HEALTH ORDER FOR CONTROL OF COVID-19
ORDER ISSUED: February 28, 2022
Effective as of 12:01 a.m. on Tuesday March 1, 2022

Please read this Order carefully. Violation of or failure to comply with this Order is a crime punishable by fine, imprisonment, or both. (Ca. Health & Safety Code § 120275 et seq; Long Beach Municipal Code § 8.120.030.A and 8.120.030.E.3)

Summary: This Long Beach Health Officer Order (Order) supersedes all Prior Safer-at-Home Orders and Health Orders for Control of COVID-19: Beyond the State’s Blueprint for a Safer Economy (Prior Orders) issued by the Long Beach Health Officer to control the spread of the Novel Coronavirus (COVID-19) within the City of Long Beach (City). This Order continues to require masking indoors in public settings and businesses regardless of vaccination status.

Since this Order may change due to new information and guidance, all persons subject to this Order, including the owner, manager, or operator of any facility that is subject to this Order, is required to consult the Long Beach Department of Health and Human Services’ website regularly to identify any modifications to this Order and is required to comply with any updates until this Order is terminated. A digital copy of this Order may be found at www.longbeach.gov/covid19 or by scanning the QR Code below.

Major changes to this Order include:

- Masking requirements updated to align with the State Health Officer Order titled “Guidance for the Use of Face Coverings”, as it may be amended from time to time. Failure to comply with any requirement set forth in the State Public Health Officer Order titled “Guidance for the Use of Face Coverings”, as it may be amended, is considered a violation of this Order. Changes in the State Order regarding face masks are as follows:
  - Starting March 1, masks will no longer be required for unvaccinated individuals, but will be strongly recommended for all individuals in most indoor settings.
  - After March 11, in schools and childcare facilities, masks will not be required but will be strongly recommended.
Masks will still be required for everyone in high transmission settings like public transit, emergency shelters, health care settings, correctional facilities, homeless shelters and long-term care facilities.

COVID-19 daily cases and community transmission remain High per the CDC indicators and thresholds but is moving downwards toward Substantial. As of February 28, 2022, the 7-day daily average case rate is 6.9 cases per 100,000 people. This is much lower than the 474 cases per 100,000 people reported on January 10, 2022. The risk of COVID-19 infection for those who are not or cannot be vaccinated against COVID-19 continues to remain high. Outbreaks continue to have negative consequences for businesses and institutions. Individuals, especially those who are older or who have underlying health conditions may suffer severe health outcomes from COVID 19 infection, including death.

It remains important for people to remain vigilant against variants of the virus that cause COVID-19, especially given the levels of transmission locally and in other parts of the world, and due to the fact that the current COVID-19 vaccines may not be effective against these new and emerging variants. The Omicron variant is the primary variant in the City and has spread at a rate not seen with any other COVID-19 variant. Data suggests that the immune response to COVID-19 vaccination might be reduced in some immunocompromised people, which increases their risk of serious health consequences from COVID-19 infection. For the aforementioned reasons, it is prudent to recommend indoor masking in certain settings as an effective public health measure to reduce transmission between people.

This Order is issued to help slow and improve the level of community transmission of COVID-19 in Long Beach. This Order’s primary intent is to reduce the transmission risk of COVID-19 in Long Beach for everyone, especially those who are not fully vaccinated and fully vaccinated but immunocompromised, in the absence of other protective measures, such as physical distancing requirements and capacity limits. Accordingly, this Order allows businesses, schools, and other activities to remain open while at the same time putting in place certain requirements designed to limit the transmission risk of COVID-19 and contain any COVID-19 outbreaks.

The Health Officer will continue to monitor the rate of COVID-19 disease spread, the severity of the resulting illnesses and deaths caused, California Department of Public Health (CDPH) and Centers for Disease Control and Prevention (CDC) recommendations, and the effect of this Order. If needed, this Order may be extended, expanded, or otherwise modified to protect the public’s health.

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101475, 101085, AND 120175, THE HEALTH OFFICER OF THE CITY OF LONG BEACH ORDERS AS FOLLOWS:

1. Continue Practicing COVID-19 Infection Control Measures. All persons living within the City of Long Beach (City) should continue to practice required and recommended COVID-19 infection control measures at all times and when among other persons when in community, work, social, or school settings, especially when multiple unvaccinated persons from different households may be present and in close contact with each other. All persons living within the City must continue to comply with the City Isolation Order or City Quarantine Order, where applicable.

2. Face Masks. All individuals must follow the requirements included the February 28, 2022 “Guidance for the Use of Face Coverings” issued by the California Department of Public Health, as it may be amended from time to time, which may be found at
Failure to comply with any requirement set forth in the State Public Health Officer Order titled “Guidance for the Use of Face Coverings”, as it may be amended, is considered a violation of this Order.

3. Mandatory Reporting by Businesses and Governmental Entities. Persons, including businesses and governmental entities, within the City of Long Beach must continue to follow COVID-19 infection control protocols and guidance provided by the Long Beach Department of Health and Human Services regarding isolation of persons confirmed or suspected to be infected with the virus that causes COVID-19 disease or quarantine of those exposed to and at risk of infection from COVID-19. In instances where the City has not provided a specific guidance or protocol, specific guidance or protocols established by the State Public Health Officer shall control.

   a. In the event that an owner, manager, or operator of any business knows of three (3) or more cases are identified within the workplace within a span of 14 days the employer should report this cluster to the Long Beach Department Health and Human Services at 562-570-INFO.

   b. In the event that an owner, manager, or operator of any business is informed that one or more employees, assigned or contracted workers, or volunteers of the businesses has tested positive for, or has symptoms consistent with COVID-19 (case), the employer must have a protocol to require the case(s) to isolate themselves at home and require the immediate self-quarantine of all employees that had a workplace exposure to the case(s).

4. Considerations for People at Risk of Severe Illness or Death from COVID-19. At this time, people at risk for severe illness or death from COVID-19 – such as, unvaccinated older adults and unvaccinated individuals with health risks – and members of their household, should defer participating in activities with other people outside their household where taking protective measures (e.g. wearing a face mask and physical distancing) may not occur or will be difficult, especially indoors or in crowded spaces. For those who are not yet fully vaccinated, staying home or choosing outdoor activities as much as possible with physical distancing from other households whose vaccination status is unknown is the best way to prevent the risk of COVID-19 transmission.

5. Travel Advisory. The Health Officer recommends that individuals follow CDPH and CDC travel guidance, which may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Travel-Advisory.aspx and https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html.

6. Encourage Activities that Can Occur Outdoors. All businesses and governmental entities are urged to consider moving operations or activities outdoors, where feasible, and to the extent allowed by local law and permitting requirements as there is generally less risk of COVID-19 transmission outdoors as opposed to indoors.

7. Ventilation Guidelines. All businesses and governmental entities with indoor operations are urged to review and implement the Ventilation Guidelines as feasible. See California Department of Public Health Interim Guidance for Ventilation, Filtration and Air Quality in Indoor Environments, which may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx.

8. Additional Requirements for High-Risk Health Care and Congregate Settings. This Order incorporates by reference as if fully set forth herein the State Public Health Officer Order of July 26, 2021 titled “Health Care Worker Protections in High-Risk Settings”, as it may be amended from time
to time, which requires additional statewide facility-directed measures to protect particularly vulnerable populations in hospitals, acute health care and long-term care settings, high-risk congregate settings and other health care settings. The Order may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx. Failure to comply with any requirement set forth in the State Public Health Officer Order titled “Health Care Worker Protections in High-Risk Settings”, as it may be amended, is considered a violation of this Order.

9. Additional Requirements for Visitors in Acute Health Care and Long-Term Care Settings. This Order incorporates by reference as if fully set forth herein the State Public Health Officer Order as amended on February 7, 2022 titled “Requirements for Visitors in Acute Health Care and Long-Term Care Settings”, as it may be amended from time to time, which requires additional statewide facility-directed measures to protect particularly vulnerable populations from visitors during indoor visitations at hospitals, skilled nursing facilities, and intermediate care facilities. The Order may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx. Failure to comply with any requirement set forth in the State Public Health Officer titled “Requirements for Visitors in Acute Health Care and Long-Term Care Settings”, as it may be amended, is considered a violation of this Order.

10. Health Care Worker Vaccine Requirement. This Order incorporates by reference as if fully set forth herein the State Public Health Officer Order of January 25, 2022 titled “Health Care Worker Vaccine Requirement”, as it may be amended from time to time, which requires additional statewide measures to protect particularly vulnerable populations. The Order may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx. This Order shall additionally apply any requirements in the State Public Health Officer Order titled “Health Care Worker Vaccine Requirement” to dental workers and home health care workers. Failure to comply with any requirement set forth in the State Public Health Officer Order titled “Health Care Worker Vaccine Requirement”, as it may be amended, is considered a violation of this Order.

11. Vaccine Verification Required for Workers in Schools. This Order incorporates by reference as if fully set forth herein the State Public Health Officer Order of August 11, 2021 titled “Vaccine Verification for Workers in Schools”, as it may be amended from time to time, which requires additional statewide measures to protect particularly vulnerable populations, such as students that are not vaccinated and younger students who are not yet eligible for vaccines. The Order may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Vaccine-Verification-for-Workers-in-Schools.aspx. Failure to comply with any requirement set forth in the State Public Health Officer Order titled “Vaccine Verification for Workers in Schools”, as it may be amended, is considered a violation of this Order.

12. Sectors that Continue to Require Additional Risk Reduction Measures. The following sectors serve persons and populations that have lower rates of vaccination, persons who are at higher risk of being infected, or persons who are not yet eligible to be vaccinated. As such, these sectors continue to require additional risk reduction measures and must operate subject to the following conditions:

a. **Day Camps.** Day camp owners and operators must implement and post any “CDPH checklist and comply with any CDPH Guidance regarding day camps, which may be found at https://files.covid19.ca.gov/pdf/checklist-daycamps--en.pdf.

b. **K-12 Schools.** All public and private K-12 schools in the City shall provide instruction in
accordance with guidance issued by the State Health Officer for “K-12 Schools in California for the 2021-2022 School Year”, as it may be amended from time to time, which may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx. All public and private K-12 must also adhere to the “Mandatory Requirements for Schools Using the Modified Quarantine Option”, where applicable, attached as Appendix AA, as it may be amended from time to time. Failure to comply with any requirement set forth in guidance issued by the State Health Officer for “K-12 Schools in California for the 2021-2022 School Year”, as it may be amended, is considered a violation of this Order.

c. **Day Care.** Day Care must adhere to guidance issued by the State Health Officer titled “COVID-19 UPDATED GUIDANCE: Child Care Programs and Providers”, as it may be amended from time to time, which may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Child-Care-Guidance.aspx. Failure to comply with any requirement set forth in the State Public Health Officer Order titled “COVID-19 UPDATED GUIDANCE: Child Care Programs and Providers”, as it may be amended, is considered a violation of this Order.

d. **Youth Sports.** Youth recreational supports must operate in accordance with the Recreational Sports Protocol, as amended from time to time, attached as Appendix W.

e. **Bars, Breweries, Craft Distilleries, and Wineries.**

   i. Bars must require patrons who are 21 years of age or older (and minors 12 years of age or older, where permitted at the establishment) to provide proof of full vaccination against COVID-19 for entry into the establishment to obtain indoor service. Patrons who do not provide proof of full vaccination against COVID-19 may be served in outdoor portions of the facility, where the risk of exposure to COVID-19 is less likely when compared to being indoors.

   ii. Individuals who do not provide proof of vaccination at Bars may use outdoor portions of the facility, but may not remain inside the facility except as solely provided below provided the individual is wearing a well-fitted mask:

   1) The individual may enter the indoor portion of the facility as part of their employment to make a delivery or pick-up, provide a service or repair to the facility, or for an emergency or regulatory purpose.

   2) The individual may enter the indoor portion of the facility to get to the outdoor portion of the facility or to use the restroom.

   3) The individual may enter the indoor portion of the facility to order, pick-up, or pay for food or drinks for “to go” service.

   iii. All on-site employees must provide their employer with proof of full vaccination against COVID-19.

   1) Employees may be exempt from the COVID-19 vaccination requirements under this subsection only upon providing their employer a declination form, signed by the individual stating either of the following: (1) the employee is declining vaccination based on religious beliefs or (2) the employee is excused
from receiving any COVID-19 vaccine due to qualifying medical reasons. To be eligible for a qualified medical reasons exemption the employee must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption and indicating the probable duration of the employee’s inability to receive the vaccine. Such written statement of qualifying medical exemption should not describe the underlying medical condition or disability and must indicate if the duration of the employee’s inability to receive the vaccine is unknown or permanent. See the most updated version of the CDC’s Interim Clinical Considerations for Use.

2) If an operator of a Bar deems its on-site employee to have met the requirements of the above-stated COVID-19 vaccination exemption, the unvaccinated employee must meet the following requirements when entering or working in the establishment:

   a) Test for COVID-19 at least once per week either polymerase chain reaction (PCR) or antigen test that either has Emergency Use Authorization (EUA) by the US Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the US Centers for Medicare and Medicaid Services.

   b) Wear a surgical mask or higher-level respirator (e.g., N95s, KN95s, KF94s) that are well-fitted over the individual's over the mouth and nose at all times while at the establishment.

iv. Bars must comply with the Guidance for Verifying Proof of COVID-19 Vaccination attached to this Order. Acceptable forms of proof of full COVID-19 vaccination status include (a) photo identification of the attendee AND (b) any of the following - a vaccination card, a photo of the vaccination card as a separate document, a photo of the attendee’s vaccine card stored on a phone or electronic device, a digital version of the vaccination card (e.g. QR Code), or documentation of the person's full vaccination against COVID-19 from a healthcare provider. The vaccination card must include the name of the person vaccinated, the type of COVID-19 vaccine provided, and the date of the last dose administered.

f. Nightclubs and Lounges.

i. For purposes of this Order, “nightclub” means a commercial establishment dispensing beverages for consumption on the premises and in which dancing is permitted or entertainment is provided, and/or has its primary source of revenue as the sale of alcohol for consumption on the premises, cover charges, or both. For purposes of this Order, “lounge” is defined as a business that operates primarily for the preparation, sale, and service of beer, wine, spirits, hookah, or cigars. Minors are not permitted in a lounge.

ii. Nightclubs and lounges must require patrons who are 18 years of age or older to provide proof of full vaccination against COVID-19 for entry into the establishment to obtain indoor service. Patrons who do not provide proof of full vaccination against COVID-19 may be served in outdoor portions of the facility, where the risk of exposure
to COVID-19 is less likely when compared to being indoors.

iii. Individuals who do not provide proof of vaccination at nightclubs and lounges may use outdoor portions of the facility, but may not remain inside the facility except as solely provided below provided the individual is wearing a well-fitted mask:

1) The individual may enter the indoor portion of the facility as part of their employment to make a delivery or pick-up, provide a service or repair to the facility, or for an emergency or regulatory purpose.

2) The individual may enter the indoor portion of the facility to get to the outdoor portion of the facility or to use the restroom.

3) The individual may enter the indoor portion of the facility to order, pick-up, or pay for food or drinks for “to go” service.

iv. All on-site employees must provide their employer with proof of full vaccination against COVID-19.

1) Employees may be exempt from the COVID-19 vaccination requirements under this subsection only upon providing their employer a declination form, signed by the individual stating either of the following: (1) the employee is declining vaccination based on religious beliefs or (2) the employee is excused from receiving any COVID-19 vaccine due to qualifying medical reasons. To be eligible for a qualified medical reasons exemption the employee must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption and indicating the probable duration of the employee’s inability to receive the vaccine. Such written statement of qualifying medical exemption should not describe the underlying medical condition or disability and must indicate if the duration of the employee's inability to receive the vaccine is unknown or permanent. See the most updated version of the CDC’s Interim Clinical Considerations for Use.

2) If an operator of a nightclub or lounge deems its on-site employee to have met the requirements of the COVID-19 vaccination exemption, the unvaccinated employee must meet the following requirements when entering or working in the establishment:

   a) Test for COVID-19 at least once per week either polymerase chain reaction (PCR) or antigen test that either has Emergency Use Authorization (EUA) by the US Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the US Centers for Medicare and Medicaid Services.

   b) Wear a surgical mask or higher-level respirator (e.g., N95s, KN95s, KF94s) that are well-fitted over the individual's mouth and nose at all times while at the establishment.

v. Nightclubs and lounges must comply with the Guidance for Verifying Proof of COVID-
19 Vaccination attached to this Order. Acceptable forms of proof of full COVID-19 vaccination status include (a) photo identification of the attendee AND (b) any of the following - a vaccination card, a photo of the vaccination card as a separate document, a photo of the attendee’s vaccine card stored on a phone or electronic device, a digital version of the vaccination card (e.g. QR Code), or documentation of the person’s full vaccination against COVID-19 from a healthcare provider. The vaccination card must include the name of the person vaccinated, the type of COVID-19 vaccine provided, and the date of the last dose administered.

g. Restaurants. Due to the increased risk of transmission at places where people are indoors and unmasked, the City Health Officer strongly recommends that the operators of restaurants, which include, brewpubs, breweries, bars, pubs, craft distilleries, and wineries that hold a City-issued restaurant permit to provide sit-down, dine-in bona fide meals, reserve and prioritize indoor seating and service for patrons who are fully vaccinated against COVID-19. Such establishments should verify the full vaccination status of patrons 12 years or older who will be seated indoors for food or beverage service. Patrons who cannot provide proof of full vaccination against COVID-19 may be served in outdoor portions of the facility, where the risk of exposure to COVID-19 is less likely when compared to being indoors.

h. Mega Events. All individuals, operators, businesses and establishments must follow the requirements included the February 7, 2022 “Beyond the Blueprint for Industry and Business Sectors (Including Mega Events)” issued by the California Department of Public Health, as it may be amended from time to time, which may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Beyond-Blueprint-Framework.aspx. Failure to comply with any requirement set forth in the State Public Health Officer titled “Beyond the Blueprint for Industry and Business Sectors (Including Mega Events)”, as it may be amended, is considered a violation of this Order.

13. For purposes of this Order, an individual is considered “fully vaccinated” against COVID-19 two weeks or more after they have received the second dose in a 2-dose series (e.g. Pfizer-BioNtech or Moderna) or 2 weeks or more after they have received a single-dose vaccine (e.g. Johnson and Johnson [J&J]/Janssen).

PURPOSE AND FINDINGS

14. Purpose. This Long Beach Health Officer Order (Order) supersedes all Prior Safer-at-Home Orders (Prior Orders) issued by the Long Beach Health Officer. This Order aligns with the various health orders implemented by the State Public Health Officer and referenced in this Order regarding COVID-19.

15. Intent. This Order’s intent is to continue to protect the community from COVID-19, in particular those individuals who are not, or cannot be, fully vaccinated against COVID-19 in the City as other protective measures are removed and to increase vaccination and booster rates to reduce the spread of COVID-19 long-term, so that the whole community is safer and so the COVID-19 pandemic can come to an end.

16. Least Restrictive Means. The orders contained in this Order are necessary and least restrictive preventive measures to control and reduce the spread of COVID-19 in the City, help preserve critical and limited healthcare capacity in the City, and save the lives of City Beach residents.

17. State Law Requires Health Officer to Take Measures Necessary to Prevent the Spread of a Communicable Disease. The California Health and Safety Code section 120175 requires the Health
Officer knowing or having reason to believe that any case of a communicable disease exists or has recently existed within the City to take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases. Furthermore, California Health and Safety Code sections 101040 and 101475 grant the Health Officer the authority to take any preventive measure that may be necessary to protect and preserve the public health from any public health hazard during a State or local emergency within their jurisdiction.

18. **Continuing Severe Health and Safety Risk Posed by COVID-19.** This Order is based upon scientific evidence and best practices, as currently known and available, to protect members of the public from avoidable risk of serious illness and death resulting from the spread of COVID-19, as well as to protect the healthcare system from a surge of cases into its emergency rooms and hospitals. This Order is issued based on the following determinations: evidence of continued significant community transmission of COVID-19 within the City; documents asymptomatic transmission; scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically; evidence that people in the City continue to be at risk for infection with serious health complications, including hospitalizations and death from COVID-19, due to age, pre-existing health conditions, being unvaccinated or not eligible for vaccination, and more infectious variants of the virus that causes COVID-19 and which have been shown to cause more severe disease being present in the City; and further evidence that City residents, including younger and otherwise healthy people, are also at risk for serious negative health outcomes and for transmitting the virus to others; the age, condition, and health of a significant portion of the population of the City places it at risk for serious health complications, including hospitalizations and death, from COVID-19; and further evidence that others, including younger and otherwise healthy people, are also at risk for serious outcomes.

19. **Local Health Conditions Relating to COVID-19.** Existing community transmission of COVID-19 in the City is increasing and continues to present a high risk of harm to the health of those who are not or cannot be vaccinated against COVID-19. Currently, there is a vaccine available to protect against COVID-19. However, new variants of the virus that may spread more easily or cause more severe illness remain present in the City and remain a risk for those who are not vaccinated against COVID-19. Due to the fact that unvaccinated persons are remain more likely to get infected and spread COVID-19 via the air and concentrates indoors, other measures are necessary until the majority of the population is vaccinated to prevent the spread of COVID-19. As of **February 28, 2022**, there have been at least **124,286** cases of COVID-19 and **1,220** deaths reported in the City of Long Beach. Making the risk of community transmission worse, some individuals who contract COVID-19 have no symptoms or have only mild symptoms, and so are unaware that they carry the virus and transmitting to others. Since even people without symptoms can transmit the virus, and because new evidence shows the COVID-19 is now more easily spread, universal indoor masking is a risk reduction measure that is proven to reduce the risk of transmitting the virus.

20. **Continued Monitoring of Epidemiological Data.** The Health Officer will continue monitoring epidemiological data to assess the impact of lifting restrictions and fully re-opening sectors. Those indicators include, but are not limited to:

   a. The number of new cases, hospitalizations, and deaths among residents in areas in the lowest Healthy Places Index (HPI) quartile and by race/ethnicity.

   b. The percentage of COVID-19 tests reported that are positive.

   c. The COVID-19 case rate.
d. The availability of COVID-19 vaccines and the percentage of eligible City residents vaccinated against COVID-19.

e. The number of fully vaccinated people who get sick, hospitalized, or die from COVID-19.

21. Incorporation of State and Local Emergency Proclamations. This Order is issued in accordance with, and incorporates by this reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom and the and the March 4, 2020 Proclamation of Local Emergency by the City Manager, and the Declaration of Local Health Emergency by the Health Officer, ratified by the City Council on March 10, 2020, respectively, the March 6, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, and guidance issued by the California Department of Public Health, as each of them have been and may be supplemented.

22. Obligation to Follow Stricter Requirements of Orders. This Order is consistent with the provisions in the Governor’s Executive Order N-60-20 and the State Public Health Officer’s August 28, 2020 Order that local health jurisdictions may implement or continue more restrictive public health measures if the jurisdiction’s Local Health Officer determines that health conditions in that jurisdiction warrant such measures. Where a conflict exists between this Order and any state public health order related to the COVID-19 pandemic, the most restrictive provision (i.e., the more protective of public health) controls. Consistent with California Health and Safety Code section 131080 and the Health Officer Practice Guide for Communicable Disease Control in California, except where the State Health Officer may issue an order expressly directed at this Order and based on a finding that a provision of this Order constitutes a menace to public health, any more restrictive measures in this Order continue to apply and control in the City. Also, to the extent any federal guidelines allow activities that are not allowed by this Order, this Order controls.

23. Requirement to Operate Pursuant to Local Licenses and Permits. All businesses permitted to operate pursuant to this Order shall operate in accordance with all current local licenses or permits, including business licenses, health permits, and the like.

24. Authority of the City Manager to Facilitate Business Activities Outdoors. The City Manager or appropriate designee to develop written protocols to facilitate various business activities outdoors in accordance with City and State health guidelines and Health Orders and in compliance with all other applicable State and Federal laws such as the Americans with Disabilities Act, with emphasis on developing protocols that protect the health, safety and welfare of the community. Any issuance of a permit to operate in an outdoor space is temporary due to the COVID-19 pandemic and does not create a vested property right in any parklet, public right-of-way, or any other property used to facilitate outdoor business operations due to the COVID-19 pandemic.

25. Copies of the Order. The City shall promptly provide copies of this Order by: (a) posting it on the Long Beach’s Department of Health and Human Services website (http://www.longbeach.gov/health/), (b) posting it at the Civic Center located at 411 W. Ocean Blvd., Long Beach, CA 90802, (c) providing it to any member of the public requesting a copy, (d) issuing a press release to publicize the Order throughout the City, and (e) by serving via email on large facilities known to the Health Officer that are likely to be subject to this Order (but service via email is not required for compliance). The owner, manager, or operator of any facility that is likely to be impacted by this Order is strongly encouraged to post a copy of this Order onsite and to provide a copy to any member of the public requesting a copy.

a. The owner, manager, or operator of any facility that is likely to be impacted by this Order is
strongly encouraged to post a copy of this Order onsite and to provide a copy to any member of
the public requesting a copy.

b. Because guidance may change, the owner, manager, or operator of any facility that is subject
to this Order is ordered to consult the Long Beach Department of Health and Human Services’
website (http://www.longbeach.gov/health/) daily to identify any modifications to the Order and
is required to comply with any updates until the Order is terminated.

26. **Severability.** If any section, 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.

27. **Enforcement.**

a. In consultation with the City Attorney and in accordance with Chapter 8.120 of the Long
   Beach Municipal Code, the City is permitted to discontinue municipal utility service to any
   business operating in violation of this Order, as appropriate.

b. The entities subject to this Order that are not required to close may otherwise remain open
   for business and perform operations during the duration of this Order under the condition that
   entities adhere to this Order any state public health order related to the COVID-19 pandemic.
   Entities permitted to remain open for businesses that do not adhere to this Order may be
   subject to mandatory closure for the duration of this Order, including any amendment or
   extension hereto. This Section shall not apply to the Long Beach Airport, or any business
   identified as federal critical infrastructure therein.

c. Failure to comply with any of the provisions of this Order constitutes an imminent threat and
   menace to public health, constitutes a public nuisance, and is punishable by fine,
   imprisonment, or both. To protect the public’s health, the Health Officer of the City of Long
   Beach may take additional action(s) for failure to comply with this Order. Violation of this
   Order is a misdemeanor punishable by imprisonment, fine or both under California Health
   and Safety Code Section 120275 et seq and Chapter 1.32 and 8.120 of the Long Beach
   Municipal Code.

d. Pursuant to Long Beach City Charter Section 109, Sections 8634 and 41601 of the California
   Government Code; Sections 101040, 101475, and 120175 of the California Health and
   Safety Code; and Chapters 8.08, 8.26, and 8.120 of the Long Beach Municipal Code, these
   Orders and Directives as issued by the Health Officer shall be enforceable by the Chief of
   Police of the City of Long Beach to ensure compliance with and enforcement of this Order
   and the Directives set forth herein.

e. Further, and in addition to the criminal penalties set forth herein, these Orders and Directives
   as issued by the Health Officer shall be enforceable by the City Manager of the City of Long
   Beach. For the duration of the declared health emergency, the City Manager is permitted to
   designate and authorize appropriate employees of the City to issue Administrative Citations
   and levy civil fines and penalties to those individuals, businesses, and others who are in
   violation of the Orders and Directives contained herein in accordance with the provisions of

28. **Effective Date.** This Order shall become effective at 12:01 a.m. on March 1, 2022 and will continue
to be until it is extended, rescinded, superseded, or amended in writing by the Health Officer.
IT IS SO ORDERED:

Anissa Davis, MD, DrPH,
Health Officer, City of Long Beach
Date: February 28, 2022

PROMULGATION OF EMERGENCY REGULATIONS

As Director of Civil Defense for the City of Long Beach pursuant to Long Beach Municipal Code (“LBMC”) section 2.69.060.A, and in accordance with the provisions of LBMC Chapter 8.120, I am authorized to promulgate regulations for the protection of life and property as affected by the COVID-19 emergency pursuant to Government Code section 8634, and LBMC sections 2.69.070.A and 8.120.020. The following shall be in effect for the duration of the Long Beach Health Order, HEALTH ORDER FOR CONTROL OF COVID-19, issued above, which is incorporated in its entirety by reference:

The Long Beach Health Officer Order HEALTH ORDER FOR CONTROL OF COVID-19, shall be promulgated as a regulation for the protection of life and property.

Any person who, after notice, knowingly and willfully violates or refuses or neglects to conform to the above referenced lawfully issued Health Order shall be guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars ($1,000), by imprisonment for a period not exceeding six (6) months, or by both such fine and imprisonment. (Long Beach Municipal Code sections 8.120.030.A and 8.120.030.E.3.)

IT IS SO ORDERED:

Thomas B. Modica
City Manager, City of Long Beach
Date: February 28, 2022
How to verify if a person is fully vaccinated

- Check to see if the name on the vaccination record matches a photo ID, AND
- Check proof of COVID-19 vaccination for vaccination type and date(s) (a and b on image)
  - If Johnson & Johnson (J&J), verify single dose with date 14 days prior to today
  - If Pfizer or Moderna, verify two doses with dates, the most recent being 14 days prior to today

Acceptable proof of COVID-19 vaccination

A. Vaccine Record Card or Health Record

- CDC COVID-19 Vaccination Record Card (White Card)
- World Health Organization (WHO) Vaccine Record Card (Yellow Card)
- Documentation of vaccination from the healthcare provider or entity that provided the COVID-19 vaccines
- California Immunization Registry (CAIR2) Vaccination Record

The person can show the card, a photo of the card as a separate document, or a photo of the card stored on a phone or electronic device.

B. Digital Vaccination Record

- California Department of Public Health (CDPH)* (free)
- An approved company (e.g. Healthvana and Carbon Health) (free)

* Businesses can download the free SMART Health Card verifier app to read the QR code (thecommonsproject.org/smart-health-card-verifier). Scan the code and confirm there’s a green “Verified” indicator at the top of the screen and the required information is shown.

For visitors from other state or countries, ask for similar vaccination documentation issued by their local government.

A person who was vaccinated outside the US is considered to be fully vaccinated 14 days after they finish a series of a COVID-19 vaccine that vaccine is listed for emergency use by the World Health Organization (WHO) – currently AstraZeneca-Oxford (e.g., Covishield, Vaxzevria), Sinopharm, and Sinovac.

For more information, visit the vaccine records at VaccinateLACounty.com
EXAMPLES OF VACCINATION RECORDS

California Department of Public Health Digital Vaccination Record

CDPH Digital Vaccination record after being scanned by the SMART Health Card Verifier App. Image from thecommonsproject.org/smart-health-card-verifier

Healthvana

Carbon Health COVID-19 Health Pass

CDC Vaccination Record Card

California Immunization Registry (CAIR2) Vaccination Record
Appendix W
Protocol for Youth Recreational Sports
Last Updated 2-28-22

Below is a summary of requirements and best practices for youth sports leagues (including school sports teams) based in the City of Long Beach to enhance safety for participants, coaches, referees, and communities, and lower the risk of COVID-19 transmission within their teams. These requirements are strongly recommended for teams or players coming to Long Beach from other jurisdictions for competitions.

Routine screening testing is required as described below, presuming adequate COVID-19 diagnostic testing capacity and supplies. The screening testing requirements may be modified, based on the availability of and access to testing. In addition, these requirements remain in effect even as the the Long Beach Department of Health and Human Services reports low rates of community transmission.

In addition to this information, please remember:

- Youth sports leagues must follow the City of Long Beach Health Officer Order and the City of Long Beach COVID-19 Exposure Management Plan Guidance for Youth Recreational Sports Programs.
- Youth sports leagues that employ coaches, referees, or other support staff must also adhere to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS).
- Mega Events must comply with the requirements in the State Health Officer Order which may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Beyond-Blueprint-Framework.aspx.

Youth sports leagues operating concession stands must have a Health Permit from the Long Beach Department of Health and Human Services, Bureau of Environmental Health (www.longbeach.gov/eh) and should review and follow Los Angeles County Department of Public Health Best Practice Guidance for Food and Beverage Service.

K-12 extracurricular sports activities are subject to the requirements of the CDPH K-12 Guidance, which may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx, whether they occur on a school site or during school hours.

Other non-school based youth recreational sports teams must follow CDPH Face Covering Guidance https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx mask rules for participants, coaches, staff and spectators.

Vaccinate

- It is strongly recommended that all student athletes ages 5 and older, coaches and team staff are fully vaccinated. Vaccination against the virus that causes COVID-19 is available for everyone 5 years of age and older. Vaccination is the primary strategy to reduce the burden of COVID-19 disease and protect all members of the community. Having all athletes and staff in your youth sports league fully vaccinated and receive booster doses as soon as they are eligible will greatly decrease the risk of transmission of the virus among teammates and between teams, and will provide excellent protection against severe illness, hospitalization, and death. It will also decrease disruption in team activities, because fully vaccinated individuals are not required to quarantine if they are close contacts to a case
of COVID-19, as long as they remain asymptomatic and continue to test negative.

- Youth sports leagues, team organizers, or coaches must maintain records of all athletes’ and staff/coaches’/volunteers’ vaccination status and weekly COVID-19 testing compliance. They do not need to keep a copy of the proof of full vaccination shown nor copies of test results.

**Screen for symptoms and isolate**

- Ask participants and families to self-screen for COVID-19 symptoms prior to attending youth sports activities.
- Post **signage** to remind everyone who enters your establishment that they should NOT enter if they have symptoms of COVID-19 or if they are under isolation or quarantine orders.
- Youth sports programs must exclude or isolate any participant, coach, or spectator that is showing symptoms of COVID-19.
  - Take action to isolate participants who begin to have COVID-19 symptoms during youth sports activities, from other participants, coaches, and spectators.
  - Notify LBDHHS officials, staff, and families immediately of any confirmed case of COVID-19.
  - A 7-day suspension of all team activities will be required of any youth sports team in which there has been an outbreak of 4 or more epidemiologically linked cases over a 10-day period. Individual conditioning and skill building may continue during the suspension period as long as everyone on the team complies fully with any individual isolation or quarantine orders that apply.

**Reduce crowding, especially indoors**

- If possible, hold youth sports activities outdoors where the risk of COVID-19 transmission is much lower.
- If youth sports activities must be held indoors, take steps to reduce the number of participants, coaches and spectators in any indoor area.
- Physical distancing is an infection control best practice that may be implemented as an additional safety layer to reduce the spread of COVID-19. During practices, encourage activities that do not involve sustained person-to-person contact between participants and/or coaching staff and limit such activities in indoor settings. Instead, consider focusing on skill-building activities.
- Consider limiting the number of participants who visit the restroom or locker room at any given time.
- Non-athletic team events, such as team dinners or other social activities, should only happen if they can be held outdoors with distancing.

**Routine Screening Testing for COVID-19**

- The virus that causes COVID-19 may infect any member of the youth sports league, even fully vaccinated members, although it is more likely to infect unvaccinated persons. Any infected person can potentially transmit the virus to others. One strategy to accurately identify infected individuals and then quickly isolate them is routine periodic screening testing for COVID-19 with a Nucleic Acid Amplification Test (NAAT) such as PCR, or an Antigen (Ag) test. The CDC recommends that all unvaccinated participants in any youth sports test at least weekly in communities experiencing high rates of transmission. General information about testing in Long Beach can be found at
Persons who show proof that their COVID-19 vaccination status is up-to-date¹ or that they have recovered from/completed isolation for laboratory confirmed COVID-19 within the past 90 days should not be included in periodic COVID-19 screening testing if the person is asymptomatic. Screening for persons not up-to-date who were previously infected with COVID-19² should start 90 days after the first day of symptoms or from the day of collection of first positive test (if they were asymptomatic).

Whenever a confirmed case is identified on any of your youth sports teams, follow instructions listed in the Exposure Management Plan for Youth Sports and ensure that all unvaccinated close contacts quarantine along with any symptomatic vaccinated close contacts.

Youth sports leagues, team organizers, or coaches should maintain records of all athletes’ and staff/coaches’/volunteers’ vaccination status and weekly COVID-19 testing compliance and any testing done after having exposure to a COVID-19 case. They do not need to keep a copy of the proof of full vaccination shown nor copies of test results.

At the current time, the following testing requirements apply to all participating athletes and staff/coaches/volunteers. Persons who show proof that their vaccination status is up-to-date against COVID-19 and are not playing unmasked nor with unmasked teammates indoors or that they have recovered from/completed isolation for laboratory confirmed COVID-19 within the past 90 days should not be included in routine COVID-19 screening testing if the person is asymptomatic. Screening for persons whose vaccination status is not up-to-date who were previously infected with COVID-19 should start 90 days after the first day of symptoms or the day of collection of first positive test. See Table below for examples of sports in different risk categories.

Indoor Moderate- or High-Risk Sports

A weekly negative test result is required for all participants who are not up-to-date¹ with their vaccinations and who are participating in indoor Moderate- or High-Risk sports, including children of all ages who are playing and staff/coaches/volunteers.; weekly school testing fulfills this obligation.

¹ The following are acceptable as proof of “up-to-date” vaccination status: 1) A photo identification of the attendee and 2) their vaccination card (which includes name of person vaccinated, type of COVID-19 vaccine provided and the date the last dose was administered) OR a photo of the attendee’s vaccination card as a separate document OR a photo of the attendee’s vaccine card stored on a phone or electronic device OR documentation of full vaccination from a healthcare provider (which includes name of person vaccinated and confirms that the attendee is fully vaccinated against COVID-19). For the purposes of this Protocol, people are considered “up-to-date” against COVID-19:

- 2 weeks or more after their second dose in a 2-dose COVID-19 vaccine series, such as the Pfizer or Moderna, and a booster vaccine if it has been at least 5 months after the primary series, or
- 2 weeks or more after a single-dose COVID-19 vaccine, such as Johnson & Johnson (J&J)/Janssen and a booster vaccine if it has been at least 5 months after the primary series, or
- 2 weeks or more after completion of COVID-19 vaccine series listed for emergency use by the World Health Organization (e.g., AstraZeneca/Oxford) and a booster vaccine if it has been at least 5 months after the primary series. See WHO’s website for more information about WHO-authorized COVID-19 vaccines.

² The following is acceptable as proof of previous COVID-19 infection (previous positive viral test result) and completion of isolation within the last 90 days: a photo identification and a paper copy or digital copy on their phone or electronic device of their positive COVID-19 antigen or PCR test taken within the last 90 days, but not within the last 10 days. Person must have completed their isolation requirement prior to participating.

TO REPORT A VIOLATION
PLEASE CALL: (562) 570-2633 OR
EMAIL: CETASKFORCE@LONGBEACH.GOV
If a team participating in Indoor Moderate- or High-Risk Sports determines that requiring all players to remain masked is not practicable, and players elect to participate without their masks as a result, ALL team members, regardless of vaccination status, are required to have screening test for COVID-19 performed at least weekly.

Outdoor Moderate- or High-Risk Sports

- Outdoor Moderate- or High-Risk Sports for youth ages 12 and older and staff/coaches/volunteers. A weekly negative test result is required for all participants whose vaccine status is not up-to-date, including youth ages 12 and older who are playing and staff/coaches/volunteers; weekly school testing fulfills this obligation.

- No screening testing is required for children under age 12 playing Outdoor Sports. Where possible, in alignment with the CDC recommendation for communities experiencing high transmission, weekly testing for all unvaccinated participants in sports is recommended; weekly school testing fulfills this recommendation.
  - If team players under age 12 are regularly transported via buses/vans, a weekly negative test result is recommended; weekly school testing fulfills this obligation.
  - If children under age 12 are participating in multi-county, multi-day competitions of Moderate- or High-Risk Outdoor sports, a negative test within a 3-day window period prior to their first game at the competition is recommended.³

- Youth participating in outdoor sports whose vaccination status is up-to-date are not required to test weekly unless there is a positive case among players, coaches and/or staff. If there is a positive case, all players, staff/coaches/volunteers (regardless of vaccination status) are required to have a weekly negative test result for two weeks from exposure to the case and must test negative prior to competitions.

Ventilate

- If youth sports activities are taking place indoors, make sure your building’s Heating, Ventilation, and Air Conditioning (HVAC) system is in good, working order.
- Consider installing portable high-efficiency air cleaners, upgrading the building’s air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- When weather and playing conditions allow, increase fresh outdoor air by opening windows and doors. Consider using fans to increase the effectiveness of open windows—position window fans to blow air outward, not inward.
- Decrease occupancy in areas where outdoor ventilation cannot be increased.
- If your team or youth sports league utilizes transport vehicles, such as buses or vans, it is recommended to open windows to increase airflow from outside when it is safe to do so.
- See State Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments and CDC Ventilation in Schools and Child Care Programs page.

Support handwashing

³ The 3-day window period is the 3 days before the inter-team competition. A 3-day timeframe instead of 72 hours provides more flexibility to the athlete or staff member. By using a 3-day window period, test validity does not depend on the time of the competition or the time of day that the test was administered. For example, if the competition is at 1pm on a Friday, the athlete or staff member could participate in the competition with a negative test that was taken any time on the prior Tuesday or after.
Place handwashing stations or hand sanitizer at entry and outside communal bathrooms with signage promoting use.

Encourage frequent handwashing.

**Communicate**

- Post signage so that visitors who are entering your facility are aware of your policies, including indoor face mask requirements.
- Use your online platforms to communicate your COVID-19 safety policies to the public.

**Take additional precautions around team travel and multi-team tournaments**

- When traveling in vehicles with other members of the youth sports team not from the same household, wear masks during the entire trip and keep windows open. This includes when carpooling in family vehicles.
- When traveling overnight, it is recommended that team members not from the same household sleep in separate rooms and keep masks on whenever visiting other members' hotel rooms.
- Socializing with other teams is strongly discouraged.

**Understanding the Risks Associated with Sports during the Pandemic**

Sports and physical activities that allow for 6-8 feet between other competitors, like golf or singles tennis, are going to be less risky than sports that involve frequent close contact, like basketball or wrestling. Those where athletes do not share equipment, like cross country, will likely be less risky than which have shared equipment, such as football. Those limited exposure to other players may be a safer option. A sprint in a track race, for example, may be less risky than sports that put someone in close contact with another player for an extended period of time, like an entire half of a game.

The specific location where athletes train, practice and compete also impacts risk. Choose outdoor venues for sports and classes whenever possible. COVID-19 is more likely to spread in indoor spaces with poor ventilation. Indoor sports and activities will likely present an increased risk of transmission, especially if the sport or physical activity also involves close contact, shared equipment, and more exposure to other players, such as basketball.

The more people someone interacts with, the greater the chance of COVID-19 exposure. So small teams, practice pods or classes that stay together, rather than mixing with other teams, coaches, or teachers, will be a safer option. This will make it easier to contact individuals if there is an exposure of COVID-19.

Staying within your community will be safer than participating on travel teams. Traveling to an area with more COVID-19 cases could increase the chance of transmission and spread. Travel sports also include intermixing of players so athletes are generally exposed to more people.
**Table 1. Examples of Sports Stratified by Risk Level Depending on Degree of Participant Contact**

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Archery</td>
<td>• Badminton (doubles)</td>
<td>• Basketball</td>
</tr>
<tr>
<td>• Badminton (singles)</td>
<td>• Baseball</td>
<td>• Boxing</td>
</tr>
<tr>
<td>• Band</td>
<td>• Cheerleading</td>
<td>• Football</td>
</tr>
<tr>
<td>• Biking</td>
<td>• Dance (intermittent contact)</td>
<td>• Ice hockey</td>
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<tr>
<td>• Bocce</td>
<td>• Dodgeball</td>
<td>• Ice Skating (pairs)</td>
</tr>
<tr>
<td>• Bowling</td>
<td>• Field hockey</td>
<td>• Lacrosse (boys/men)</td>
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<tr>
<td>• Corn hole</td>
<td>• Flag Football</td>
<td>• Martial Arts</td>
</tr>
<tr>
<td>• Cross country</td>
<td>• Kickball</td>
<td>• Roller Derby</td>
</tr>
<tr>
<td>• Curling</td>
<td>• Lacrosse (girls/women)</td>
<td>• Rugby</td>
</tr>
<tr>
<td>• Dance (no contact)</td>
<td>• Pickleball (doubles)</td>
<td>• Rowing/crew (with 2 or more people)</td>
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<tr>
<td>• Disc golf</td>
<td>• Squash</td>
<td>• Soccer</td>
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<tr>
<td>• Drumline</td>
<td>• Softball</td>
<td>• Water polo</td>
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<tr>
<td>• Equestrian events (including rodeos) that involve only a single rider at a time</td>
<td>• Tennis (doubles)</td>
<td>• Wrestling</td>
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<tr>
<td>• Golf</td>
<td>• Volleyball</td>
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<tr>
<td>• Gymnastics</td>
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<tr>
<td>• Ice and roller skating (no contact)</td>
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<tr>
<td>• Lawn bowling</td>
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<tr>
<td>• Martial arts (no contact)</td>
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<tr>
<td>• Physical training (e.g., yoga, Zumba, Tai chi)</td>
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<tr>
<td>• Pickleball (singles)</td>
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<tr>
<td>• Rowing/crew (with 1 person)</td>
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<td></td>
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<tr>
<td>• Running</td>
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<tr>
<td>• Shuffleboard</td>
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<tr>
<td>• Skeet shooting</td>
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<tr>
<td>• Skiing and snowboarding</td>
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<tr>
<td>• Snowshoeing</td>
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<tr>
<td>• Swimming and diving</td>
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<tr>
<td>• Tennis (singles)</td>
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<tr>
<td>• Track and Field</td>
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<td></td>
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<tr>
<td>• Walking and Hiking</td>
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MANDATORY REQUIREMENTS FOR SCHOOLS USING THE MODIFIED QUARANTINE OPTION
Appendix AA

This document provides requirements and best practices for schools and parents and guardians concerning the option of modified quarantine in Long Beach schools. This option makes it possible for children who have been exposed to COVID-19 in the classroom or another school setting to continue attending school as long as certain conditions are met.

I. Important Information Regarding Modified Quarantine

Usually, if an unvaccinated person was identified as a “close contact” of someone who has COVID-19, that person must quarantine at home. A close contact is a person who either:

- Has been within 6 feet of an infected person for a cumulative of 15 minutes or more during a 24-hour period, or

- Has been in direct contact with the infected person’s body fluids (for example, coughed or sneezed on, shared a drink or eating utensils, kissed).

Now schools have a new option, called “modified quarantine” which would allow children to continue in-person instruction during regular school hours, while under the Health Officer Quarantine orders. This option is based on alignment with California Department of Public Health’s (CDPH) K-12 2021-22 School Guidance

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx

II. For modified quarantine to be successful and safe, schools must adhere to the following strict rules if they choose the modified quarantine option:

1. Modified quarantine can only be considered if the exposure to infection occurred in a school setting where students are supervised by school staff (classroom, school grounds with school staff present, school bus).

2. Modified quarantine is only allowed in a school that is following California reporting guidelines as outlined in the California Department of Public Health 2021-22 K12 Guidance:
   a. Per Ca. Education Code Section 32090 and California Code Title 17, section 2500, schools are required to report COVID-19 cases to the local public health department.
   b. Schools or LEAs should have a COVID-19 liaison to assist the local health department with contact tracing and investigation.
   c. Ca. Education Code Section 32090 (a) (1) states that:
Upon learning that a school employee or pupil at a public or private school campus maintaining kindergarten or any of grades 1 to 12, inclusive, in the state has tested positive for COVID-19 and was present on campus while infectious, the school administrator or other person in charge of the public or private school shall immediately, and in no case later than 24 hours after learning of the positive case, notify the local health officer or the local health officer’s representative about the positive case.

In addition, LBDHHS requires that if there are three (3) or more cases identified in a school setting, the health department should be immediately notified.

3. Reporting allows the Health Department to determine whether an outbreak is occurring and provide timely recommendations in order to prevent and control outbreaks and in school transmission.

4. Modified quarantine is only allowed if the exposed child does not have symptoms. They must monitor for symptoms daily, and if symptoms develop, the child cannot do modified quarantine. They must stay home and follow instructions for close contacts who develop symptoms while in quarantine.

5. The school must be able to state positively that both the infected child and the child identified as a close contact were correctly wearing masks the entire time of the close contact exposure. Because it is not possible to positively state that athletes wore masks at all times during an exposure (i.e., practice, competition, locker room, travel, etc.) exposures in athletic settings are not eligible for the modified quarantine option.

6. The exposed student is not part of a school outbreak. An outbreak is when spread has occurred between a group of three (3) persons or more at a school within a 14-day period. The risk of spread is much greater in an outbreak so modified quarantine for exposed students is not as safe.

7. The school must not allow close contacts to participate in extracurricular activities. The modified quarantine is meant to let children continue learning but does not cover other activities outside of the regular school curriculum.

8. Children who are covered by a modified quarantine order must wear a mask at all times on school grounds except when they are eating or drinking. At those times they must be at least six (6) feet from any other person and preferably outdoors.

9. Children who are covered by a modified quarantine order must be tested at least twice a week using an appropriate molecular test, either rapid antigen or PCR, done at the school site if the school has a testing program. One of the tests should be as soon as possible after the exposure (Day 1 or Day 2 in quarantine); the second should be at least three (3) days later, ideally on or after Day 5 so that your child can be released from quarantine after Day 7 (on Day 8) if they test negative.

III. How can parents help make modified quarantine an option for their child’s school?
• Remember that modified quarantine is an option that a school can choose to allow. Your child’s school can only choose to allow that option if all of the conditions listed above are met.

• Teach your child about the importance of wearing a mask and about the right way to use a mask.

• If your child is allowed to follow the modified quarantine option, remember that they are still under a Public Health Emergency Quarantine Order. Your child must stay home at all times when not receiving in-person instruction.

• Cooperate with testing requirements if your child is identified as a close contact or has been exposed to an infected person in a school setting.