



**ORDER OF THE HEALTH OFFICER
(COVID-19: LIMITATIONS ON HOSPITAL VISITORS)
DATE ORDER ISSUED: March 15, 2020**

Please read this Order carefully. Violation of or failure to comply with this Order constitutes a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code §§ 120295, et seq.)

Summary: The virus that causes Coronavirus 2019 Disease (“COVID-19”) is easily transmitted, especially in group settings, and it is essential that the spread of the virus be slowed to protect the ability of public and private health care providers to handle the influx of new patients and safeguard public health and safety. Many patients of hospitals are being treated for health conditions that make them particularly vulnerable to suffering the most serious complications of COVID-19 infection, including death. Also, medical personnel and other essential staff of hospitals will likely experience increased stress associated with providing excellent care during this public health emergency. It is critical to protect both populations from avoidable exposure to pathogens. Visitors to hospitals may carry the COVID-19 virus but may not display symptoms or may have mild symptoms. Such visitors can unwittingly pass the virus on to patients and staff. Because of the risk of the rapid spread of the virus, and the need to protect all members of the community, especially including patients and health care providers, this Order restricts Visitors and Non-Essential personnel from all Hospitals within the County of San Joaquin (SJC).

This Order is in effect from 8 a.m. on March 15, 2020. It must be implemented as quickly as possible and will continue for seven weeks through April 30, 2020, subject to the limited exceptions and under the terms and conditions more particularly set forth below. This Order is based on the California Department of Public Health and United States Centers for Disease Control and Prevention guidelines issued March 11, 2020. The Health Officer may revise this Order as the situation evolves, and covered facilities must stay updated by checking the San Joaquin County Public Health Services website (sjcphs.org) regularly.

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE COUNTY OF SAN JOAQUIN (THE “HEALTH OFFICER”) ORDERS:

1. Effective as of 8:00 a.m. on Sunday March 15, 2020 and continuing until 11:59 p.m. on April 30, 2020, the staff of each Hospital, as that term is defined in Section 20 below, shall, as quickly as can be implemented, exclude from entry or access to its Premises any Visitors and Non-Essential Personnel including, but not limited to, visitors of patients at the Hospital. Such Visitors and Non-Essential Personnel, including, but not limited to, family members of patients and authorized decisionmakers, are ordered not to visit any Hospital except as expressly permitted by this Order under limited exceptions as described in Section 11 below.
2. To the maximum extent possible, each Hospital must discourage Non-Essential Patient Movement, as defined in Section 14 below, onto, off of, and within the Hospital’s Premises,



ORDER OF THE HEALTH OFFICER

as that term is defined in Section 14 below, where feasible. Whenever a Hospital patient leaves the Hospital's Premises, the patient is ordered to comply with social distancing practices per guidance regarding gatherings issued by the California Department of Public Health ("CDPH") on March 11, 2020, available online at https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Gathering_Guidance_03.11.20.pdf and the "Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission" issued by the United States Centers for Disease Control and Prevention ("CDC") on or around March 11, 2020, available online at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>, including as these items are updated in the future.

3. This Order is issued based on evidence of increasing occurrence of COVID-19 throughout San Joaquin County, scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically, and evidence that the age, condition, and health of a significant portion of the patient population of Hospitals places them at risk of serious health complications, including death, from COVID-19. Due to the outbreak of the COVID-19 virus in the general public, which is now a pandemic according to the World Health Organization, there is a public health emergency throughout San Joaquin County. The rate of patients accessing healthcare for COVID-19 related treatment is expected to increase in the coming days and weeks, further increasing burdens and demands on regional medical personnel and exposing those personnel to additional risk of infection. It is therefore critical to minimize avoidable exposure to COVID-19 whenever possible. This order is being issued because some individuals who contract the COVID-19 virus have no symptoms or only mild symptoms, which means they may not be aware they are carrying the virus into a Hospital. Finally, by reducing the spread of the COVID-19 virus within Hospitals, this Order helps preserve critical and limited healthcare capacity in SJC and the people who provide care.
4. This Order also is issued in light of the existence of eight (8) cases of COVID-19 in SJC, and at least five deaths in California, as of 10:00 a.m. on March 15, 2020, including a significant and increasing number of assumed cases of community transmission and likely further significant increases in transmission. This Order is necessary to slow the rate of spread and the Health Officer will re-evaluate it as further data becomes available.
5. This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 12, 2020 Declaration of Local Health Emergency issued by the SJC Health Officer, the March 12, 2020 City of Stockton Proclamation of the Existence of a Local Emergency, and the CDPH guidance referred to in Section 2 above, as each of them have been and may be supplemented.



ORDER OF THE HEALTH OFFICER

6. This Order is also issued in accordance with, and incorporates by reference the March 12, 2020 Executive Order (Executive Order N-25-20) issued by Governor Gavin Newsom. Executive Order N-25-20 expressly orders that “[a]ll residents are to heed any orders and guidance of state and local public health officials, including but not limited to the imposition of social distancing measures, to control the spread of COVID-19.”
7. Each Hospital must, within 48 hours of receipt of this Order, develop and implement a written plan (“COVID-19 Plan”). This Order does not require a Hospital to create any new documentation if it already has written policies or other written guidance that address the requirements for the COVID-19 Plan. The plan must comply with applicable guidance from the United States Centers for Disease Control and Prevention (“CDC”) (available online at www.cdc.gov) and the California Department of Public Health (“CDPH”) (available online at www.cdph.ca.gov) regarding the screening of patients, staff, and visitors for signs of COVID-19 or other illness. The COVID-19 Plan must also address other applicable COVID-19-related guidance, including steps to reduce the risk of COVID-19 transmission by authorized visitors (such as through hand washing, masking, maintaining at least six feet distance from other people, and limiting the duration of visits, as appropriate). Nothing in this Order prohibits a Hospital from taking steps more protective against transmission of COVID-19 than guidance provided by the CDC or CDPH in its plan. Each Hospital must update its COVID-19 Plan when new COVID-19 recommendations or requirements are issued by the CDC or CDPH or as otherwise required by law. See the COVID-19 Guidance (discussed in Section 10 below) for more information about the COVID-19 Plan.
8. Each Hospital’s COVID-19 Plan must also include a requirement that any employee or other staff member who is sick or does not pass the required screening must be immediately sent home and not return to work until feeling better or authorized to return by a physician. If a Hospital is unable to immediately send home any such employee or staff member, then the Hospital must (1) prevent that staff member from engaging in any patient care or contact (except in an emergency when the Hospital is doing whatever it can to protect patients) and (2) immediately notify its respective licensing entity and seek guidance from that entity. This Order is based in part on the Social Distancing Recommendations, which state that the “general public should avoid going to medical settings such as hospitals, nursing homes and long-term care facilities, even if [they] are not ill.”
9. If a Hospital learns that any patient or staff member who is, or within the two weeks prior was, working at the Hospital tests positive for COVID-19, then the Hospital must immediately (within 1 hour) notify San Joaquin County Public Health Services and meet any other applicable notification requirements.



ORDER OF THE HEALTH OFFICER

10. Attached as part of this Order is written guidance to Hospitals (“COVID-19 Guidance”) issued by the Health Officer. The Health Officer or designee may revise the COVID-19 Guidance in writing from time to time. Each Hospital should periodically check the San Joaquin County Public Health Services website (sjcphs.org) to confirm it is following the most recent COVID-19 Guidance. Each Hospital must follow the COVID-19 Guidance when applying this Order.
11. This Order restricts physical contact between Hospital patients, Visitors and Non-Essential Personnel. When Visitors and Non-Essential Personnel seek to visit or contact a patient, there are two ways a Hospital may facilitate contact. First, each Hospital must make reasonable efforts to facilitate such contact by other means (such as telephone or videoconference) that do not expose the patient to in-person contact. Second, each Hospital may authorize Necessary Visitation (as defined in the following paragraph) on a case-by-case basis using the following protocol.

“Necessary Visitation” means a visit or contact that is based on urgent health, legal, or other issues that cannot wait until after the duration of this Order. If the needs and context of a particular request for Necessary Visitation justifies a temporary exception to this Order, then the Hospital Administrator may arrange for Necessary Visitation of a Hospital patient. For purposes of this Order, the Hospital Administrator may act through a designee. The decision about whether the needs and context justify a temporary exception is left to the determination of the Hospital Administrator, who must make the decision based on this Order and the COVID-19 Guidance. Necessary Visitation also includes support persons for minors (those under 18 years old) or for persons with developmental disabilities who require assistance. Also, any Necessary Visitation permitted under this Section must be done subject to requirements of the COVID-19 Guidance and as otherwise deemed appropriate by the Hospital. For example, Necessary Visitation must include appropriate steps to protect patients from exposure to the COVID-19 virus, which might include hand washing, masking, maintaining at least six feet distance from other people, and a short duration of visit as appropriate. Visitors permitted under this paragraph are ordered to comply with all conditions of visitation imposed by the Hospital at the time of entry or access to the Premises.

12. If any Visitor or Non-Essential Person refuses to comply with this Order, then the Hospital may follow standard security protocols to request assistance in enforcing this Order. The Hospital shall take whatever steps are possible within the bounds of the law to protect patients and staff from any such visitor or person who refuses to comply with this Order. For example, a Hospital should contact facility security and ask the unauthorized visitor or person to comply with conditions of visitation imposed by the Hospital. Even if a Visitor or Non-Essential Person otherwise complies with the facility’s visitation protocols as outlined in this paragraph, that individual is still in violation of this Order if the individual’s presence is not a Necessary Visitation under Section 7 above.
13. This Order does not restrict first responder access to the Hospital’s Premises during an emergency. Further, this Order does not restrict local, state or federal officers, investigators,



ORDER OF THE HEALTH OFFICER

or medical or law enforcement personnel from carrying out their lawful duties on the Hospital's Premises. Persons other than first responders permitted access under this paragraph must comply with all conditions of visitation imposed by the Hospital at the time of entry or access to the Hospital's Premises when feasible.

14. Definitions.

- a) "Visitors and Non-Essential Personnel" are employees, contractors, volunteers, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Hospital. Refer to the COVID-19 Guidance for more information. This term includes family members and loved ones of patients and those who have legal authority to make healthcare or other legal decisions for a patient. The Ombudsperson is an authorized visitor and is not included in this term, but the Ombudsperson must still follow all conditions of visitation imposed by the Hospital and should also try to avoid non-essential visits. Nothing in this Order prohibits a patient from seeking care at any Hospital or at any clinic or other location providing health care or other services on the Hospital's Premises.
- b) "Non-Essential Patient Movement" means travel off, onto or within the Hospital's Premises by a patient other than for specific treatment or pressing legal purposes as described more fully in the COVID-19 Guidance.
- c) "Premises" includes, without limitation, the buildings, grounds, facilities, driveways, parking areas, and public spaces within the legal boundaries of each Hospital within SJC.

15. This Order shall be effective until 11:59 p.m. on April 30, 2020, or until it is earlier rescinded, superseded, or amended by the County Health Officer or by the State Public Health Officer, in writing. It is possible this Order will be extended for the protection of Hospital patients based on conditions at that time.

16. While this Order is in effect, the Hospital must provide copies of the Order in all of the following ways: (1) post this Order on the Hospital website (if any); (2) post this Order at all entrances to the Hospital; (3) provide this Order to each Hospital patient; (4) provide this Order to any authorized decision maker for each Hospital patient if not the patient, including any conservator; (5) provide this Order to the Hospital Ombudsperson (if any); and (6) offer it to anyone who visits the Hospital or who contacts the Hospital seeking to visit.

17. Each Hospital must within 12 hours of receipt of this Order notify its respective licensing entity (whether the California Department of Public Health or otherwise) of the existence of this Order regarding the Hospital.

18. The Health Officer will continue to assess the quickly evolving situation and may, at any time or from time to time, modify or extend this Order, or issue additional orders, related to COVID-19.



ORDER OF THE HEALTH OFFICER

19. If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.

20. This Order applies to each facility listed below (each a Hospital):

General Hospitals:

Facility Name	Street Address	City, Zip
1. Adventist Health Lodi Memorial Hospital	975 S. Fairmont Ave.	Lodi, 95241
2. Dameron Hospital	525 W. Acacia St.	Stockton, 95203
3. Doctors Hospital of Manteca	1205 E. North St.	Manteca, 95336
4. Kaiser Permanente Hospital Manteca	1777 W. Yosemite Ave.	Manteca, 95336
5. San Joaquin General Hospital	500 W. Hospital Rd.	French Camp, 95231
6. St. Joseph's Medical Center	1800 N. California St.	Stockton, 95204
7. Sutter-Tracy Community Hospital	1420 N. Tracy Blvd.	Tracy, 95376

A HOSPITAL PATIENT OR THE PATIENT'S AUTHORIZED LAWFUL REPRESENTATIVE MAY CONTACT A REPRESENTATIVE OF THE HOSPITAL TO SEEK CLARIFICATION OF ANY PART OF THIS ORDER BY CONTACTING PATIENT SERVICES OF THE FACILITY.

IF A PATIENT OR THE PATIENT'S AUTHORIZED LAWFUL REPRESENTATIVE OBJECTS TO THE APPROPRIATENESS OF THE LIMITATION ON ACCESS CONTAINED IN THIS ORDER, THEN THE PATIENT OR LAWFUL AUTHORIZED REPRESENTATIVE MAY RAISE CONCERNS WITH THE HOSPITAL. THE HOSPITAL SHOULD RESPOND TO THE CONCERN WITHIN 2 BUSINESS DAYS IF POSSIBLE. IF A RESPONSE IS NOT RECEIVED WITHIN 2 BUSINESS DAYS OF RECEIPT OF THE OBJECTION, THEN THE OBJECTION WILL BE CONSIDERED NOT GRANTED.

IT IS SO ORDERED:

Maggie Park, MD
 Maggie Park, MD
 Interim Public Health Officer of the
 County of San Joaquin

Date: March 15, 2020



**WRITTEN GUIDANCE REGARDING COMPLIANCE WITH
ORDER OF THE HEALTH OFFICER
DATE ORDER ISSUED: March 15, 2020**

This information (the “COVID-19 Guidance”) is meant to help each Hospital implement the Order to which it is attached. This document uses the terms defined in the Order.

1. For purposes of the Order, the term “Administrator” means the administrator of a Hospital or the administrator’s designee.
2. The Order does not prohibit a Hospital from being more restrictive in its operations and practices than is outlined in the Order. The Order also does not require permitting visitation when not otherwise required by applicable laws or regulations.
3. Guidance regarding Sections 7 and 8 (COVID-19 Plan): The Order requires the Hospital to create a COVID-19 Plan that addresses issues including: 1) screening of patients, staff, and visitors for signs of COVID-19 or other illness; 2) conditions of visitation imposed by the Hospital at the time of entry or access to the Premises for authorized visitors that reduce the risk of infection, such as thorough hand washing, appropriate use of Personal Protective Equipment (PPE), maintaining at least six feet distance from other people, and limiting the duration of visits, as appropriate; 3) sending sick employees home immediately; 4) notifying San Joaquin County Public Health Services and other regulators of any positive COVID-19 result for a patient or staff member, including as required by law; and 5) other CDC or CDPH requirements. Note that the Order does not require a Hospital to create any new documentation if it already has policies or other guidance that address the requirements for the COVID-19 Plan.

COVID-19 Plan should also address how the facility can reduce the risk of unnecessary exposure as outlined in the San Joaquin County Public Health Services Guidance on Mass Gatherings http://www.sjcphs.org/assets/20200313_SJCPHS%20Guidance%20for%20Mass%20Gatherings%20COVID-19.pdf. For example, the facility should avoid large in-person gatherings of patients or staff when feasible.

Additionally, there may be areas that warrant limitations that are not normally in place. A Hospital may have a cafeteria or other concession that is normally available to patients, essential employees, other employees (such as others who share the building but are not associated with the healthcare mission of the facility), and visitors. While this Order is in effect, the Hospital should consider whether a restriction on such use makes sense. One option might be to limit cafeteria visits to patients and essential staff and temporarily block other employees from that area.

If the facility had plans to have vendors come onsite for meetings or to show sample products, those meetings should be conducted via remote communication, occur at another site that does not include a vulnerable population, or be postponed until after this emergency situation if possible.

4. Guidance regarding Section 11 (efforts to facilitate contact that is not in-person): The Order



**WRITTEN GUIDANCE REGARDING COMPLIANCE WITH
ORDER OF THE HEALTH OFFICER DATE ORDER ISSUED: March 15, 2020**

requires the Hospital to make reasonable efforts to facilitate contact between an Unauthorized Visitor or Non-Essential Personnel and a patient. Such efforts include using technology to facilitate a remote connection with the patient when possible and would include telephone calls, telephone conferences involving multiple people, and video conferences using appropriate technology. Efforts are not reasonable if they interfere with the Hospital's healthcare mission or if they are not available or are cost prohibitive. The Hospital is encouraged to be creative in trying to facilitate contact that is not in-person so long as it complies with its other legal and regulatory obligations.

5. Guidance regarding Section 11 (Necessary Visitation): The term Necessary Visitation refers to a visit or contact that is based on urgent health, legal, or other issues that cannot wait until later. Nothing in the Order limits the standard healthcare that the Hospital provides to a patient. When medical care is appropriate or required, it is by definition permitted under the Order. Necessary Visitation refers to other types of visits or contact that are time-sensitive or critical. Necessary Visitation also includes support persons for minors (those under 18 years old) or for persons with developmental disabilities who require assistance, and the intent of the Order is for a Hospital to permit visitation by these listed support persons except in situations when doing so would conflict with the Hospital's mission.

For example, a patient may be in the end stages of life. In that instance, family or loved ones should be permitted to be with the patient unless doing so would interfere with the Hospital's mission in light of the current emergency. Another example would be a patient who is updating their will or other legal papers and an in-person meeting with the lawyer or family members or a notary is required, again unless doing so would interfere with the Hospital's mission. But, a meeting with a lawyer to discuss future changes or other, non-urgent issues should generally be postponed or conducted via telephone or other means.

Anyone who is legally authorized to make decisions for the patient, whether by operation of a durable power of attorney or public or private conservatorship, must be given special consideration, especially if they need to meet in person with the patient to fulfill their role. This distinction is in place because decisions regarding care when there is a surrogate decision maker should not be delayed when in-person contact is needed, whereas visits by other family or loved ones are important but may not be time-sensitive. But such authorized decisionmakers should be encouraged to use alternative methods of contacting the patient when possible in order to avoid exposing the patient and others.

Also, Necessary Visitation should not be granted for routine visits by decision makers, family, or loved ones, even if the patient very much looks forward to the visit or the visitor has a strong desire for the visit. Such routine visits put all patients at risk at this time. But if a family member or loved one plays an essential role in providing care to a patient, without which the patient will suffer medical or clinical harm, Necessary Visitation may be appropriate.

There may be other unique situations that justify a Necessary Visitation based on the context.



WRITTEN GUIDANCE REGARDING COMPLIANCE WITH ORDER OF THE HEALTH OFFICER

And as the situation evolves, the Hospital may need to restrict Necessary Visitation. This Order is intended to give the Administrator flexibility in making that determination so long as the decision is in line with the Order and this COVID-19 Guidance. The Administrator should not authorize Necessary Visitation for all or a majority of patients as that would likely reflect a violation of the intent of the Order to protect all patients from the risks of nonessential exposure to COVID-19.

All visits allowed as Necessary Visitation must occur subject to all conditions of visitation imposed by the Hospital at the time of entry or access to the Premises.

6. Guidance regarding Section 14 (Unauthorized Visitors and Non-Essential Personnel): The Order defines Unauthorized Visitors and Non-Essential Personnel as employees, contractors, volunteers, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Hospital. This term includes non-patient spouses or partners, family, loved ones, friends, clergy, and colleagues of the patient. This term also includes anyone who is legally authorized to make decisions for the patient, whether by operation of a durable power of attorney or public or private conservatorship (but see guidance above about decision-maker visits).

This term also includes employees of the Hospital or its vendors (and their employees) who are not needed in the short term for the facility to perform its healthcare mission. For example, a vendor that makes deliveries of large bottled water refill jugs is likely not essential. However, the facility should work to see if there are ways to permit delivery, such as on a loading dock, which would eliminate the need in the short term for someone to make visits all across the facility. This Order grants the Administrator authority to make judgment calls about how best to ensure the facility is able to operate during this emergency situation.

The term Unauthorized Visitors and Non-Essential Personnel does not include patients who are seeking care or other services from clinics or other service facilities located on the Hospital Premises. But a Hospital is not required by this Order to keep open any specific facilities, clinics, or services.

7. Guidance regarding Section 14 (Non-Essential Patient Movement): The Order defines Non-Essential Patient Movement as travel off or onto Hospital Premises by a patient other than for specific treatment or pressing legal purposes. This is contrasted with situations when a patient leaves the facility for health-related purposes or as required by law, such as for a meeting or service mandated by a court. The goal of the Order is to encourage patients to limit Non-Essential Patient Movement.

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Dated: March 15, 2020