



**Health, Housing & Community Services Department
Public Health Officer**

**ORDER OF THE HEALTH OFFICER
OF THE CITY OF BERKELEY ESTABLISHING REQUIREMENTS FOR
CONTROL OF COVID-19 FOR INDIVIDUALS ENTERING
CERTAIN LICENSED FACILITIES AND OTHER AGENCIES WHO ARE
NOT A PATIENT, EXISTING RESIDENT, OR NEW RESIDENT,
INCLUDING TEMPERATURE SCREENING AND SELF-EVALUATION
FOR COVID-19 SYMPTOMS; MASKING OF ALL STAFF AND VISITORS
WHILE IN FACILITY; AND AVOIDING STAFF WORKING IN
MULTIPLE FACILITIES**

DATE OF ORDER: April 16, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120275 *et seq.*)

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

1. The intent of this Order is to slow the spread of Coronavirus Disease (COVID-19) by minimizing situations where the virus can spread rapidly at certain licensed facilities and other agencies (“Covered Facilities,” or “Facilities”), as defined in Section 5.
2. This Order is issued based on evidence of increasing occurrence of COVID-19 within the City and throughout the Bay Area, 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 population of the City places it at risk for serious health complications, including death, from COVID-19. COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence and best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19. This Order is issued because of the propensity of the virus to spread person-to-person and there is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable

Order of the City Health Officer Re: Control of COVID-19 at Certain Licensed Facilities and Other Agencies



**Health, Housing & Community Services Department
Public Health Officer**

members of the public at significant risk. Currently, there is no vaccine available to protect against COVID-19 and no specific treatment.

3. This Order is issued after the release of guidance from the Centers for Disease Control and Prevention (“CDC”), the California Department of Public Health (“CDPH”), and other public health officials throughout the United States and around the world about the symptoms that may be related to COVID-19, defined in Attachment A. The Order is intended to reduce the risk of COVID-19 exposure in Covered Facilities by prohibiting the entrance of individuals with symptoms of COVID-19 into those Facilities, in order to protect vulnerable populations residing at certain Covered Facilities. The provisions of this Order should be interpreted to effectuate this intent.
4. The City of Berkeley Public Health Officer (“Health Officer”) finds: (1) there is an increased risk of COVID-19 among those working in or living in Covered Facilities, and among those providing services in or for those Facilities; (2) that prior to providing services in or for a Covered Facility, or prior to entering a Covered Facility, any individual who is not a patient, existing resident, or new resident of the Facility should be required to conduct a self-evaluation for symptoms and submit to a temperature screening by the least intrusive means as possible; and (3) individuals with such symptoms should not enter a Covered Facility because doing so is likely to impair efforts to mitigate the spread of COVID-19 both within the City and statewide and increases the risk to vulnerable populations residing at certain Covered Facilities.
5. For purposes of this Order, Covered Facilities include the following:
 - a. Hospitals including General Acute Care
 - b. Psychiatric Health Facilities
 - c. Skilled Nursing Facilities
 - d. Intermediate Care Facilities of all license types
 - e. Hospice Facilities
 - f. Home Health and Hospice Agencies
 - g. Home Care Organizations
 - h. Chronic Dialysis Clinics
 - i. Federally Qualified Health Care Centers
 - j. Community Clinics
 - k. Ambulatory Surgical Centers
 - l. Residential Care Facilities for the Elderly
 - m. Residential Facilities for the Chronically Ill
 - n. Social Rehabilitation Facilities
 - o. Continuing Care Retirement Communities



**Health, Housing & Community Services Department
Public Health Officer**

- p. Urgent Care Centers
 - q. EMS Providers
 - r. Adult Residential Care Facilities of all license types including:
 - i. Licensed group homes including runaway and homeless youth shelters
 - ii. Homeless shelters for adults and/or families
 - iii. Recovery houses or Sober Living Environments providing group living arrangements
 - iv. Transitional Housing Programs providing group living arrangement
 - v. Residential substance use disorder treatment programs
6. This Order applies to all individuals including visitors entering a Covered Facility, or providing services in or for a Covered Facility, including but not limited to EMS providers, home care organizations, and dialysis providers (collectively, “Covered Persons”).
7. **Temperature Screening and Self-Evaluation.** All Covered Persons must, prior to entering or providing any service in or for a Covered Facility:
- a. Submit to a temperature screening, by the least intrusive means as possible; and
 - b. Self-evaluate for symptoms related to COVID-19 or other respiratory illness, defined in Attachment A.
 - c. The Facility Operator shall keep a daily log of the temperature screenings and results of the self-evaluations reported to the Facility Operator. The Facility Operator shall produce the log immediately upon demand to an authorized representative of the Health Officer.
8. **Prohibition of Entry.** No Covered Person shall enter or provide services in or for a Covered Facility if a temperature screening of the individual shows a body temperature of greater than or equal to 100.0° F or 37.8° C; if the Covered Person has subjective fever (i.e., the person feels like they are running a fever); or if through the self-evaluation described in Attachment A the Covered Person identifies the presence of symptoms of COVID-19.
9. **Masking of Staff.** All staff at Covered Facilities shall wear a surgical mask at all times while in the Facility. If surgical masks are not available, a clean and dry cloth mask or other cloth covering shall suffice. If cloth coverings are used, they should be laundered after each shift before reuse. Staff shall wear an N-95 respirator, when available, while caring for patients with suspected or confirmed cases of COVID-19 at a Covered Facility.



**Health, Housing & Community Services Department
Public Health Officer**

10. **Masking of Visitors.** Visitors at Facilities shall cover their nose and mouth with a surgical mask at all times while in the Facility. If surgical masks are not available, a clean and dry cloth mask or other cloth covering shall suffice.
11. **Staff Working at Multiple Facilities.** Covered Facilities should avoid to the greatest extent possible utilizing staff who have worked at another Covered Facility in the past 14 days, while maintaining adequate staffing needs of the Facility. Each Facility shall keep a daily log of employees who have worked at the Facility that identifies each other Facilities at which each employee has worked in the previous 14 days. The log shall be immediately produced upon demand to an authorized representative of the Health Officer.
12. **Notification to EMS and Transport Agencies.** If there are suspected or confirmed cases of COVID-19 at the Facility, the Facility shall clearly inform EMS or other transport organizations of the COVID-19 status of any patient for which they are requesting transport. Facilities must use the City of Berkeley Public Health Infection Control Transfer Form (Attachment B) when transferring residents.
13. **Restrict Communal Activities.** All group activities and communal dining should be cancelled. Staff and residents who must leave their rooms should practice physical distancing and take measures to remain 6 feet apart.
14. 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 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the City, and the March 10, 2020 Resolution of the City Council Ratifying the Declaration of a Local Health Emergency.
15. Pursuant to Government Code § 41601, Health and Safety Code § 101029, and Berkeley Municipal Code § 6.24.030, the Health Officer requests that the Chief of Police ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both.
16. This Order shall become effective at 2:01 a.m. on April 17, 2020 and will continue to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer.
17. Copies of this Order shall promptly be: (1) posted at 2134 Martin Luther King Jr. Way, Berkeley, CA 94704; (2) posted on the City's website at www.cityofberkeley.info; and (3) provided to any member of the public requesting a copy of this Order.



**Health, Housing & Community Services Department
Public Health Officer**

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

IT IS SO ORDERED:

A handwritten signature in blue ink, appearing to read "Lisa B. Hernandez", written over a horizontal line.

Lisa B. Hernandez, MD, MPH
Health Officer of the City of Berkeley

Dated: April 16, 2020

Attachments:

Attachment A – COVID-19 Self-Evaluation

Attachment B – Infection Control Transfer Form



Health, Housing & Community Services Department
Public Health Officer

ATTACHMENT A

COVID—19 SELF-EVALUATION

An Order of the City of Berkeley Health Officer requires individuals to conduct a self-evaluation prior to entering certain Licensed Residential Facilities and other agencies. Please refer to the Order for a list of Covered Facilities.

You are **prohibited** from entering a Covered Facility if you exhibit one or more of the following symptoms related to COVID-19 or other respiratory illness:

- Sore Throat
- Runny Nose
- Fever
- Chills
- Not feeling well
- Sneezing
- Coughing
- Gastrointestinal symptoms such as soft stool or stomach cramps

The Health Officer's Order requires you to submit to a temperature screening and conduct a self-evaluation for the presence of any symptoms of COVID-19 **before** you enter any Covered Facility or perform services in or for a Covered Facility.

DO NOT ENTER A COVERED FACILITY IF YOU HAVE ANY OF THESE SYMPTOMS.

A violation of the Health Officer's Order is a misdemeanor punishable by fine or imprisonment.

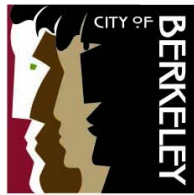


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**EXHIBIT B: Infection control transfer
form**



INFECTION CONTROL TRANSFER FORM





This form should be sent with the patient/resident upon transfer. It is NOT meant to be used as criteria for admission, only to foster the continuum of care once admission has been accepted.

Affix patient label here

Demographics

Patient/Resident (Last Name, First Name):		
Date of Birth:	MRN:	Transfer Date:
Sending Facility Name:		
Contact Name:	Contact Phone:	
Receiving Facility Name:		

Precautions and PPE

 Currently in Isolation Precautions? <input type="checkbox"/> Yes If Yes, check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other:	PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
	<input type="checkbox"/> No isolation precautions (currently) CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY

Organisms

If the patient currently or in the past had a culture positive for a multi-drug resistant (MDR) organism or other organism of significance to infection control/prevention, indicate organism details below and send culture report with susceptibilities to receiving facility.

Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) ‡	<input type="checkbox"/>	<input type="checkbox"/> No known MDR organism or communicable diseases
Vancomycin-resistant <i>Enterococcus</i> (VRE) ‡	<input type="checkbox"/>	
MDR <i>Acinetobacter</i> species, resistant to carbapenem antibiotic(s) ‡	<input type="checkbox"/>	
MDR _____ resistant to carbapenem antibiotic(s) without carbapenemase production (non-CP-CRE) ‡ <small>(organism name)</small>	<input type="checkbox"/>	
Carbapenemase-producing _____ resistant to carbapenem antibiotic(s) (CP-CRE) # <small>(organism name)</small>	<input type="checkbox"/>	
<i>Enterobacteriaceae</i> † resistant to expanded-spectrum beta-lactam antibiotics (ESBL) ‡	<input type="checkbox"/>	
<i>Clostridium difficile</i> (C. diff)	<input type="checkbox"/>	
Other (identify) ^:	<input type="checkbox"/> (current or ruling out*)	

*Additional information if known:

Symptoms/Risk Factors for Transmission

Check yes to any that currently apply**: <input type="checkbox"/> Concerning rash (e.g., vesicular) <input type="checkbox"/> Cough/uncontrolled respiratory secretions <input type="checkbox"/> Acute diarrhea or incontinent of stool <input type="checkbox"/> Incontinent of urine <input type="checkbox"/> Draining wounds <input type="checkbox"/> Vomiting <input type="checkbox"/> Other uncontained bodily fluid/drainage **NOTE: Appropriate PPE required if incontinent/drainage/rash NOT contained.	<input type="checkbox"/> No Symptoms requiring additional PPE
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Other MDRO Risk Factors

Is the patient currently on antibiotics? Yes No

Antibiotic:	Dose, Frequency:	Treatment for:	Start date:	Stop date:

Does the patient currently have any of the following devices? Yes No

<input type="checkbox"/> Tracheostomy/Endotracheal tube	<input type="checkbox"/> Suprapubic catheter	<input type="checkbox"/> Colostomy
<input type="checkbox"/> Central line/PICC, Date inserted:	<input type="checkbox"/> Percutaneous gastrostomy tube	<input type="checkbox"/> Rectal tube
<input type="checkbox"/> Urinary catheter, Date inserted:	<input type="checkbox"/> Hemodialysis catheter	

†includes *E.coli*, *Enterobacter*, *Klebsiella*, *Proteus*, *Serratia*, *Citrobacter* and others
 ‡MDRO infection prevention precautions: <https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html>
 #Intensified MDRO Control Efforts: <https://www.cdc.gov/infectioncontrol/guidelines/mdro/table3-2-intensified-control.html>
 ^e.g. lice, scabies, disseminated shingles, norovirus, influenza, TB