

VARIANCE TO STAGE 2 OF CALIFORNIA'S ROADMAP TO MODIFY THE STAY-AT-HOME ORDER

COVID-19 VARIANCE ATTESTATION FORM

FOR County of San Francisco



May 18, 2020

Background

On March 4, 2020, Governor Newsom proclaimed a State of Emergency because of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 14th, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4th, announced that entry into Stage 2 of the plan would be imminent.

Given the size and diversity of California, it is not surprising that the impact and level of county readiness for COVID-19 has differed across the state. On May 7th, as directed by the Governor in Executive Order N-60-20, the State Public Health Officer issued a local variance opportunity through a process of county self-attestation to meet a set of criteria related to county disease prevalence and preparedness. This variance allowed for counties to adopt aspects of Stage 2 at a rate and in an order determined by the County Local Health Officer. Note that counties desiring to be stricter or move at a pace less rapid than the state did not need a variance.

In order to protect the public health of the state, and in light of the state's level of preparedness at the time, more rapid movement through Stage 2 as compared to the state needed to be limited to those counties which were at the very lowest levels of risk. Thus, the first variance had very tight criteria related to disease prevalence and deaths as a result of COVID-19.

Now, 11 days after the first variance opportunity announcement, the state has further built up capacity in testing, contact tracing and the availability of PPE. Hospital surge capacity remains strong overall. California has maintained a position of stability with respect to hospitalizations. These data show that the state is now at a higher level of preparedness, and many counties across the state, including those that did not meet the first variance criteria are expected to be, too. For these reasons, the state is issuing a second variance opportunity for certain counties that did not meet the criteria of the first variance attestation. This next round of variance is for counties that can attest to meeting specific criteria indicating local stability of COVID-19 spread and specific levels of county preparedness. The criteria and procedures that counties will need to meet in order to attest to this second

variance opportunity are outlined below. It is recommended that counties consult with cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

Local Variance

A county that has met the criteria in containing COVID-19, as defined in this guidance or in the guidance for the first variance, may consider modifying how the county advances through Stage 2, either to move more quickly or in a different order, of California's roadmap to modify the Stay-at-Home order. Counties that attest to meeting criteria can only open a sector for which the state has posted sector guidance (see [Statewide industry guidance to reduce risk](#)). Counties are encouraged to first review this document in full to consider if a variance from the state's roadmap is appropriate for the county's specific circumstances. If a county decides to pursue a variance, the local health officer must:

1. Notify the California Department of Public Health (CDPH), and if requested, engage in a phone consultation regarding the county's intent to seek a variance.
2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the health care coalition or health care systems in said county.¹ In the event that the county does not have a health care coalition or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable. The full submission must be signed by the local health officer.

All county attestations, and submitted plans as outlined below, will be posted publicly on CDPH's website.

CDPH is available to provide consultation to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at Jake.Hanson@cdph.ca.gov to notify him of your intent to seek a variance and if needed, request a consultation.

County Name: San Francisco

County Contact: Tomas Aragon

Public Phone Number: 415-554-2898

Readiness for Variance

The county's documentation of its readiness to modify how the county advances through Stage 2, either to move more quickly or in a different order, than the California's roadmap to modify the Stay-at-Home order, must clearly indicate its preparedness according to the

¹ If a county previously sought a variance and submitted a letter of support from the health care coalition or health care systems but did not qualify for the variance at that time, it may use the previous version of that letter. In contrast, the County Board of Supervisors must provide a renewed letter of support for an attestation of the second variance.

criteria below. This will ensure that individuals who are at heightened risk, including, for example, the elderly and those with specific co-morbidities, and those residing in long-term care and locally controlled custody facilities and other congregate settings, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

As part of the attestation, counties must provide specifics regarding their movement through Stage 2 (e.g., which sectors, in what sequence, at what pace), as well as clearly indicate how their plans differ from the state's order.

As a best practice, if not already created, counties will also attest to plan to develop a county COVID-19 containment strategy by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors.

It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen to reinstitute restrictions in advance of any state action.

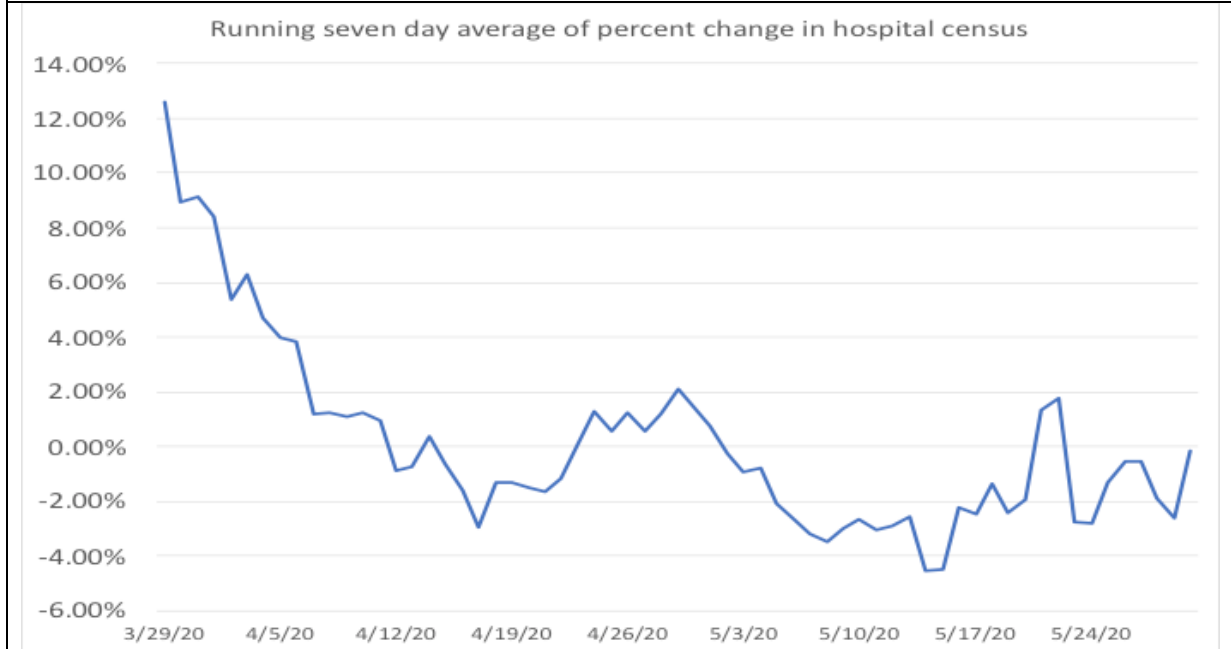
Readiness Criteria

To establish readiness for a modification in the pace or order through Stage 2 of California's roadmap to modify the Stay-at-Home order, a county must attest to the following readiness criteria and provide the requested information as outlined below:

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by reintroducing features of the stay at home order and using capacity within the health care delivery system to provide care to the sick. Given the anticipated increase in cases as a result of modifying the current Stay-At-Home order, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
 - Demonstrated stable/decreasing number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients of <+5% **-OR-** no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.

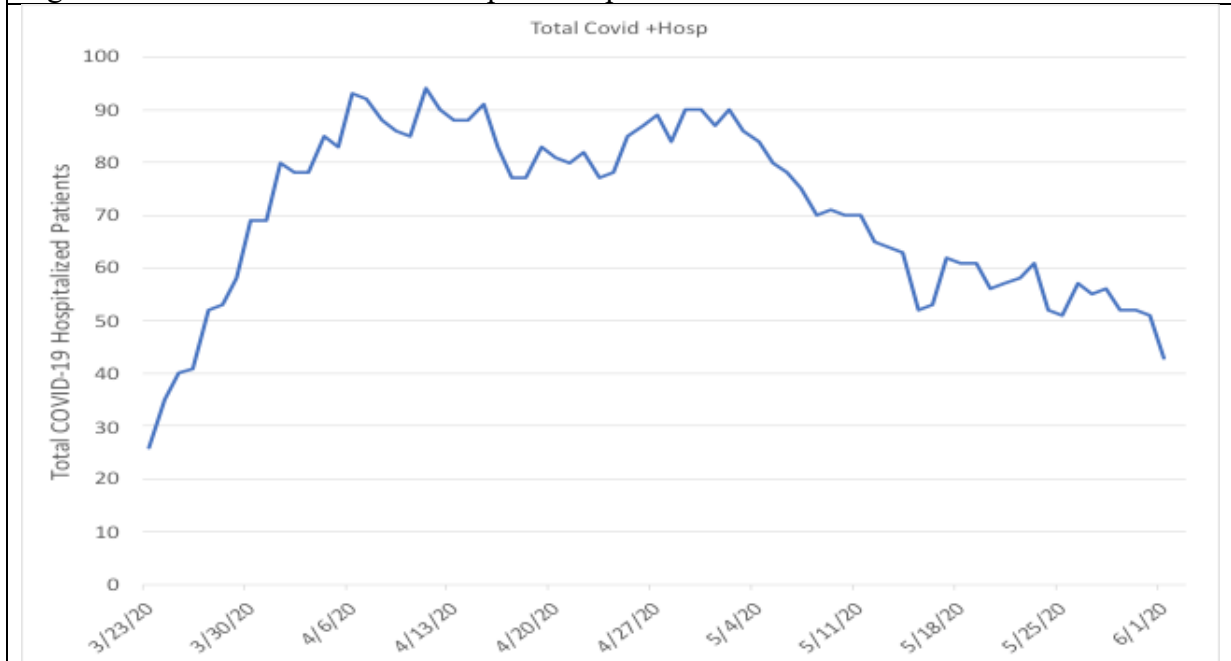
San Francisco meets the 7-day running average of daily percent change < 5% (Figure 1). The most recent value is 0.0%

Figure 1. 7 day average of daily percent change in total Covid + hospitalizations



We do NOT meet the “no more than 20 total confirmed COVID-19 patients hospitalized on a single day over the past 14 days (Figure 2). The most recent value is 43.

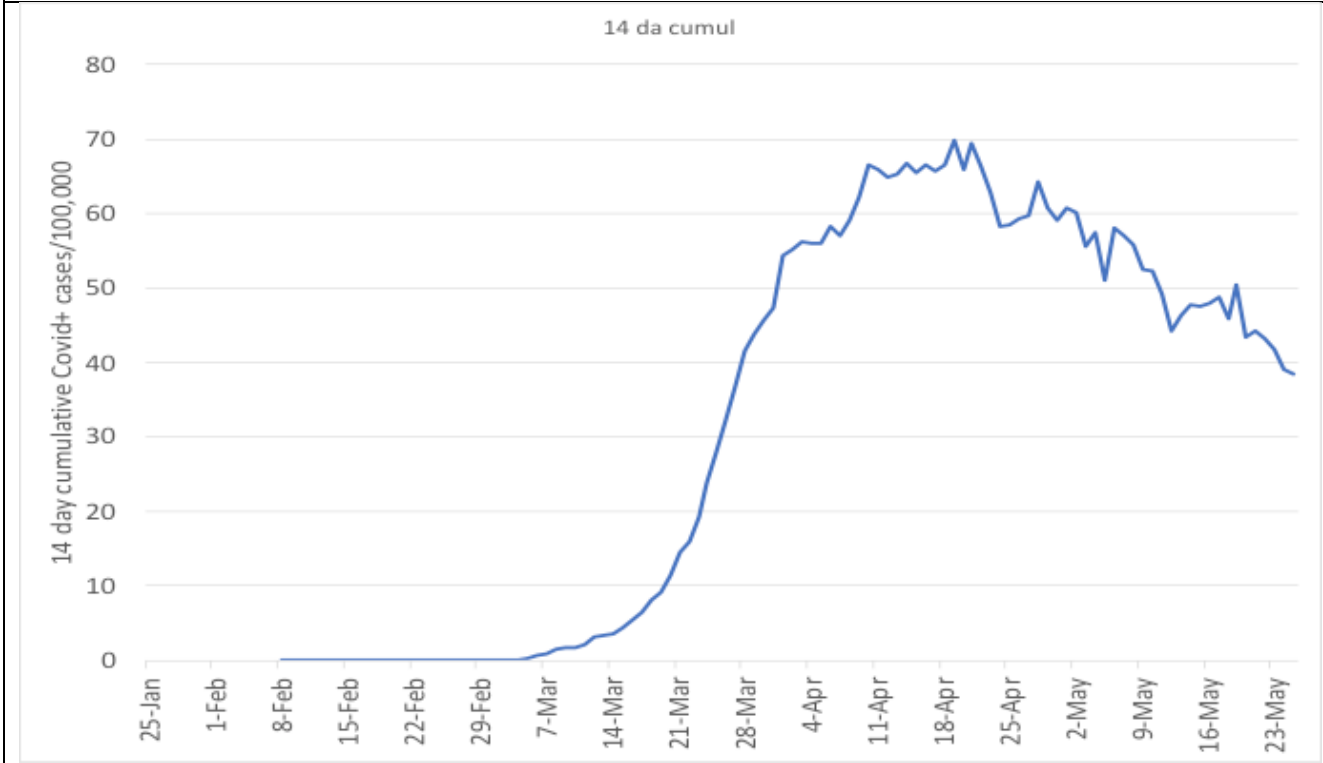
Figure 2. Confirmed COVID-19 hospitalized patients



- 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

We do NOT meet the 14-day cumulative COVID-19 positive incidence of <25 per 100,000 (Figure 3). The most recent value is 38 cases/100,000.

Figure 3. 14-day cumulative COVID-19 positive incidence



San Francisco DOES meet the testing positivity over the past 7 days of <8% (Figure 4). The most recent value is 1%.

Figure 4. Testing positivity running seven day average



NOTE: State and Federal prison inmate COVID+ cases can be excluded from calculations of case rate in determining qualification for variance. Staff in State and Federal prison facilities are counted in case numbers. Inmates, detainees, and staff in county facilities, such as county jails, must continue to be included in the calculations.

Facility staff of jails and prisons, regardless of whether they are run by local, state or federal government, generally reside in the counties in which they work. So, the incidence of COVID-19 positivity is relevant to the variance determination. In contrast, upon release, inmates of State and Federal prisons generally do not return to the counties in which they are incarcerated, so the incidence of their COVID-19 positivity is not relevant to the variance determination. While inmates in state and federal prisons may be removed from calculation for this specific criteria, working to protect inmates in these facilities from COVID-19 is of the highest priority for the State.

- o Counties using this exception are required to submit case rate details for inmates and the remainder of the community separately.

This question does not apply. This question pertains to state or federal prisons and none are in San Francisco. The majority of city workers live out of county. And, in contrast to state prisons, persons released from San Francisco jails (about 80%) list their primary place of residence in San Francisco.

- **Protection of Stage 1 essential workers.** A determination must be made by the county that there is clear guidance and the necessary resources to ensure the safety of Stage 1 essential critical infrastructure workers. The county must attest to:
 - Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide, as a separate attachment, copies of the guidance(s).

We have developed and provided numerous guidance documents for essential workers. We have general guidance to make physical environments safer, including for employers and essential critical infrastructure workers. We have provided guidance around cleaning, testing, handling positive cases among employees, screening employees, food facilities and delivery, PPE recommendations for different types or personnel, elder and residential care facilities, Emergency Medical Services, Healthcare, and the face covering directive.

**Links to the guidance documents are in:
Appendix A. Guidance SFDPH has created for Stage 1 Workers**

- Availability of supplies (disinfectant, essential protective gear) to protect essential workers. Please describe how this availability is assessed.

Availability of supplies is assessed through San Francisco Department of Public Health Department Operations Center Logistics and Emergency Operations Center Logistics current warehousing and hospital inventories. San Francisco has multiple warehousing sites. We track dual inventories for all critical, scarce, and most used Personal Protective Equipment. We also track burn rates and conduct procurement accordingly. Inventory is reviewed daily against resource requests from the healthcare system and partners.

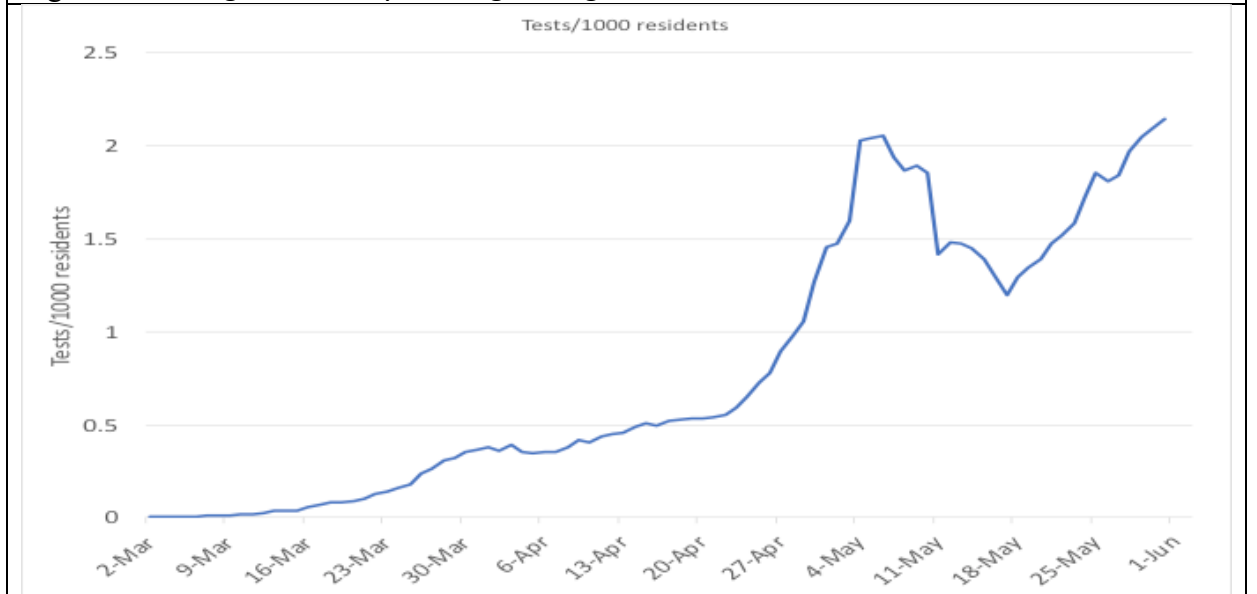
**For the list, please see:
Appendix A2. List of supplies for essential workers (TBD)**

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current [testing criteria](#), (available on CDPH [website](#)). The county must attest to:
 - Minimum daily testing capacity to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Provide the number of tests conducted in the past week. A county must also provide a plan to reach the level of testing that is required to meet the testing capacity levels, if the county has not already reached the required levels.

San Francisco meets the minimum daily testing capacity. San Francisco is currently conducting 2.66 tests per 1,000 (as of June 11, 2020).

San Francisco's laboratory testing dashboard can be found here:
<https://data.sfgov.org/stories/s/d96w-cdge>

Figure 5. Testing rates, 7 day running average

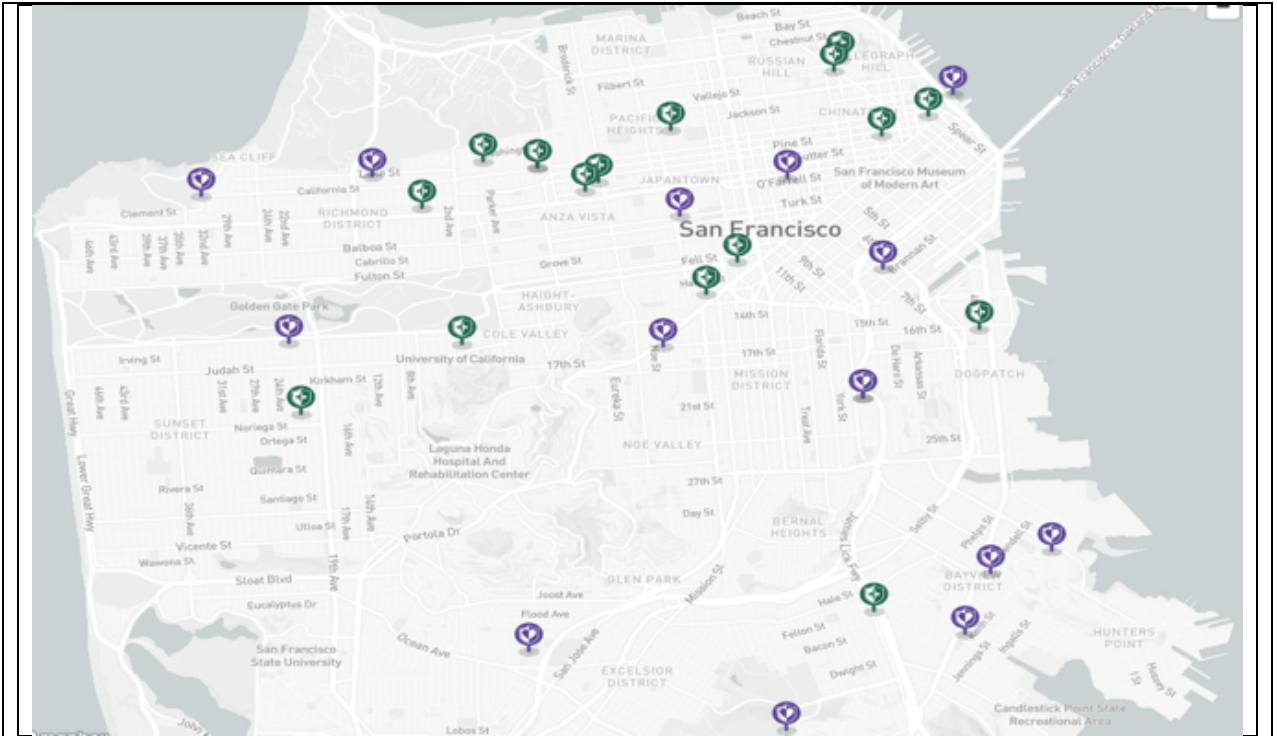


- Testing availability for at least 75% of residents, as measured by the presence of a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county and indicate if there are any geographic areas that do not meet the criteria and plans for filling these gaps if they exist. If the county depends on sites in adjacent counties, please list these sites as well.

San Francisco meets this criteria. San Francisco has a relatively small geographic footprint of approximately 7 miles by 7 miles. Most areas of the county can be reached within 30 minutes of driving time. There are currently 32 sites offering testing.

A map of all testing sites can be found at the link and below:
<https://datasf.org/covid19-testing-locations/>

Figure 6. San Francisco Covid testing sites



- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact covCommunitySurveillance@cdph.ca.gov for any guidance in setting up such systems in their county.]

The City and County of San Francisco (CCSF) attests to having a COVID-19 Surveillance Plan. CCSF has been conducting community-wide testing among hospitals, mobile testing sites, skilled nursing facilities, single-room occupancy hotels, jails, shelters, sheltered and unsheltered persons experiencing homelessness, encampments, essential workers, and underserved communities. Currently we are conducting 2.66 tests per 1,000 residents in San Francisco (as of June 11, 2020). On June 8, 2020, our positivity rate was 1% and is being monitored and reported daily. All positive tests are reported to CDPH via electronic laboratory reporting and case information is entered into CalREDIE for reporting. All new positive tests are forwarded to our investigation teams in order to initiate case investigations and contact tracing. Case data include demographic characteristics, clinical characteristics, known hospitalization data, and deaths. ELR data include ordering facility, lab performing the test, specimen characteristics, collection data, and test results.

**For more information on our planning, please see:
Appendix B. COVID Surveillance A3_v4_oneslide**

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely

isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:

- o Enough contact tracing. There should be at least 15 staff per 100,000 county population trained and available for contact tracing. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge. Indicate which data management platform you will be using for contact tracing (reminder that the State has in place a platform that can be used free-of-charge by any county).

San Francisco has 143 active contact investigators and tracers. This is 16 staff for 100,000 population, which exceeds the State expectation of at least 15 per 100,000. Another 157 have been trained and are inactive. San Francisco is using the CommCare software platform created by a company called Dimagi.

For more information on the plan, see Appendix C. Transitioning CI-CT to Phase IIB 6.5.20

- o Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a separate bathroom, or a process in place that provides the ability to sanitize a shared bathroom between uses), for the duration of the necessary isolation or quarantine period. Rooms acquired as part of Project Roomkey should be utilized.

San Francisco meets these criteria. The 2019 Homeless Point in Time count estimates that there are 8,011 persons experiencing homelessness (PEH) in San Francisco of which 2,831 who are sheltered. The San Francisco Department of Public Health is collaborating with partner agencies like the Department of Homelessness and Supportive Housing and the Human Services Agency, to support people experiencing homelessness and who are unable to isolate.

As of June 14, 2020 San Francisco has 2,373 hotel and RV units for COVID positive and vulnerable persons experiencing homelessness, which is equivalent to 29% of the estimated number of persons experiencing homelessness.

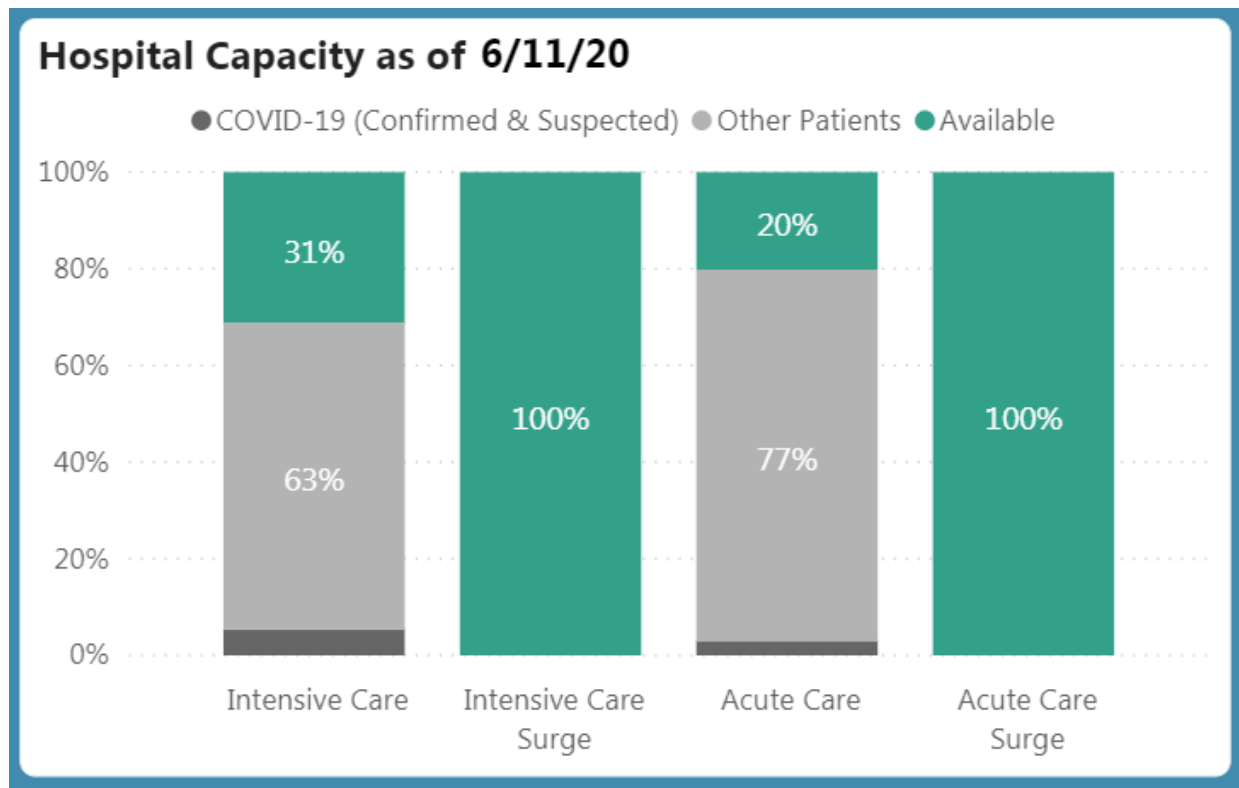
For more information on the availability of housing units, see link to the public dashboard: <https://data.sfgov.org/stories/s/4nah-suat>

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may

be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:

- County (or regional) hospital capacity to accommodate COVID-19 positive patients at a volume of at a minimum surge of 35% of their baseline average daily census across all acute care hospitals in a county. This can be accomplished either through adding additional bed capacity or decreasing hospital census by reducing bed demand from non-COVID-19 related hospitalizations (i.e., cancelling elective surgeries). Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

San Francisco Hospitals, in aggregate, have 35% of their pre-COVID-19 average daily census available for COVID-19. SF has, as of June 11, 2020, 31% of 279 ICU beds (87 beds) available and 20% of 1302 Acute Care beds (260 beds) available. SF Hospitals also have an additional 312 Surge ICU beds and 375 Surge Acute Care beds available. A surge of COVID+ patients can currently be accommodated in the remaining ICU/Acute Care capacity and if necessary the ICU/Acute Care bed Surge capacity.



For the most updated data and to see the N behind each percentage, use the link here: <https://data.sfgov.org/stories/s/qtdt-yqr2>

- County (or regional) hospital facilities have a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE. Please describe the process by which this is assessed.

In San Francisco, PPE availability is assessed daily at our Joint Logs Task Force. This includes multiple sectors: EOC logs, DPH logs, Med Branch, Finance, Testing, and Advance Planning. We assess current asks from facilities and burn rates to ensure we have adequate supply. Currently SF is well stocked for more than 30 days for critical PPE should we surge.

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to ongoing work with Skilled Nursing Facilities within their jurisdiction and describe their plans to work closely with facilities to prevent and mitigate outbreaks and ensure access to PPE:
 - Describe your plan to prevent and mitigate COVID-19 infections in skilled nursing facilities through regular consultation with CDPH district offices and with leadership from each facility on the following: targeted testing and patient cohorting plans; infection control precautions; access to PPE; staffing shortage contingency plans; and facility communication plans. This plan shall describe how the county will (1) engage with each skilled nursing facility on a weekly basis, (2) share best practices, and (3) address urgent matters at skilled nursing facilities in its boundaries.

Collaboration with CDPH

- **SFDPH and CDPH Licensing & Certification District Offices have recently begun bi-weekly coordination calls. Calls started mid-May with plans to continue on this schedule. Allows for important exchange of information such as clarification of CDPH requirements for SNFs, as well as explanation of SFDPH local policies for SNFs. Plan to further collaborate to allow SFDPH to review SNF's COVID-19 Mitigation Plans they are currently submitting to the state**
- **SFDPH encourages SNFs to join weekly CDPH SNF conference calls**

Partnership with Facilities

- **Each SNF has a dedicated Outbreak Response Nurse assigned to them. Nurses communicate with facilities frequently providing clinical consultation, expertise and guidance**
- **Through close coordination with facilities, Outbreak Response Nurses maintain awareness of: number of COVID+ patients or staff, number of PUIs, levels of PPE supplies, ability to isolate and cohort patients. The Outbreak Response Team provides guidance on infection control precautions and measures to prevent and mitigate risk of COVID transmission**
- **When facilities experience outbreaks, Outbreak Response Nurses closely monitor the SNF for 28 days (2 COVID-19 incubation periods). SFDPH has defined an outbreak in a SNF as: 1 lab-confirmed COVID case in a resident. This conservative definition allows the SFDPH to rapidly assess the situation and urge infection control and cohorting practices early and often**

- The Outbreak Response Team & SFDPH's Testing Branch has coordinated baseline surveillance testing at SNFs (both staff and patients). This is in support of San Francisco Health Officer Order C19-13, which requires surveillance testing in SNFs. This required practice is in conjunction with additional response activities included in the Health Officer order, all which promote strategies for SNFs to protect the vulnerable populations they care for
- SFDPH is currently developing a contingency staffing plan to support SNFs experiencing severe staffing shortages, with the underlying goal of enabling SNFs to maintain the provision of safe operations
- In addition to frequent communication with their assigned nurses, SNFs also join a weekly coordination call run by SFDPH to share best practices, learn about new policies, and become introduced to tools/guidance documents

PPE

- SFDPH frequently provides PPE to SNFs; the Medical Resource Unit makes resource allocation decisions with the understanding that those housed in SNFs represent a highly vulnerable population
- The quantities and types of PPE items that SNFs have received through SFDPH are tracked via the Medical Resource Unit. This provides historical documentation of PPE provided to SNFs from SFDPH.
- SNFs have been encouraged to closely monitor their PPE supply levels, to measure and understand their burn rates, and to establish a threshold quantity level to trigger obtaining more supplies

- Skilled nursing facilities (SNF) have >14-day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county must track PPE availability across SNFs.

San Francisco meets this criteria. We have previously supplied through FEMA a 7 day supply of PPE to all 21 SF SNF's. They should also be receiving another 7 day supply form FEMA this week.

San Francisco tracks the availability of PPE in through the SNF unit and assesses their need. We have a survey in our resource request form to assess their current state and need. San Francisco has a designated point of contact and someone who handles incoming requests and brings it to supply chain for allocation decisions.

SNF Facility Names and Addresses

GENERATIONS TUNNELL AND CITYVIEW POST ACUTE FORMERLY KINDRED TRANSITIONAL CARE AND REHAB TUNNELL CENTER	1359 Pine St
HERITAGE ON THE MARINA	3400 Laguna St
VICTORIAN POST ACUTE FORMERLY KINDRED NURSING AND HEALTHCARE VICTORIAN	2121 Pine St
SAN FRANCISCO TOWERS	1661 Pine St

THE SEQUOIAS SAN FRANCISCO SEQUIOA LIVING FACILITY	1400 Geary Blvd
CENTRAL GARDENS	1355 Ellis St
LAUREL HEIGHTS COMMUNITY CARE OPERATES UNDER JC CARE INC	2740 California S
PACIFIC HEIGHTS TRANSITIONAL CARE FORMERLY KINDRED NURSING AND REHAB: GOLDEN GATE	2707 Pine St
KENTFIELD REHAB HOSPITAL LOCATED IN ST. MARYS MEDICAL CENTER, ON 6TH FLOOR LONG TERM CARE ACUTE HOSPITAL	450 Stanyan St
SAN FRANCISCO HEALTH CARE AND REHAB	1477 Grove St
HAYES CONVALESCENT HOSPITAL OPERATES UNDER J AND T CARE LIC	1250 Hayes St
VAMC SNF WARD	4150 Clement Street
ST. ANNES HOME FOR THE AGED/ LITTLE SISTERS OF THE POOR	300 Lake St
GENERATION LAWTON HC FORMERLY KINDRED TRANSITIONAL CARE AND REHAB LAWTON	1575 7th St
THE AVENUES TRANSITIONAL CARE CENTER FORMERLY KINDRED NURSING AND REHAB 19TH AVE	2043 19th Ave
LAGUNA HONDA HOSPITAL AND REHAB CENTER	375 Laguna Honda Blvd
CALIFORNIA PACIFIC MEDICAL CENTER: DAVIES CAMPUS	601 Duboce Ave
SHEFFIELD CONVALESCENT HOSPITAL	1133 South Van Ness
ZUCKERBURG SAN FRANCISCO GENERAL HOSPITAL ZSFG 4A SNF	1001 Potrero Ave
JEWISH HOME AND REHAB CENTER	302 Silver Avenue
PROVIDENCE SAN FRANCISCO / SAN FRANCISCO NURSING CENTER/ SF POST ACUTE	5767 Mission St

- Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. These details should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Any sector that is reflective of Stage 3 should not be included in this variance because it is not allowed until the State proceeds into Stage 3. For additional details on sectors and spaces included in Stage 2, please see <https://covid19.ca.gov/industry-guidance/> for sectors open statewide and <https://covid19.ca.gov/roadmap-counties/> for sectors available to counties with a variance.

San Francisco convened an Economic Recovery Task Force (ERTF) to guide the reopening of San Francisco businesses and activities. The Task Force is charged with guiding the City's efforts through the COVID-19 recovery to sustain and revive local businesses and employment, mitigate the economic hardships already affecting the most vulnerable San Franciscans, and build a resilient and equitable future.

The Task Force is co-chaired by San Francisco Assessor-Recorder Carmen Chu; San Francisco Treasurer José Cisneros; Rodney Fong, President and CEO of the San Francisco Chamber of Commerce; and Rudy Gonzalez, Executive Director of the San Francisco Labor Council.

The Task Force will be organized around the following economic recovery policy areas:

1. **Jobs and Business Support**: How can we ensure existing small and medium sized businesses across San Francisco survive, adapt, and thrive in a post COVID-19 environment? What do San Franciscans need to (re)enter the workforce?
2. **Vulnerable Populations**: How can we ensure our most vulnerable residents' needs are met? How do we make it easier for a growing number of people to access and receive the support they need through the recovery?
3. **Economic Development**: How can we make it easier to start a new business and rebuild our commercial corridors? How can we promote the growth of our city while protecting existing communities?

San Francisco has a plan for moving through Stage 2 that is aligned with the State's guidelines and based on a San Francisco-specific risk model. The timeline will be adjusted as needed based on public health data. San Francisco's Plan separates the State's second stage into three phases – Phase 2A, 2B, and 2C. San Francisco's Phases 3 and 4 are aligned with the State's stages. San Francisco has already entered into Phase 2A, which allows curbside pickup permitted for most retail, construction, elective surgeries, and outdoor businesses like carwashes, flea markets, and garden stores to operate. San Francisco's Stay at Home Health Order does not have an expiration date and will be amended over the coming weeks and months to allow for a gradual and safer reopening.

San Francisco Planned Reopening Timeline.

The initial plan was posted on <http://sf.gov/reopening>. The plan has since been updated and is summarized below. San Francisco will only allow reopening of businesses and activities that are permitted under the State's guidelines.

San Francisco Reopening Plan Summary

Tomás Aragón, MD, DrPH, Health Officer, City & County of San Francisco

Time-stamp: <2020-06-16 Tue 09:43>

The reopening of San Francisco businesses and activities is documented in

- **Health Orders:** <https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp>,
- **Health Directives:** <https://www.sfdph.org/dph/alerts/coronavirus-health-directives.asp>, and
- **Health Guidances:** <https://www.sfdcp.org/infectious-diseases-a-to-z/coronavirus-2019-novel-coronavirus/>

In Table 1, columns 1 and 2, are listed the businesses and activities that are permitted to reopen with the target date of June 15, 2020 (Phase 2b) and beyond. The listing below is based on the following posted plans:

- **"Reopening San Francisco"**, updated June 15, 2020: <https://sf.gov/step-by-step/reopening-san-francisco>
- **"Check if a business can be open"**, updated June 12, 2020: <https://sf.gov/check-if-business-essential>

Listed in the 3rd column of Table 1 are corresponding state categories. The 4th column has the variance status of each category. Only counties that are approved for variance can access these categories. The state has posted guidances and checklists to reduce risk for industries allowed to reopen statewide¹ and variance counties.²

Essential businesses that have been open since the start of shelter-in-place are not listed. Also not listed are businesses that have already been reopened (e.g., curbside retail).

Table 1: New SF Reopening categories and dates, by State categories and Variance status (Y vs. N)

New SF industry to reopen	SF date	State industry category	Variance	SF Notes
(operating before 06/15)		Agriculture and livestock	N	
(operating before 06/15)		Auto dealerships	N	
(operating before 06/15)	n/a	Childcare	N	expanded to anyone in need
(operating before 06/15)		Communications infrastructure	N	
(operating before 06/15)		Construction	N	
Summer camps and childcare	06/15	Day camps	N	3wk, 12-person pods
(operating before 06/15)		Delivery services	N	
(operating before 06/15)		Energy and utilities	N	
(operating before 06/15)		Family friendly practices for employers	N	
n/a		Food packing	N	
(operating before 06/15)		Hotels and lodging (COVID response)	N	
(operating before 06/15)		Life sciences	N	
Dog walking	06/15	Limited services (LS)	N	
Indoor household services	06/15	"	N	
Curbside Pickup/Drop-off for LS	06/15	"	N	Low contact retail
Logistics and warehousing	06/15	Logistics and warehousing facilities	N	No limit
Manufacturing, warehousing	06/15	Manufacturing	N	No limit
n/a		Mining and logging	N	
Entertainment venues	06/15	Music, film, and TV production	N	see footnote ³
Office (operations people)	06/15	Office workspaces	N	20% capacity
(reopened before 6/15)	n/a	Outdoor museums	N	
Small special gatherings (anyone)	06/15	Places of worship	N	0 indoor; 12 outdoor
		Ports	N	

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¹Allowed statewide: <https://covid19.ca.gov/industry-guidance/>

²Allowed in variance counties only: <https://covid19.ca.gov/roadmap-counties/>

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New SF industry to reopen	SF date	State industry category	Variance	SF Notes
Professional sports (operating before 06/15)	06/15	Professional sports (without live audiences)	N	Plan approval required
Real estate open houses	07/13	Public transit and intercity passenger rail	N	
Retail stores (indoor)	06/15	Real estate transaction	N	appts only
Schools (operating before 06/15)	08 & beyond	Retail	N	50% capacity
Indoor malls	06/15	Schools	N	
Outdoor dining	06/12	Support for working families	N	
Indoor dining	07/13	Shopping centers	N	Plan approval required
Hair salons and barber shops	07/13	Dine-in restaurants	Y	
n/a	n/a	"	Y	Pending variance approval
Movie theaters, etc.	08 & beyond	Hair salons and barber shops	Y	Pending variance approval
Bars and wineries	08 & beyond	Casinos	Y	n/a
Zoo	08 & beyond	Family entertainment centers	Y	Pending variance approval
Indoor museums	08 & beyond	Restaurants, wineries and bars	Y	Pending variance approval
Gyms and fitness centers	08 & beyond	Zoos and museums	Y	Pending variance approval
Hotels and hospitality	08 & beyond	"	Y	Pending variance approval
n/a	n/a	Gyms and fitness centers	Y	Pending variance approval
Basketball courts	08 & beyond	Hotels (for tourism and individual travel)	Y	Pending variance approval
Playgrounds	08 & beyond	Cardrooms and racetracks	Y	n/a
Indoor and outdoor swimming pools	08 & beyond	Campgrounds and outdoor recreation	Y	Pending variance approval
Indoor tennis	08 & beyond	"	Y	Pending variance approval
Personal care services	-	Personal care services	Y	Okay starting June 19
- esthetician, skin care	08 & beyond	"	Y	Pending variance approval
- cosmetology	08 & beyond	"	Y	Pending variance approval
- electrology	08 & beyond	"	Y	Pending variance approval
- nail salons	08 & beyond	"	Y	Pending variance approval
- body art professionals	08 & beyond	"	Y	Pending variance approval
- tattoo parlors	08 & beyond	"	Y	Pending variance approval
- piercing shops	08 & beyond	"	Y	Pending variance approval
- massage (non-healthcare)	08 & beyond	"	Y	Pending variance approval
Outdoor fitness classes	06/15	NO STATE CATEGORY	N	
Routine ambulatory care	06/15	NO STATE CATEGORY	N	Minimum standards
Dental care (amendment)	06/15	NO STATE CATEGORY	N	Remove barriers to access
Outdoor Activity Equipment Rental	06/15	NO STATE CATEGORY	N	Disinfection requirements

Appendix A: "Reopening San Francisco" web pages

The following PDF web pages have been posted publicly:

- "Reopening San Francisco", updated June 15, 2020: <https://sf.gov/step-by-step/reopening-san-francisco>
- "Check if a business can be open", updated June 12, 2020: <https://sf.gov/check-if-business-essential>

Appendix B: Selected FAQs

What cannot open at this time?

Accessed from <https://covid19.ca.gov/> [2020-06-13 Sat]

The following sectors, businesses, establishments, or activities are not permitted to operate in the State of California at this time:

- Indoor playgrounds such as bounce centers, ball pits and laser tag
- Live theater
- Saunas and steam rooms
- Nightclubs

³Live Streaming or Broadcasting Events without In-Person Audiences with an Approved Plan

- Concert venues
- Festivals
- Theme parks
- Higher education

What is open statewide?

Accessed from <https://covid19.ca.gov/> [2020-06-13 Sat]

Essential services

Essential services that protect public health, public safety, and provide essential needs will remain open, such as:

- Gas stations
- Pharmacies
- Food: Grocery stores, farmers markets, food banks, convenience stores, take-out and delivery restaurants
- Banks
- Laundromats/laundry services
- Childcare
- Essential state and local government functions will also remain open, including law enforcement and offices that provide government programs and services.

Retailers

All will require modifications to support social distancing. This includes:

- Shopping malls
- Libraries
- Movie theaters and drive-in theaters (with modifications)
- Bookstores
- Jewelry stores
- Toy stores
- Clothing and shoe stores
- Home and furnishing stores
- Sporting goods stores
- Florists
- Offices (in all sectors, not only critical infrastructure)

Limited services

Limited services which do not generally require close customer contact, such as:

- Pet grooming
- Dog walking
- Car washes
- Appliance repair
- Residential and janitorial cleaning
- Places of worship
- Plumbing
- Outdoor museums
- Music, film, and TV production
- Professional sports (without live audiences)
- Schools and day camps

Are pools open? Can I go swimming?

Accessed from <https://covid19.ca.gov/> [2020-06-13 Sat]

Community centers, including public pools, playgrounds, and picnic areas, are not permitted to operate in the State of California at this time.

San Francisco Department of Public Health

3 of 3

For full information about the City's plan to reopen in phases, go to:
<https://sf.gov/step-by-step/reopening-san-francisco>

The reopening plan and other documents can be found in the appendices:

- [Appendix D. 05.28.20 Reopening Plan](#)
- [Appendix E. ERTF01_Economic-Recovery-Task-Force_Membership](#)

- [Appendix F. ERTF02_Economic-Recovery-Task-Force_Meeting1-slides](#)
- [Appendix G. ERTF03_Economic-Recovery-Task-Force_Meeting2-slides](#)
- [Appendix H. ERTF04_Health-Commission-Update_SF-Reopening-Plan](#)

- **Triggers for adjusting modifications.** Please share the county metrics that would serve as triggers for either slowing the pace through Stage 2 or tightening modifications, including the frequency of measurement and the specific actions triggered by metric changes. Please include your plan, or a summary of your plan, for how the county will inform the state of emerging concerns and how it will implement early containment measures.

San Francisco is using five indicators to assess our program on a four point scale of Red, Orange, Yellow, and Green. The indicators include Cases, Hospital System, Testing, Contact Tracing, and Personal Protective Equipment.

- **Our cases (status Green) are flat and/or decreasing.**
- **Hospitalizations (status Green) are flat and/or decreasing, and we are over 20% of ICU and over 15% of Acute Care bed capacity.**
- **We are averaging 2,277 tests per day, exceeding the goal of 1,800 tests per day (status Green).**
- **For contact tracing (status Orange), we have reached 80% of cases with contacts identified (a little short of the 90% goal), and 68% of all contacts have been reached (short of 90% goal).**
- **For PPE (status Yellow), we have 85% of PPE more than the 30-day supply.**

For more information, please see:

- [Appendix I. 5 Indicators FINAL 6 8 20 .cleaned](#)
- [Appendix J. Indicators & Trigger Levels_06 11](#)

- **COVID-19 Containment Plan**

Please provide your county COVID-19 containment plan or describe your strategy to create a COVID-19 containment plan with a timeline.

San Francisco Department of Public Health is developing a containment plan. Sections below provide information regarding key components of the plan including testing, contact tracing, protecting the vulnerable, living and working in congregate settings, acute care surge, essential workers, community engagement, and relationship with surrounding counties. We will work with hospitals and health systems, the Board of Supervisors, and other stakeholders for input into this plan.

Our containment plan will be finalized by July 15th.

While not exhaustive, the following areas and questions are important to address in any containment plan and may be used for guidance in the plan's development. This containment plan should be developed by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors. Under each of the areas below, please indicate how your plan addresses the relevant area. If your plan has not yet been developed or does not include details on the areas below, please describe how you will develop that plan and your timeline for completing it.

Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <8% and stable or declining?
- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

San Francisco currently exceeds the recommended daily capacity and is at 2.66 tests per 1,000 population (as of June 11, 2020) and is working to continue expansion of testing. The average percentage of positive tests over the past 7 days is under 8% and remains stable. Specimen collection sites are accessibly located throughout the county. San Francisco's testing strategy has been to make it relatively simple for the user to access COVID-19 testing. Please see the map below for San Francisco COVID test sites.

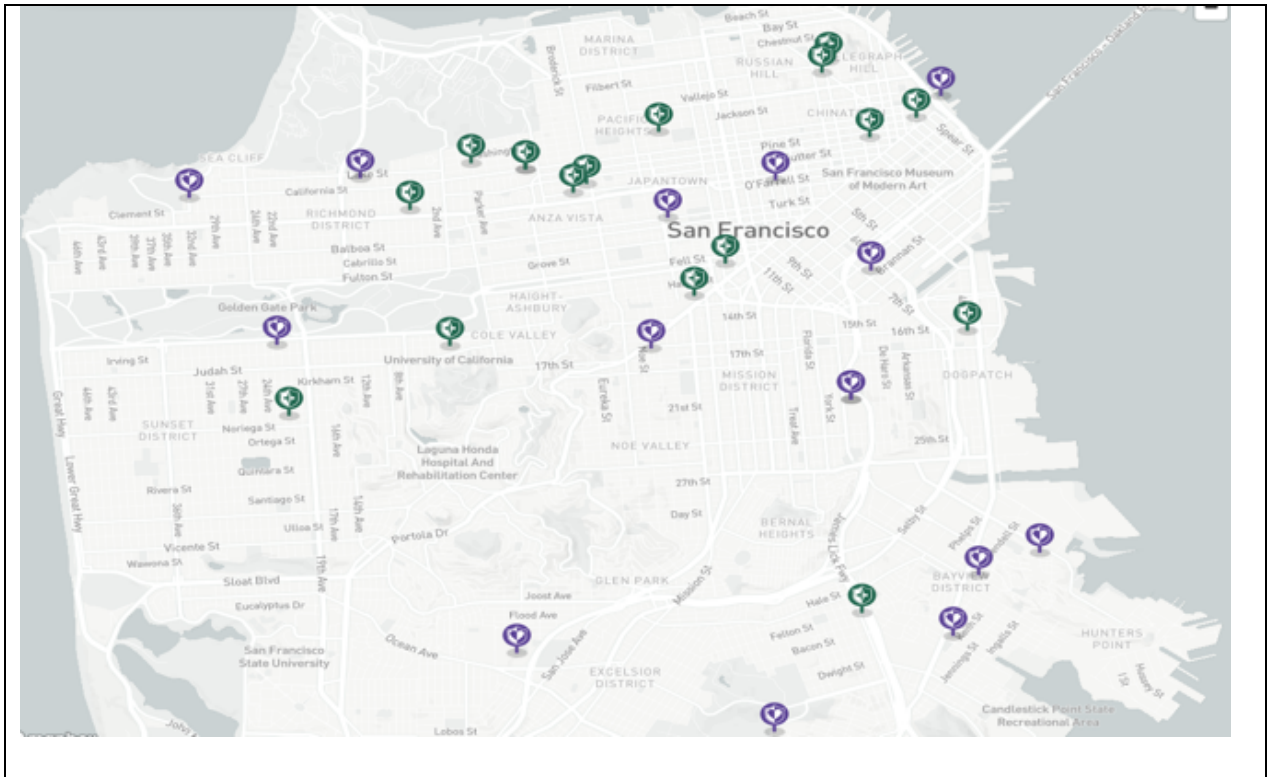
For the most updated information on testing locations, please see:
<https://datasf.org/covid19-testing-locations/>

For the most updated data on testing, please see:
<https://data.sfgov.org/stories/s/d96w-cdge>

For more information, see:

- **Appendix L. Geolocation Testing Dashboard_Census Tracts and Congregate Testing**
- **Appendix M. Testing Overview and Summary**
- **Appendix N. Testing A3 DPH DOCv6**

Map of COVID-19 Test Sites



Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?
- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?
- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

San Francisco has 300 staff trained to do case investigation (30) and contact tracing (270); 143 are actively working at this time. As of June 10, 2020, 44% of the combined CI/CT team are bilingual, and we will continue to expand our ability to provide culturally and linguistically appropriate services. There is a plan in place to accommodate an increase in COVID-19 cases, as well as a plan for supportive isolation for low income individuals.

**For more information, see:
Appendix C. Transitioning CI-CT to Phase IIB 6.5.20**

Living and Working in Congregate Settings

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?

- Is there a plan to track and notify local public health of COVID-19 case rate within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals?
- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
- Does the workforce have access to locations to safely isolate?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

San Francisco has 771 congregate facilities. Many facilities have the ability to isolate COVID-19 positive individuals, and if they do not have that capability, those individuals may be moved to an isolation and quarantine site. This is also true if an individual has been exposed. San Francisco maintains sufficient testing capacity to conduct outbreak investigations. PPE in long term care facilities are tracked through our SNF unit which assesses current needs through a survey and incoming resource requests. Facilities have policies and procedures to train their staff in infection prevention and control. The workforce has access to health care worker hotel if they are not able to safely isolate at home. SNFs have access to staffing through our existing expanded contracts.

Type and Census of Congregate Facilities

Row Labels	Sum of Units/ Beds
ARF	458
BHS	1827
Jail	738
RCFCI	246
RCFE	2211
RCFE-CC	859
Respite	75
Shelter - Adult	386
Shelter - Family	316
Shelter - Navigation	339
Shelter - TAY	10
Shelter - Women's	16
Shelter - Youth	20
SNF	2993
Social Rehab	207
SRO	24531
Grand Total	35232

San Francisco has four Correctional Facilities.

Jail	Occupancy
CJ#1	8
CJ#2	170
CJ#3	0
CJ#4	139
CJ#5	399

San Francisco has 26 shelters.

Shelter Name	Type of Shelter	Location of Shelter	Shelter Capacity
Next Door	Adult	1001 Polk	96
Sanctuary	Adult	201 8th	98
Hospitality House	Adult	290 Turk	18
Dolores Street Adult Shelter	Adult	1050 S Van Ness	45
MSC South	Adult	525 5th	0
Interfaith Winter Shelter	Adult	705 Natoma	12
Providence Adult Shelter	Adult	1601 McKinnon	17
Diamond	Child	536 Central	0
Huckleberry House	Child	1292 Page	1
Hamilton Family Emergency Center	Family	260 Golden Gate	41
Buena Vista Horace Mann	Family	3351 23rd	28
Compass Family Center	Family	626 Polk	51
First Friendship	Family	501 Steinder	17
Hamilton Family Residence	Family	260 Golden Gate	62
Harbor House	Family	407 9th	97
St. Joseph's Family Center	Family	899 Guerrero	20
Bayshore Navigation Center	Navigation	125 Bayshore	58
Bryant Navigation Center	Navigation	680 Bryant	28
Central Waterfront Navigation Center	Navigation	600 25th	21
Embarcadero SAFE Navigation Center	Navigation	555 Beale	84
Division Circle Navigation Center	Navigation	224 S Van Ness	59
Civic Center Navigation Center	Navigation	20 12th	89
Lark Inn	TAY	869 Ellis	10
A Woman's Place	Women's	1049 Howard	4
Bethel AME	Women's	916 Laguna	12

Protecting the Vulnerable

- Do resources and interventions intentionally address inequities within these populations being prioritized (i.e. deployment of PPE, testing, etc.)?
- Are older Californians, people with disabilities, and people with underlying health conditions at greater risk of serious illness, who are living in their own homes, supported so they can continue appropriate physical distancing and maintain wellbeing (i.e. food supports, telehealth, social connections, in home services, etc.)?

San Francisco Community Mitigation and Engagement Branch focuses on populations that are affected disproportionately by COVID including Latinos, Black/African Americans, and Asian/Pacific Islanders. The branch supports focused testing events for these populations and specific outreach focused on the Mission neighborhood on prevention. Webinars and other information are provided to the San Francisco African American Faith-Based Coalition; food distribution to over 700 households is provided by each congregation to the most vulnerable members of their congregations through partnerships with the food bank and local restaurants. The Branch also partners with the Human Rights Commission Office of Racial Equity and participates in an Equity Action Team to provide an equity lens on all Department Operations Center work.

San Francisco's public and private food programs have also modified their service models to ensure seniors and other vulnerable populations have access to food. The programs provide pick up or delivery of meals at senior centers, and have expanded home delivery of meals and groceries. SF Marin Food Bank expanded their grocery delivery to 12,000 seniors and people with underlying chronic health conditions. San Francisco Unified School District provides to go meals at over 25 locations across San Francisco twice a week. The meal kits contain food for 2-3 days each. The EOC Feeding Unit provides support to community based food providers, through deployment of disaster workers to provide staff support to the SF Marin Food Bank as well as critical resources to food related community based organizations. Private food initiatives have provided prepared meals to high risk communities by delivering directly to these neighborhoods, and housing sites. The EOC Feeding Unit manages the IQ (Isolation and Quarantine) Feeding Program which provides food to households needing to isolate or quarantine due to COVID+ or close contact throughout the duration of their isolation or quarantine period. San Francisco Department of Disability and Aging Services operates a Benefits and Resource Hub for seniors and people with disabilities to streamline access to social services and maximize service connections. San Francisco also developed a website to integrate services and supports for people during COVID19.

For more detail, see:

- [Appendix O. CommunityMitigation A3_Phase2_v1.4](#)
- [Appendix P. DPH OMB A3 V11](#)

Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?
- Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?
- Are hospitals testing all patients prior to admission to the hospital?
- Do hospitals have a plan for tracking and addressing occupational exposure?

- In San Francisco, hospital capacity is tracked daily by DPH DOC Advanced Planning utilizing the CDPH's daily bed poll hospital reports and by the DPH DOC Medical Branch- Hospital Coordination Unit based on noontime capacity polling via ReddiNet system.
- All Hospitals are able to procure PPE currently but could also rely on the county or MHOAC process to obtain PPE supplies during a shortage or supply chain constraints.
- Regarding testing all patients prior to admission to the hospital, only ZSFG has confirmed. The level of testing of patients prior to admission varies by hospital. Most hospitals test patients being admitted from their emergency department and scheduled to come in for surgery; in addition some hospitals test patients being admitted to critical care, behavioral health unit and OB, and exposed patients from SNFs.
- Hospitals established plans early in the response as part of assuring their infection control measures addressed COVID-19.

Essential Workers

- How many essential workplaces are in the county?
- What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?
- Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment? Is there a testing plan for essential workers who are sick or symptomatic?
- Is there a plan for supportive quarantine/isolation for essential workers?

There are 27,613 essential workplaces (essential business establishments) in San Francisco. Guidance documents have been developed for essential workers (see Guidance SFDPH has created for Stage 1 workers.doc). PPE and cleaning supplies have been provided to essential workers.

In San Francisco, anyone who is symptomatic and all essential frontline workers is permitted to be tested. Workers at Skilled Nursing Facilities test every 2-3 weeks. There is an essential worker hotel (380 bed) for essential workers who are not able to quarantine/isolate at home.

Attachments for this section include:

- **Appendix Q. Return to Work Requirements for COVID.6.2.2020FINAL**
- **Appendix R. Health Screen Procedures.6.2.2020 FINAL**
- **Appendix S. Health and Safety Plan Template**

Special Considerations

- Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, e.g. agriculture or manufacturing?
- Are there industries in the county that make it more feasible for the county to increase the pace through Stage 2, e.g. technology companies or other companies that have a high percentage of workers who can telework?

San Francisco has a large services workforce (include technology companies). Our city economist estimates that about 295,000 people work for SF-based businesses that could telework which is about 40% of the total jobs in the city. Roughly half of these workers live outside of San Francisco.

This is significant because it will allow us to decompress mass transportation options to promote physical distancing and mitigate risk.

Community Engagement

- Has the county engaged with its cities?
- Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?
- Have virtual community forums been held to solicit input into the variance plan?
- Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?

San Francisco is a city and county.

San Francisco convened an Economic Recovery Task Force (ERTF) to guide the reopening of San Francisco businesses and activities. The Task Force is charged with guiding the City's efforts through the COVID-19 recovery to sustain and revive local businesses and employment, mitigate the economic hardships already affecting the most vulnerable San Franciscans, and build a resilient and equitable future.

This includes engaging community stakeholders and businesses in proposed variance planning.

The Task Force is co-chaired by San Francisco Assessor-Recorder Carmen Chu; San Francisco Treasurer José Cisneros; Rodney Fong, President and CEO of the San Francisco Chamber of Commerce; and Rudy Gonzalez, Executive Director of the San Francisco Labor Council.

The Task Force will be organized around the following economic recovery policy areas: Jobs and Business Support: How can we ensure existing small and medium sized businesses across San Francisco survive, adapt, and thrive in a post COVID-19 environment? What do San Franciscans need to (re)enter workforce?

Vulnerable Populations: How can we ensure our most vulnerable residents' needs are met? How do we make it easier for a growing number of people to access and receive the support they need through the recovery?

Economic Development: How can we make it easier to start a new business and rebuild our commercial corridors? How can we promote the growth of our city while protecting existing communities?

The ERTF has convened virtual community forums been held to solicit input into all planning, including variance options. The membership roster is listed here:

<https://onesanfrancisco.org/economic-recovery-task-force>.

The San Francisco Office of Economic and Workforce Development (OEWD) is leading the effort to ensure the representation and input from low-income wage earners from a diversity of communities, community-based organizations, and small businesses.

Every opening has involved engaging community and business representation to ensure that our plans will be successfully implemented to ensure adherence and protect health.

In short, we issue health officer orders, directives (legally binding guidance), and best practices guidelines (and toolkits). This process is very labor intensive and time-consuming. But we feel that it is necessary in order to ensure the adoption of behaviors that will mitigate the spread of SARS-CoV-2.

Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- What systems or plans are in place to coordinate with surrounding counties (e.g. health care coalitions, shared EOCs, other communication, etc.) to share situational awareness and other emergent issues.
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

San Francisco is an active member of the Association of Bay Area Health Officials (ABAHO). ABAHO consists of the following health jurisdictions:

1. Alameda County
2. City of Berkeley
3. Contra Costa County
4. Marin County
5. Monterey County
6. Napa County
7. San Benito County
8. San Francisco City & County

- 9. San Mateo County
- 10. Santa Clara County
- 11. Santa Cruz County
- 12. Sonoma County
- 13. Solano County

ABAHO was created during the HIV/AIDS epidemic to coordinate activities for the region <<https://escholarship.org/uc/item/39m462r5>>. For COVID-19, we started meeting twice weekly.

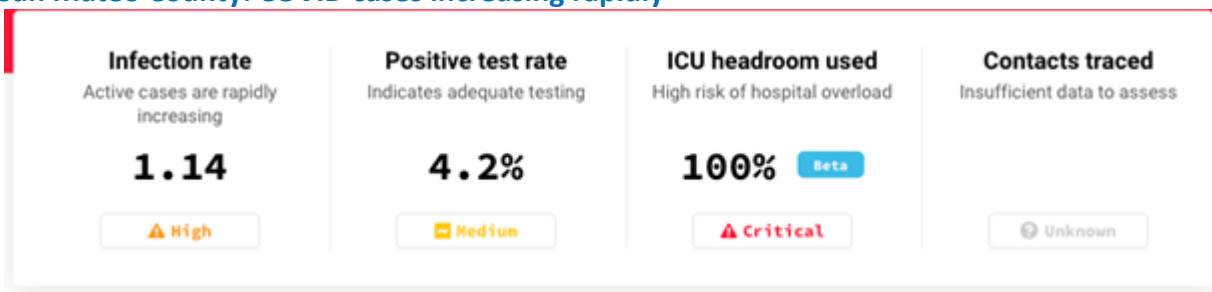
In early March, 2020, San Francisco started working more closely with Marin, San Mateo, Santa Clara, Alameda, City of Berkeley, and Contra Costa (“ABAHO7”). This resulted in the Shelter in Place order issued on March 17, 2020. For the reopening, we continue to align on principles and core health officer orders. We meet at least weekly to coordinate activities and to share situational awareness and other emergent issues.

How will increased regional and state travel impact the county’s ability to test, isolate, and contact trace? The ABAHO7 epidemiologists are working together and with the state to share data access in order to improve case investigations and contact tracing. We have developed an internal regional dashboard to improve situational awareness of the regional epidemiology.

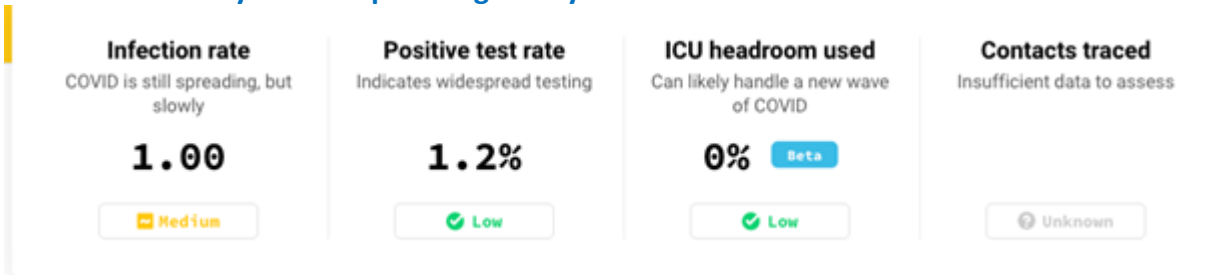
Surrounding County Case Reports

With the exception of San Mateo County cases and Santa Clara County’s increasing hospitalizations, the counties surrounding San Francisco have showed slowing cases of COVID.

San Mateo County: COVID cases increasing rapidly



Santa Clara County: COVID spreading slowly



Alameda County: COVID spreading slowly

<p>Infection rate COVID is still spreading, but slowly</p> <p>1.10</p> <p>Medium</p>	<p>Positive test rate Insufficient data to assess</p> <p>Unknown</p>	<p>ICU headroom used Can likely handle a new wave of COVID</p> <p>19% Beta</p> <p>Low</p>	<p>Contacts traced Insufficient data to assess</p> <p>Unknown</p>
Contra Costa: COVID spreading slowly			
<p>Infection rate COVID is still spreading, but slowly</p> <p>1.06</p> <p>Medium</p>	<p>Positive test rate Indicates adequate testing</p> <p>3.8%</p> <p>Medium</p>	<p>ICU headroom used Can likely handle a new wave of COVID</p> <p>10% Beta</p> <p>Low</p>	<p>Contacts traced Insufficient data to assess</p> <p>Unknown</p>
Solano County: COVID spreading slowly			
<p>Infection rate COVID is still spreading, but slowly</p> <p>1.08</p> <p>Medium</p>	<p>Positive test rate Indicates widespread testing</p> <p>2.4%</p> <p>Low</p>	<p>ICU headroom used Can likely handle a new wave of COVID</p> <p>18% Beta</p> <p>Low</p>	<p>Contacts traced Insufficient data to assess</p> <p>Unknown</p>
San Francisco County: COVID spreading slowly			
<p>Infection rate COVID is still spreading, but slowly</p> <p>0.98</p> <p>Medium</p>	<p>Positive test rate Indicates widespread testing</p> <p>1.6%</p> <p>Low</p>	<p>ICU headroom used Can likely handle a new wave of COVID</p> <p>8% Beta</p> <p>Low</p>	<p>Contacts traced Insufficient data to assess</p> <p>Unknown</p>
<p>https://covidactnow.org/us/ca/county/san_francisco_county?s=43246</p> <p>Please see the document in the appendix: Appendix T. BayAreaHealthOfficerIndicators-042920202</p> <p>For information on the County Plan for moving through Stage 2, please see: Appendix U. DOC All Hands 6-12-20</p>			

In addition to your county's COVID-19 VARIANCE ATTESTATION FORM, please include:

- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.
- County Plan for moving through Stage 2

All documents should be emailed to Jake Hanson at Jake.Hanson@cdph.ca.gov.

I _____ **Dr. Tomás Aragón, Health Officer of the City and County of San Francisco**, hereby attest that I am duly authorized to sign and act on behalf of _____ **San Francisco County**. I certify that _____ **San Francisco County** has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for _____ **San Francisco County**, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

I understand and consent that the California Department of Public Health (CDPH) will post this information on the CDPH website and is public record.

Printed Name _____ **Tomás Aragón** _____

Signature _____

Position/Title _____ **Health Officer of the City and County of San Francisco** _____

Date _____

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