planned event or, if earlier, ten business days before the date on which tickets will begin to be sold or offered to the public. If tickets are already on sale as of the date of this Order, the host or organizer must submit the plan within 30 days of the date of this Order. The host or organizer does not need advance written approval of the Health Officer or the Health Officer's designee to proceed with the Mega-Event consistent with the plan. But in the event the Health Officer identifies deficiencies in the plan, DPH will contact the host or organizer, and the host or organizer is required to work with DPH to address any and all deficiencies.

8. COVID-19 Health Indicators. The City will continue to make publicly available on its website updated data on COVID-19 case rates, hospitalizations and vaccination rates. That information can be found online at sf.gov/resource/2021/covid-19-data-and-reports. The Health Officer will monitor this data, along with other data and scientific evidence, in determining whether to modify or rescind this Order, as further described in Section 2.a above.
9. Incorporation of State and Local Emergency Proclamations and Federal and State Health Orders. The Health Officer is issuing this Order in accordance with, and incorporates by reference, the emergency proclamations and other federal, state, and local orders and other pandemic-related orders described below in this Section. But this Order also functions independent of those emergency proclamations and other actions, and if any State, federal, or local emergency declaration, or any State or federal order or other guidance, is repealed, this Order remains in full effect in accordance with its terms (subject to Section 13 below).
 - 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 the Governor, the February 25, 2020 Proclamation by the Mayor Declaring the Existence of a Local Emergency, and the March 6, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, as each of them have been and may be supplemented.
 - b. State Health Orders. This Order is also issued in light of the various Orders of the State, including, but not limited to, those of the State's Public Health Officer and Cal/OSHA. The State has expressly acknowledged that local health officers have authority to establish and implement public health measures within their respective jurisdictions that are more restrictive than those implemented by the State Public Health Officer.



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- c. Federal Orders. This Order is further issued in light of federal emergency declarations and orders, including, but not limited to, the January 20, 2021 Executive Order on Protecting the Federal Workforce and Requiring Mask-Wearing, which requires all individuals in Federal buildings and on Federal land to wear masks, maintain physical distance, and adhere to other public health measures, and the February 2, 2021 Order of the CDC, which requires use of masks on public transportation, as such orders are amended, extended or supplemented.

10. Obligation to Follow Stricter Requirements of Orders.

Based on local health conditions, this Order includes a limited number of health and safety restrictions that are more stringent than those contained under State orders. Where a conflict exists between this Order and any state or federal public health order related to the COVID-19 pandemic, 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 health, any more restrictive measures in this Order continue to apply and control in this County.

11. Obligation to Follow Health Officer Orders and Directives and Mandatory State Guidance.

In addition to complying with all provisions of this Order, all individuals and entities, including all Businesses and governmental entities, must also follow any applicable orders and directives issued by the Health Officer (available online at www.sfdph.org/healthorders and www.sfdph.org/directives) and any applicable mandatory guidance issued by the State Health Officer or California Department of Public Health. To the extent that provisions in the orders or directives of the Health Officer and the mandatory guidance of the State conflict, the more restrictive provisions (*i.e.*, the more protective of public health) apply. In the event of a conflict between provisions of any previously-issued Health Officer order or directive and this Order, this Order controls over the conflicting provisions of the other Health Officer order or directive. And to the extent the continuing term of another order of the Health Officer is tied to the duration of the Stay-Safer-At-Home Order, this Order shall be deemed a continuation of the Stay-Safer-At-Home Order for those purposes only.

12. 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 County ensure compliance with and enforce this Order. The violation of any provision of this Order (including, without limitation, any health directives) constitutes an imminent threat and immediate menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both. DPH is authorized to respond to such public



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nuisances by issuing Notice(s) of Violation and ordering premises vacated and closed until the owner, tenant, or manager submits a written plan to eliminate all violations and DPH finds that plan satisfactory. Such Notice(s) of Violation and orders to vacate and close may be issued based on a written report made by any City employees writing the report within the scope of their duty. DPH must give notice of such orders to vacate and close to the Chief of Police or the Chief's designee to be executed and enforced by officers in the same manner as provided by San Francisco Health Code section 597. As a condition of allowing a Business to reopen, DPH may impose additional restrictions and requirements on the Business as DPH deems appropriate to reduce transmission risks, beyond those required by this Order and other applicable health orders and directives.

13. Effective Date.

This Order becomes effective at 12:01 a.m. on June 15, 2021 and will continue, as updated, to be in effect until the Health Officer rescinds, supersedes, or amends it in writing. The new requirements in Appendix A are effective at 12:01 a.m. on August 3, 2021.

14. Relation to Other Orders of the San Francisco Health Officer.

As of the effective date and time in Section 13 above, this Order revises and entirely replaces Health Officer Order No. C19-07y (the "Stay-Safer-At-Home Order") issued May 20, 2021. Leading up to and in connection with this Order, the Health Officer has rescinded or is rescinding a number of other orders and directives relating to COVID-19, including those listed in the Health Officer's Omnibus Rescission of Health Officer Orders and Directives, dated June 11, 2021. On and after the effective date of this Order, the following orders and directives of the Health Officer shall continue in full force and effect: Order Nos. C19-11 (Laguna Honda Hospital protective quarantine), C19-16 (hospital patient data sharing), C19-18 (vaccine data reporting), and C19-19 (minor consent to vaccination); and the directives that this Order references in Sections 3.e and 5, as the Health Officer may separately amend or later terminate any of them. Also, this Order also does not alter the end date of any other Health Officer order or directive having its own end date or that continues indefinitely.

15. Copies.

The County must promptly provide copies of this Order as follows: (1) by posting on the DPH website (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.

16. Severability.

If a court holds any provision of this Order or its application to any person or circumstance to be invalid, then the remainder of the Order, including the application of



ORDER OF THE HEALTH OFFICER No. C19-07y (updated)

such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

IT IS SO ORDERED:



Naveena Bobba, MD, MPH
Deputy Director of Health

Dated: August 2, 2021

Under Delegation From:

Susan Philip, MD, MPH,
Health Officer of the
City and County of San Francisco

Attachments:

- Appendix A – Face Covering Requirements

Order No. C19-07y – Appendix A: Face Covering Requirements

[August 2, 2021]

1. General Requirement to Wear Well-Fitted Mask.

Everyone, including people who are Fully Vaccinated, must wear a Well-Fitted Mask in indoor public settings at all times except as provided in Sections 4 and 5, below.

2. Ventilation.

Businesses and operators of other public and private facilities where people are allowed to remove their Well-Fitted Masks indoors (under any of the exceptions provided in Section 5, below) may only allow people to remove their Well-Fitted Masks if they use at least one of the following ventilation strategies: (1) all available windows and doors accessible to fresh outdoor air are kept open as long as air quality and weather conditions permit; (2) fully operational HVAC system; or (3) appropriately sized portable air cleaners in each room.

3. Proof of Full Vaccination.

Businesses and other entities are urged to require people to provide proof that they are Fully Vaccinated before allowing people to remove their Well-Fitted Mask to the extent allowed in Section 5, below. For clarity, even if a Business or other entity does verify that people are Fully Vaccinated, people still must wear a Well-Fitted Mask as required by this Order.

4. Status-Based Exemptions.

- a. Medical or Safety Exemption. A person does not need to wear a Well-Fitted Mask when they can show: (1) a medical professional has provided a written exemption to the Face Covering Requirement, based on the person's medical condition, other health concern, or disability; or (2) that they are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication; or (3) wearing a Well-Fitted Mask while working would create a risk to the person related to their work as determined by local, state, or federal regulators or workplace safety guidelines. In accordance with California Department of Public Health ("CDPH") and United States Centers for Disease Control and Prevention ("CDC") guidelines, if a person is exempt from wearing a Well-Fitted Mask under this paragraph, they still must wear an alternative face covering, such as a face shield with a drape on the bottom edge, unless they can show either: (1) a medical professional has provided a written exemption to this alternative face covering requirement, based on the person's medical condition, other health concern, or disability; or (2) wearing an alternative face covering while working would create a risk to the person related to their work as determined by local, state, or federal regulators or workplace safety guidelines.

A Well-Fitted Mask should also not be used by anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the Well-Fitted Mask without assistance.

Order No. C19-07y – Appendix A: Face Covering Requirements

[August 2, 2021]

- b. Children. In accordance with CDPH and CDC guidelines, any child younger than two years old must not wear a Well-Fitted Mask because of the risk of suffocation. Children age two to nine years must wear Well-Fitted Masks to the greatest extent feasible. Children age two to nine years may wear an alternative face covering (as that term is described in Section 2.a, above) if their parent or caregiver determines it will improve the child’s ability to comply with this Order. Children age two to nine and their accompanying parents or caregivers should not be refused any essential service based on a child’s inability to wear a Well-Fitted Mask (for example, if a four-year old child refuses to keep a Well-Fitted Mask on in a grocery store), but the parent or caregiver should when possible take reasonable steps to have the child wear a Well-Fitted Mask to protect others and minimize instances when children without Well-Fitted Masks are brought into settings with other people. Parents and caregivers of children age two to nine years must supervise the use of Well-Fitted Masks to ensure safety and avoid misuse.
- c. Personal Protective Equipment. A person does not need to wear a Well-Fitted Mask when wearing personal protective equipment (“PPE”) that is more protective than a Well-Fitted Mask, as required by (i) any workplace policy or (ii) any local, state, or federal law, regulation, or other mandatory guidance. When a person is not required to wear such PPE and in an indoor public setting, they must wear a Well-Fitted Mask unless otherwise exempted from this Order.

5. Activity- and Location-Based Exemptions.

To the extent allowed by state or federal rules requiring face coverings for unvaccinated people, wearing a Well-Fitted Mask is not required in any of the following situations:

- a. Indoor Public Setting While Alone or with member of Household. A person does not need to wear a Well-Fitted Mask when they are alone or with a member of their Household in a public building or completely enclosed space such as an office, and people who are not part of their Household are not likely to be in the same space. If someone who is not part of a person’s Household enters the enclosed space, both people must wear a Well-Fitted Mask for the duration of the interaction. For clarity, people must wear Well-Fitted Masks whenever they are in semi-enclosed spaces such as cubicles and common areas for shared living settings, such as hotels, shared rentals with multiple Households, dormitories, fire stations, lobbies, and elevators. A Well-Fitted Mask must be worn if the person is in an indoor public space where others who are not part of their Household routinely are present.
- b. Active Eating and Drinking. People may remove their Well-Fitted Mask while actively eating or drinking. People are urged to be seated at a table or positioned at a stationary counter or place while eating or drinking. For clarity, Well-Fitted Masks may be removed while actively eating or drinking at events other than indoor dining, such as live performances and movies.

Order No. C19-07y – Appendix A: Face Covering Requirements

[August 2, 2021]

- c. Personal Motor Vehicle. A person does not need to wear a Well-Fitted Mask when in a motor vehicle and either alone or exclusively with other members of the same Household. But a Well-Fitted Mask is required when alone in the vehicle if the vehicle is used as a taxi or for any private car service or ride-sharing vehicle. Persons sharing a personal motor vehicle with people outside of the same Household are strongly encouraged to roll down the vehicle's windows for ventilation.
- d. Showering, Personal Hygiene, or Sleeping. People may remove their Well-Fitted Mask only while showering or actively engaging in personal hygiene that requires removal of the Well-Fitted Mask, including at a gym or other facility. People may remove their Well-Fitted Mask while sleeping in indoor public settings.
- e. Live or Recorded Performance and Professional Sports. Performers at indoor live or recorded settings or events such as concerts, live music, film, television, recording studios, theater, opera, symphony, and professional sports may remove their Well-Fitted Masks while actively performing or practicing. If they remove their Well-Fitted Mask, performers must maintain at least six feet of distance from attendees and employees and are encouraged to maintain as much distance from other performers as possible. Performers are strongly urged to be Fully Vaccinated or regularly tested, and to wear their Well-Fitted Masks to the greatest extent possible. Attendees and employees must remain masked while attending or working at the performance except when another exception applies.
- f. Religious Gatherings. Service leaders of indoor public religious gatherings, including by way of example but not limitation, choirs, may remove their Well-Fitted Mask while actively performing religious services. If they remove their Well-Fitted Mask, service leaders must maintain at least six feet of distance from participants except when another exception applies and are encouraged to maintain as much distance from other service leaders as possible. Service leaders are strongly urged to be Fully Vaccinated or regularly tested, and to wear their Well-Fitted Masks to the greatest extent possible. Participants in indoor religious gatherings may remove their Well-Fitted Masks to participate in religious rituals.
- g. Personal Services. Patrons of personal services such as facials, beard trims, facial piercing and tattoos, and facial massages may remove their Well-Fitted Mask only while actively receiving a service or treatment that requires temporary removal of the Well-Fitted Mask. Where they cannot maintain at least six feet of distance, providers of personal services must wear a N-95 mask, respirator, or procedural/surgical mask while administering the service.
- h. Recreational Sports. Participants in indoor recreational sports, gyms, and yoga studios may not remove their Well-Fitted Masks except while actively engaged in water-based sports (swimming, swim lessons, diving, water polo) and other sports where masks create imminent risk to health (e.g., wrestling, judo). Swim instructors who are not Fully

Order No. C19-07y – Appendix A: Face Covering Requirements

[August 2, 2021]

Vaccinated are required to wear a face shield at all times that they are in the water with other people.

6. Additional Recommendations.
 - a. Outdoor Crowded Gatherings. People who are outdoors in close proximity to other people who are not part of their Household are strongly encouraged to wear a Well-Fitted Mask.
 - b. Indoor Private Gatherings. People are strongly encouraged to wear a Well-Fitted Mask when present in an indoor private gathering at a Residence if someone who is not part of a person's Household is present in the Residence. For clarity, people must wear a Well-Fitted Mask in common areas of a Residence that is used as a shared rental with multiple Households.
 - c. Providing a Well-Fitted Mask. Businesses and other entities subject to this Order are strongly encouraged to provide a Well-Fitted Mask at no cost to people who do not have one upon entry inside the facility.

7. Compliance with CDPH Vaccination Status Order's Mask Requirement.

Businesses and governmental entities with Personnel in Acute Health Care Settings, Long-Term Care Settings, High-Risk Congregate Settings, and Other Health Care Settings—as those terms are defined in the CDPH Vaccination Status Order, available online at www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx—must provide appropriate face coverings as required by the CDPH Vaccination Status Order.

MEMORANDUM

DATE: August 12, 2021
TO: Dr. Stephen Follansbee, President of the Health Service Board
FROM: Abbie Yant, Executive Director of the San Francisco Health Service System
RE: Health Service Board Email Outcome Report for April-July 2021

Health Service Board Future Email Outcome Reports:

The following email activities were tracked and categorized under the email policy with the following categories:

- Member Services Experience (General Information, Feedback)
- Benefits Inquiry (Open Enrollment, Eligibility/Enrollment, Payments, Provider Information)
- Policy Questions (Rates & Benefits, Plan/Provider changes)
- Board Meeting Questions (Time of the meeting, Public Comment Instructions, Agenda)
- Miscellaneous Inquiry (Unrelated Board matters or questions)

In total, 18 emails were received between April and July. The SFHSS Member Service team responded, addressed, or had conversations with members who contacted the Health Service Board by email. There are five email categories, but it is worth noting that 9 of the 12 emails in May were identified as public comment relating to policies. The emails were forwarded to the Board and noted in the May Health Service Board meeting minutes.

Health Service Board Email Outcome Report April-July		
Member Need	Monthly Total	Action
Member Services	0	Closed
Benefits Inquiry	4	Closed
Policy Questions	11	Closed
Board Meeting Questions	2	Closed
Miscellaneous	1	Closed

Month	Emails
April	2
May	12
June	3
July	1

Enterprise Systems & Analytics Report

August 12, 2021

Project	Status	Key Accomplishments
Cybersecurity / Disaster Preparedness		<ul style="list-style-type: none"> • Door badging system software/server updates completed • Files on network drives have been classified by sensitivity to comply with COIT policy
VOIP telephony upgrade		<ul style="list-style-type: none"> • DT is configuring Cisco WebEx cloud which is a precedent to HSS being able to use this software • Quote received. Pending another demo of additional features
Dependent Eligibility Verification Audit		<ul style="list-style-type: none"> • Ongoing sessions with Salesforce accelerator to develop proof of concept • Evaluating tools for system interfaces
eBenefits		<ul style="list-style-type: none"> • Completed dry run of webinar for registration drive for City College. Actual event scheduled for 8/13 • Self-Service account registration for City College has been deployed • City College eBenefits development and configuration completed
Social Determinants of Health (SDoH)		<ul style="list-style-type: none"> • Continued development of data measurement plan • Ongoing meetings with stakeholders and partners
Open Enrollment		<ul style="list-style-type: none"> • Workterra SSO testing completed and approved. Migrating to production • Attending BSC and Healthnet implementation meetings • 15 interface files in various stages of development • Configuration of benefits system to reflect 2022 play year is on track • New deduction codes requested from payroll • Cobra interface file changes completed • OE letter programming and testing completed. Migrated to production • Test data for OE letters was provided to the print house • Various data files provided for targeted communication campaigns



On Schedule, Adequate Resources, Within Budget, Risks in Control



Potential issues with schedule /budget can be saved with corrective actions



Serious issues. Project most likely delayed or significant budget overrun

Well-Being Monthly Report

Health Service Board Meeting | August 12, 2021

Mental Health Awareness Month (MHAM) - May

Each year, millions of Americans face the reality of living with a mental illness. SFHSS is joining the national movement to raise awareness about mental health

Goal: To raise awareness about mental health and drive individuals to mental health resources.

Success Measures	Weekly Communication	Highlighted Resources	Visual Reminders
<ul style="list-style-type: none"> ✓ Increased call volume to EAP services. ✓ Increased participation in the monthly webinars/seminars when compared to our average. ✓ Increased click rates in online resources such as CredibleMind and EAP We're Here for You webpages. ✓ Increased module clicks within CORDICO Wellness App. 	<ul style="list-style-type: none"> ✓ Self-Care ✓ Family Mental Health ✓ Worry and Anxiety ✓ Substance Abuse ✓ Resiliency 	<ul style="list-style-type: none"> ✓ EAP We're Here for You webpage ✓ CredibleMind dedicated resources for MHA month ✓ Webinars/Seminars ✓ EAP resources ✓ Mental health resources - health plans 	<ul style="list-style-type: none"> ✓ Wear a Green Ribbon – Department Support ✓ Lighting of City Hall Green

MHAM – Success Measures and Outcomes

Success Measure	Outcome
Increase call volume to EAP services.	
Increase participation in the monthly webinars/seminars when compared to our average.	
Increased click rates in online resources such as CredibleMind and EAP We're Here for You webpages.	
Increased module clicks within CORDICO Wellness App.	

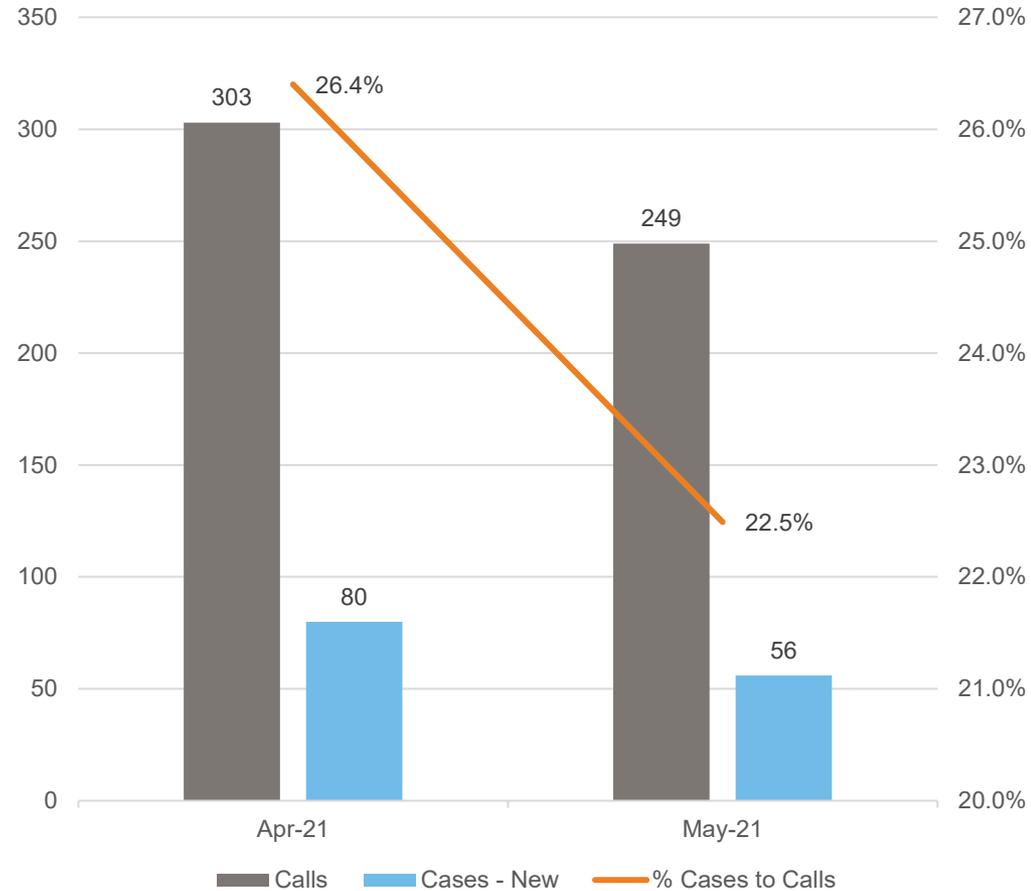
MHAM Success Measures: Increase in call volume to EAP

- Total Call Volume: 249
- Total Number of Cases: 56
- -21% decrease in calls from previous month

Success Measure NOT MET



Call Volume, Cases and % of Cases: Comparison - Previous Month



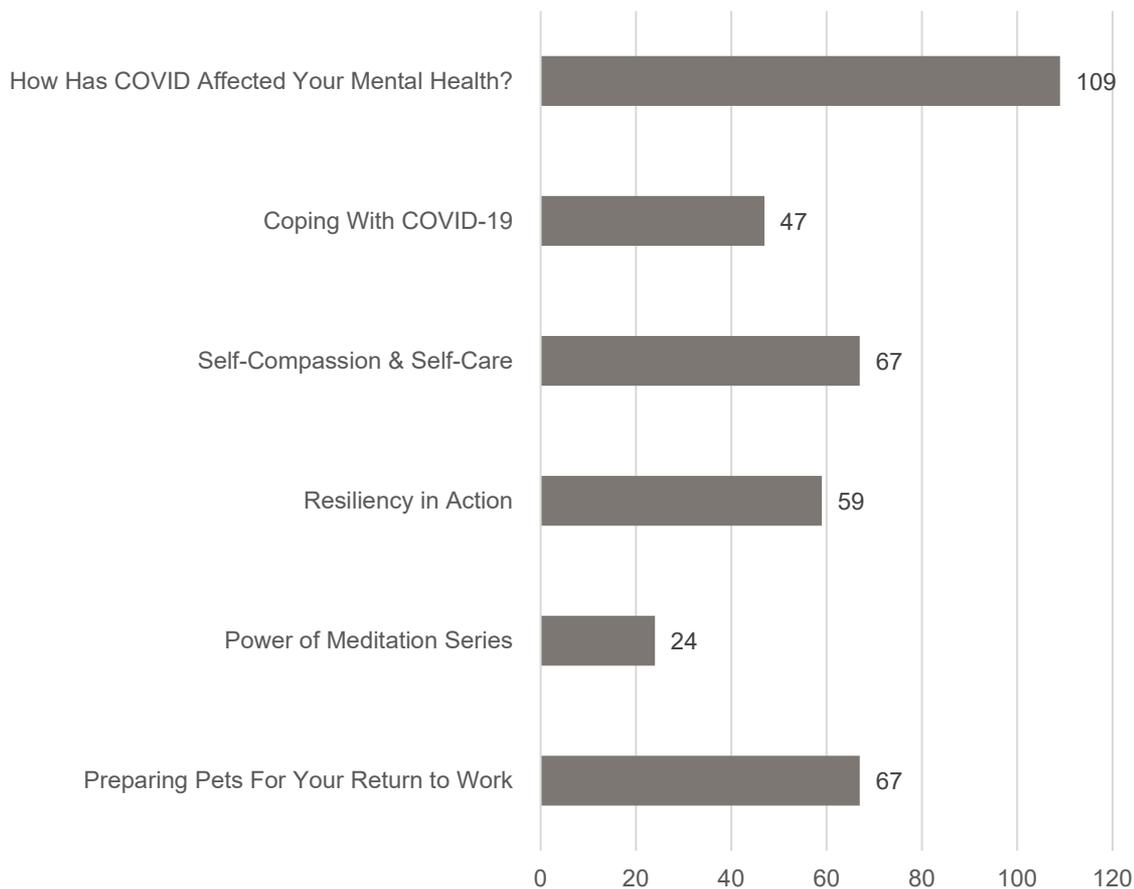
MHAM Success Measures: Increase in participation in monthly webinars/seminars when compared to the average monthly participation.

- Participation Total: 373
- Average Participation: 62
- Increase in average participation based of monthly average: 76%

Success Measure **MET**



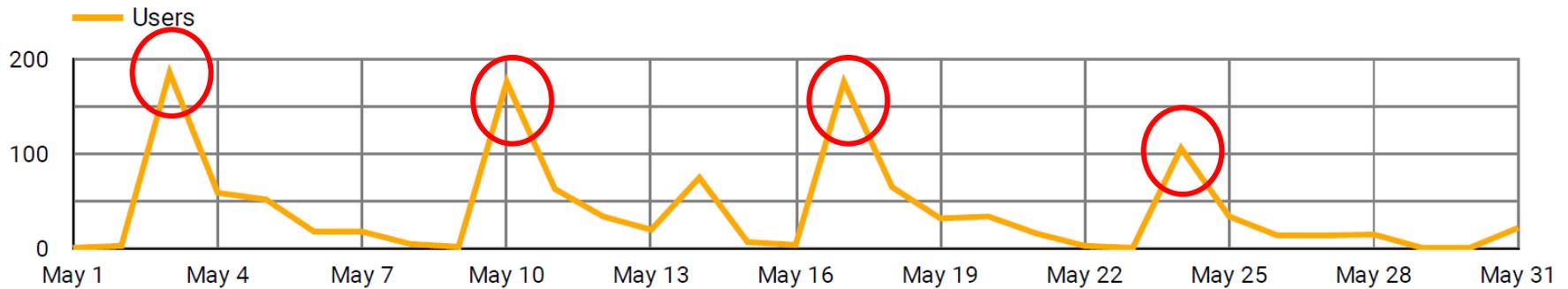
Participation



MHAM Success Measures: Increase in click rates for online resources

CredibleMind

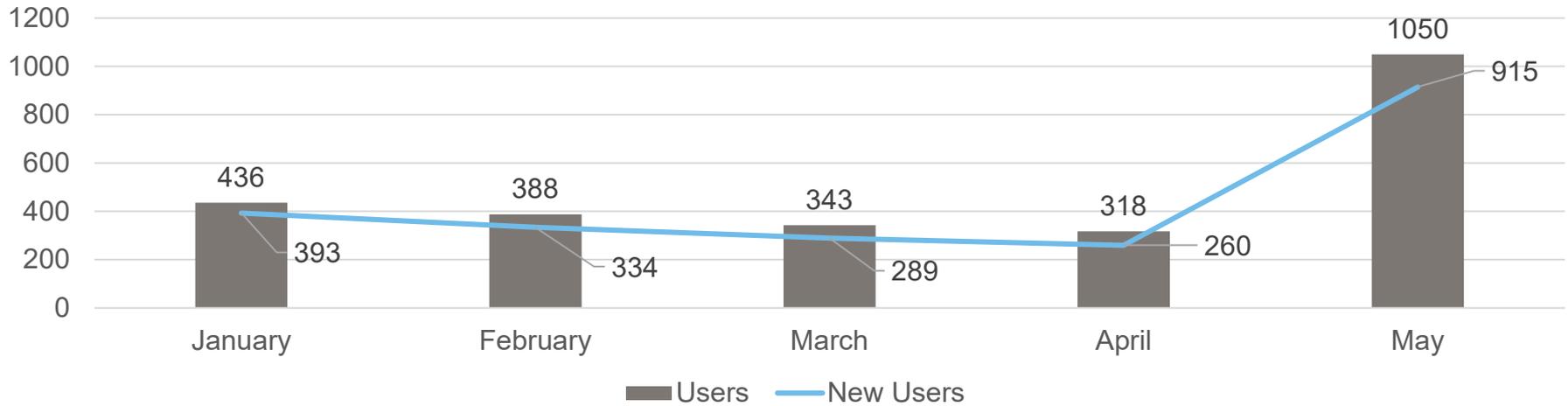
- 176 people took the Mental Health Profile assessment
- The top resources were [Burnout Recovery: 11 Strategies to Help You Reset](#), [Caregivers Need to Care for Themselves](#) and [Unwinding Your Anxiety Habit Loop](#)
- Website traffic aligns with weekly email communications
- 655 New Users (65% increase from monthly average)



Users	New Users	Sessions per User	Sessions	Avg. Session Duration	New Subscribers
1,050	915	1.27	1,330	00:05:47	49

MHAM Success Measures: Increase in click rates for online resources

CredibleMind: Total and New Users



What Users Did on the Site: Report Date Range



Success Measure **MET**



MHAM Success Measures: Increase in click rates for online resources

We're Here For You

- The We're Here for You webpage ranked #8 in May and fell within the top 10 most visited sites. The prior month it ranked #59.

Data Timeline	Website Page	Results	March** 2021	May 2021
Month Over Month	We're Here for You	Increase in pageviews	30 pageviews	136 pageviews

***Data points are comparing March 2021 vs. May 2021 due to the website analytics not being available.*

**Success
Measure MET**



MHAM Success Measures: Increased module clicks within CORDICO Wellness App

Department Results: # of modules where success measure was met

- DEM – 1 of 4 met
- FIR – 1 of 4 met
- POL – 2 of 4 met
- SHF – 1 of 4 met

Modules Targeted	# of Departments – Increase in Module Clicks
Notifications	1
Wellness Toolkit	2
Assessments	2
Guided Meditations	1

Factors involved in not meeting success measures:

- Huge marketing push during April – DEM
- Increase in push notifications in April - POL

Success Measure NOT MET



MHAM Additional Resources: Weekly Communic

Weekly Topics Included:

- ✓ 5/3: Self-Care
- ✓ 5/10: Family Mental Health
- ✓ 5/17: Worry and Anxiety
- ✓ 5/24: Substance Abuse
- ✓ 5/31: Resiliency

Top 5 Clicked Links:

Email	Link	# of Unique Clicks
Week 2: Family Mental Health	Mayor London Breeds Public Service Announcement – Mental Health	371
Week 3: Worry and Anxiety	Mayor London Breeds Public Service Announcement – Mental Health	322
Week 1: Self-Care	Take the Assessment – What’s Your Mental Health Profile	224
Week 3: Worry and Anxiety	EAP – We’re Here for You	138
Week 1: Self-Care	Take the Mindfulness Quiz – Greater Good Science Center	112

Family Mental Health and Well Being



What is Family Mental Health?

Family relationships (partners, children, friends, parents, and extended family members) are ever-changing, can often be complex, and can affect our mental health, behavior and even physical health. Additionally, you or someone you know may have a family member that suffers from mental illness. When family relationships are stable and supportive - it can have a positive impact on someone

coping with mental illness.

Reach out for help when needed to maintain a support system, so your family’s health and well-being can thrive. The Mental Health Awareness Month series offers many resources to support the Mental Health of you and your family – [make time to check them out.](#)



Explore These Resources and Tools:

Positive Parenting

Methods that encourage and promote enthusiasm, Positive and supportive attitudes are the best prevention strategies. [Learn more at CredibleMind.](#)

Anxiety and Young Adults

MHAM Additional Resources: Weekly Communications

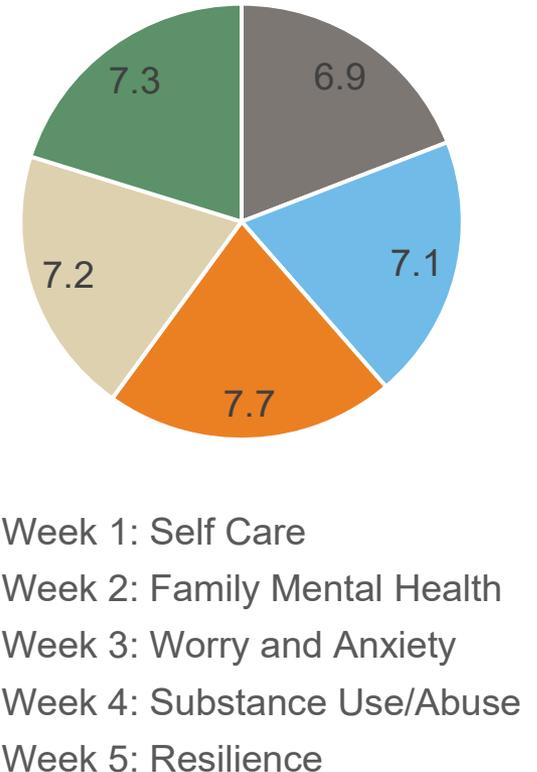
Averages -

- ✓ 7.2 score
- ✓ 26.2% Open Rate
- ✓ 7.8% Click Rate
- ✓ 28.8K Recipients Received the weekly email

Highlights –

- ✓ Best score of 7.3 – Week 5: Resiliency
- ✓ Highest Open Rate of 32% - Week 3: Worry and Anxiety
- ✓ Highest Click Rate of 12 % - Week 2: Family Mental Health

Weekly Email Score



MHAM Additional Resources: Training

Stress First Aid Workshops

- ✓ 4 Trainings provided
- ✓ Participation – 46
 - ✓ Representing 13 different city departments
- ✓ 95% booked rate
- ✓ 61% of show rate
- ✓ Net Promoter Score – 70

“The overall material was great! The exercises and resources are very beneficial.”

% of Participants that Agree - Strongly Agree with the Following Statements:



MHAM Additional Resources: Training

Mental Health First Aid Workshops

- Trainings offered - 9
- Engaged departments – 6 of which HSS offered 2 that were open to all departments
- Participation – 99 leader/managers/supervisors

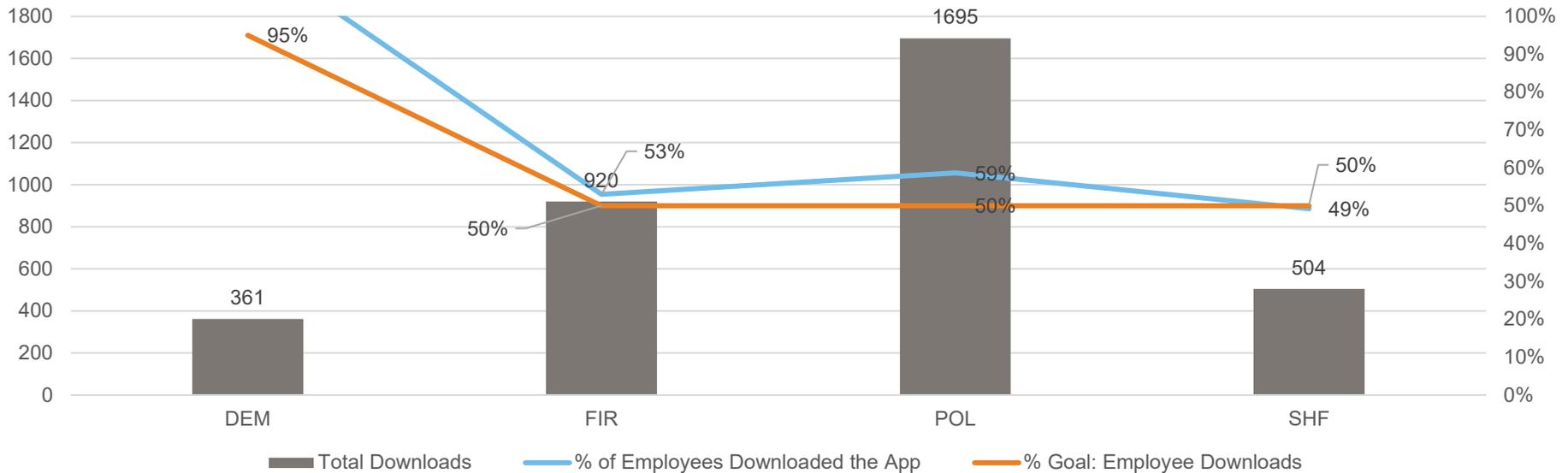


“I learned to be a better listener and how to best provide assistance.”

Behavioral Health: Cordico Wellness App

- 50% download goal met by 3 out of the 4 First Responder Departments
- Total downloads:
 - 3,480
 - 135 new downloads in June

Total Downloads and % of Employees Downloaded by Dept. (YTD)



Data represented 5/25/2020 through 6/30/2021

Behavioral Health: Cordico Wellness App

New Engagement Goals Established

- Increase engagement – “Up lift”
- Module clicks higher than downloads
- Create Individual Department Strategy
 - ✓ Partner with SFHSS

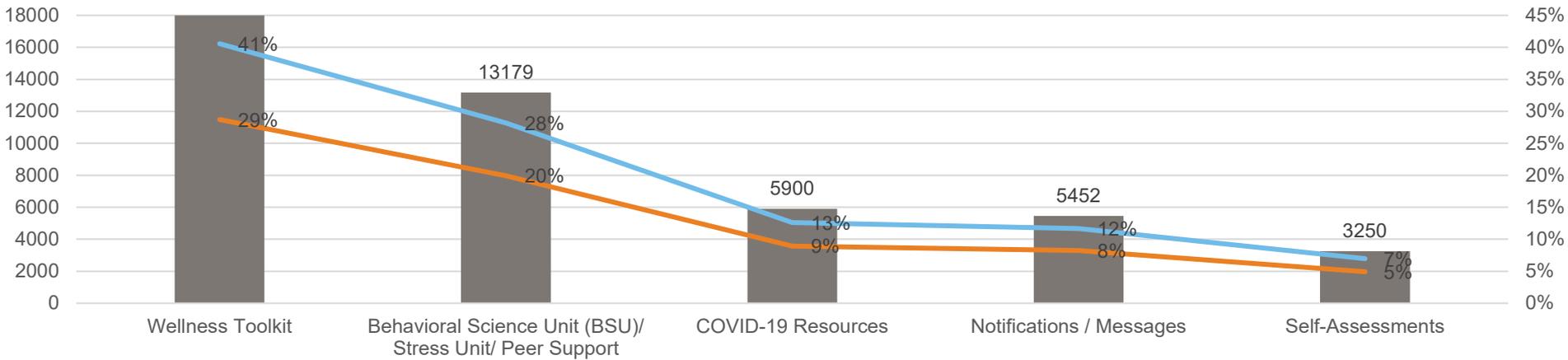
Data Point	DEM	FIR	POL Store	SHF
Total modules clicks <i>(May 2020 – May 2021)</i>	14,852	11,082	26,199	8,143
<i>July 2021 – May 2021</i>				
Total modules clicks	5,291	7,012	19,675	2,013
Average Monthly Clicks	481	637.5	3,822.8	183
Average clicks per download per month	1.7	0.9	1.7	0.5
GOAL = 100% Increase in Module Clicks				
Increase in clicks per month per download	1.7	0.9	1.7	0.5
Average monthly clicks per download	3.4	1.8	3.4	1.0

Behavioral Health: Cordico Wellness App

Modules -

- Total of 66,157 modules clicks YTD
- May – Highest number of clicks by Dept.
 - ✓ DEM – Find a Therapist (9)
 - ✓ FIR – Station Finder (45)
 - ✓ POL – Behavioral Science Unit (624)
 - ✓ SHF – Find a Therapist (35)

Top 5 Modules Clicked: Total clicks, % of clicks within the top 5 modules and % of all module clicks



*Data represented 5/25/2020 through 6/30/2021

■ Total — % of Top 5 Clicks — % of All Clicks

June Highlights

- 8.8% increase in calls (total 273) from prior month
- 4th highest case to call volume in the last 12 months at 29%

External 24/7 EAP

(Data represents 7/1/2020 through 6/30/2021)

- 2,151 calls of which 761(35%) became cases
- Highest call volume takes place between 11 am - 2 pm

June 2021

- 54% of all callers are between the age of 31 – 40 and 61-60
- 9% decrease in calls coming in between 5 pm and 8 am compared to prior month
- 23% of all presenting issues are partner/relationship

SFHSS Internal EAP

(Data represents 7/1/2020 through 6/30/2021)

Services

- 3,202 individuals served
- 1,744 services provided
- 275 leadership consultations
- 849 individual consultations
- Responded to 18 critical incidents serving 106 individuals
- Took on 127 new cases

External 24/7 EAP + SFHSS Internal EAP:
Total Number of Calls, Cases and % Cases

