| Type of Facility | AFL 21-27: Acute Care Hospitals  
AFL 21-28: Skilled Nursing Facilities  
AFL 21-29: All Clinics  
   - Adult Day Health Care Centers  
   - Acute Psychiatric Hospitals  
   - Ambulatory Surgery Centers  
   - Chemical Dependency Recovery Hospitals  
   - Chronic Dialysis Clinics  
   - Congregate Living Health Facilities  
   - Comprehensive Outpatient Rehabilitation Facilities  
   - Correctional Treatment Centers  
   - End Stage Renal Disease Dialysis Facilities  
   - Hospice Facilities  
   - Pediatric Day Health & Respite Care Facilities  
   - Rehabilitation Clinics  
AFL 21-30: Intermediate Care Facilities  
AFL 21-34: All Facilities/Healthcare Personnel, including in-home direct services workers  
Local order: Dental Offices (as "Clinics & Doctor Offices") | CDPH order regarding most health care facilities, including:  
- Most items listed in an AFLs above, and also…  
- Program of All-Inclusive Care of Elderly (PACE) and PACE Centers  
- Clinics & Doctor Offices (including behavioral health, surgical, and dental)  
- Dialysis Centers  
- Residential Substance Use Treatment and Mental Health Treatment Facilities |
| State Rules re Vaccination and Testing | Under the AFLs and CDPH orders linked above, the operator of the facility or employer must ascertain and maintain records of worker/healthcare worker vaccination or exemption status, and exempt workers or workers eligible for a booster who are not yet boosted must be tested at the cadence listed in the AFL/CDPH order based on the setting.  
SF Safer Return Together Health Officer Order No. C19-07y | No later than March 1, 2022, Businesses and government agencies with personnel in most of these higher-risk/healthcare settings must comply with the new booster verification requirements of SF’s Safer Return Together Order, meaning those who are eligible to receive a booster on or before February 14, 2022 must have received their booster by March 1, 2022 and those who are eligible for a booster after February 14, 2022 must receive it within 15 days after they become eligible. Note that in San Francisco, boosters are generally due 5 months after completion of any initial vaccine series (or 2 months single dose Johnson & Johnson vaccine, 6 months after second dose of mRNA vaccines authorized in the U.S. or after completion of WHO-approved vaccine).  
As to the timing, those who are Booster-Eligible on or before February 14, 2022 must receive a booster within 15 days after they become eligible. If an individual covered by this requirement recently had COVID-19 when that person would otherwise have been Booster-Eligible (based on the period since completing the initial vaccine series), then that individual should try to obtain the booster as soon as possible at least 10 days after recovering and ending isolation. But to continue working in the High-Risk Setting, that individual does not need to receive the booster until 30 days after recovering from infection and discontinuing isolation, unless a healthcare provider recommends in a note that the booster be delayed for a longer specified period.

§ This chart is intended to assist facilities and employers with understanding their obligations under the various state and local orders concerning vaccination requirements in health care and congregate settings. In the event of any inconsistency between this chart and any state or local order, the order controls.
1 For the first row of the table, clicking on the number of the CDPH All Facilities Letter (AFL), description of the CDPH order, or other legal authority will open the underlying document with the requirements for that type of facility.

2 Certain listed types of "workers who only provide services to a recipient with whom they live or who are a family member of the recipient for whom they provide services" are not covered by some of the requirements. See the order for details.

3 Under the CDPH orders, the term "worker" generally refers to "all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose" or, in relation to detention facilities, "[a]ll paid and unpaid individuals who are regularly assigned to provide health care or health care services to inmates, prisoners, or detainees … [or] who are regularly assigned to work within hospitals, skilled nursing facilities, intermediate care facilities, or the equivalent that are integrated into the correctional facility or detention center in areas where health care is provided." The orders note: "This includes workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols." The different orders include the following as examples depending on the order: nurses, nursing assistants, nurse practitioners, physicians, physician assistants, technicians, therapists, phlebotomists, pharmacists, mental health providers, WPCS providers, IHSS providers, registered home care aides, certified home health aides, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, clergy, dietary, environmental services, laundry, correctional officers, security, engineering and facilities management, administrative, billing, cosmetology, personal training, and volunteer personnel). The AFLs have similar descriptions of who is covered.

4 Under the SF Safer Return Together Order, c19-07y “Personnel” refers to all persons who routinely work onsite, including those who are not permanently stationed or regularly assigned to a High-Risk Setting, but who in the course of their duties may enter or work in High-Risk Settings even on an intermittent or occasional basis or for short periods of time, including for example, but not limited to, paramedics, police officers, and attorneys. This includes (1) personnel working in designated high-risk settings—meaning general acute care hospitals, skilled nursing facilities, intermediate care facilities, residential care facilities for the elderly, homeless shelters, and jails, all as further defined below—as well as (2) personnel working in other higher-risk settings—including adult care facilities, adult day programs, dental offices, home health care workers, and pharmacists, and (3) personnel who visit higher-risk settings as part of the work, such as paramedics, emergency medical technicians, police officers, and lawyers who visit people in the jails—to both receive the full initial course of vaccination and, once they are eligible, to receive a booster. Personnel also include those persons working in buildings at a site containing a High-Risk Setting, such as a campus or other similar grouping of related buildings, where Personnel do any of the following: (i) access the acute care or patient, resident, client, or incarcerated person areas of the High-Risk Setting; or (ii) work in-person with patients, residents, clients, or incarcerated people who visit those areas. Some of these individuals may not fall within the state’s definition of "workers" but visit designated High-Risk Settings as part of their work, such as paramedics, emergency medical technicians (EMTs), and police officers, and also attorneys who enter jail and other High-Risk settings. All personnel in jails (not just those working in healthcare facilities), including the Juvenile Justice Center Juvenile Hall, and Personnel in homeless shelters (other than congregate healthcare facilities, which are covered by the State orders).

5 Under the Safer Return Together Order, a “Booster” means an additional dose of a vaccine authorized to prevent COVID-19 by the FDA, including by way of an emergency use authorization, or by the World Health Organization (WHO), for which a person is eligible. For example, as of the date of issuance of the Order, individuals who are 18 or older may receive a booster of the Pfizer-BioNTech (Comirnaty), Moderna, or Johnson & Johnson’s Janssen COVID-19 vaccine at least five months after receiving a second dose of the Pfizer-BioNTech (Comirnaty) or Moderna COVID-19 vaccine or two months after receiving the single dose Johnson & Johnson’s Janssen COVID-19 vaccine, and adolescents who are 12 to 17 years old may receive a booster of the Pfizer-BioNTech vaccine at least five months after their second dose of that vaccine. Consistent with CDC and CDPH guidance, either the Pfizer-BioNTech (Comirnaty) or Moderna COVID-19 vaccine is preferred for the Booster. Consistent with CDC guidance (available online at www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html), anyone who received a WHO-authorized vaccine or a combination of vaccines should receive the Pfizer-BioNTech (Comirnaty) vaccine as their booster pursuant to the timing listing in that guidance. Those preferences apply to all initial vaccination series, regardless of which vaccine an individual received.

\[\text{State and Local Ascertainment, Testing, Vaccination, and Booster Requirements for Health Care, Direct Care, and Congregate Settings}^{\text{\textsuperscript{5}}} \text{ (Updated 2/1/2022)}\]

<table>
<thead>
<tr>
<th>CDPH Order</th>
<th>Description</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>