

C-27

February 15, 2022

HONORABLE MAYOR AND CITY COUNCIL
City of Long Beach
California

RECOMMENDATION:

Confirm the City Manager's promulgation of the revised Quarantine Order for the Control of COVID-19, issued on February 10, 2022, by the City of Long Beach Health Officer as a regulation. (Citywide)

DISCUSSION

On March 19, 2020, the City's Health Officer issued a Public Health Emergency Order (Health Order) to mitigate the effects of COVID-19 within Long Beach. The City's Health Officer has revised the Health Order from time to time, as necessary, to protect public health and safety during this ongoing emergency. On February 10, 2022, the City's Health Officer issued revisions to the Quarantine Order. The revised Quarantine Order (attached) was issued to update the COVID-19 Exposure Management Plan Protocol for Early Childhood Education (Plan Protocol) and Preschool providers. The revised Quarantine Order was issued to:

- Allow Early Childhood Education (ECE) centers and preschools to implement modified quarantine protocols for participants older than two years old as described in the Plan Protocol.

On May 12, 2020, the City Council adopted Long Beach Municipal Code (LBMC) Chapter 8.120, "Temporary Enforcement of Long Beach Health Orders Related to COVID-19," which became effective immediately as an urgency Ordinance. Chapter 8.120 requires, where practicable, the City Council to confirm COVID-19 Health Orders for the sole purpose of authorizing the City Manager's promulgation of such Health Orders. In the event it is not feasible to do this, Chapter 8.120, as amended on January 19, 2021, requires the City Manager to, within 14 days of promulgation of said Health Orders or at the next duly noticed public meeting of the City Council, request the City Council to confirm the City Manager's promulgation of the Health Order. The City Manager's promulgation of the Health Order, and City Council's confirmation of such orders, authorizes enforcement authority of the Health Orders under the Proclamation of Local Emergency and provisions of Chapter 8.120.

This process recognizes the potential need for the City's Health Officer to quickly amend or update, and the City Manager to promulgate as a regulation under the LBMC, City Health Orders that protect life and property as affected by the COVID-19 emergency. The process allows for the City to respond to the rapid development of COVID-19, while ensuring the City Council maintains oversight of the COVID-19 local emergency and the City Manager's promulgation of related orders.

This matter was reviewed by Deputy City Attorney Taylor M. Anderson and Budget Manager Grace H. Yoon on February 10, 2022.

TIMING CONSIDERATIONS

City Council action is requested on February 15, 2022. Confirmation by the City Council of the revised Health Order is a requirement of LBMC Chapter 8.120.

STATEMENT OF URGENCY

LBMC Chapter 8.120 requires the City Manager to, within 14 days of promulgation of said Health Orders or at the next duly noticed public meeting of the City Council, request the City Council to confirm the City Manager's promulgation of the Health Order. The Quarantine, Isolation and Health Orders were revised and promulgated on February 10, 2022.

EQUITY LENS

The City has incorporated the Equity Toolkit into the City's Emergency Operations Center, as requested by the City Council on April 21, 2020. The revised Health Order takes the City's equity approach into consideration when the Health Order is drafted and implemented. The City's enforcement model for compliance with the Health Order prioritizes education with the community first.

FISCAL IMPACT

The full fiscal impact of the implementation and enforcement of the revised Health Order is unknown at this time, due to the unprecedented and quickly changing nature of the response to the pandemic. The Health Order and its amendments have an inherent impact on the health of the community and economic activity of Long Beach. There is substantial evidence provided through various public City reporting that the Health Order and its amendments are positively impacting the health and safety of Long Beach residents; and, there is substantial evidence, also provided through other public documents issued by the City, that the Health Order and its amendments are negatively impacting the economy and the City's financial status. As the Health Order is modified from time to time, the modifications are intended to ensure compliance with State directives and to strike a balance, appropriate at the time of modification, between the safety and well-being of residents and other important considerations such as economic impacts. This recommendation has no staffing impact beyond the normal budgeted scope of duties and is consistent with existing City Council priorities.

SUGGESTED ACTION:

Approve recommendation.

Respectfully submitted,


THOMAS B. MODICA
CITY MANAGER

HEALTH OFFICER ORDER FOR THE CONTROL OF COVID-19

Quarantine Order

Revised Order Issued: February 10, 2022

This Order supersedes the prior Quarantine Order issued by the Long Beach Health Officer (Health Officer) on January 18, 2022. This Order is in effect until rescinded in writing by the Health Officer.

A digital copy of this Order may be found at www.longbeach.gov/covid19 or by scanning the QR Code below.



UNDER THE AUTHORITY OF THE CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, 120175, 120215, 120220, AND 120225 THE CITY OF LONG BEACH HEALTH OFFICER ORDERS:

- I. **Definitions.** For purposes of this Order, the following definitions apply:
 - A. **“Asymptomatic”** means that the person does not develop symptoms of COVID-19.
 - B. **“Booster”** means an additional dose of the COVID-19 vaccine received after a person completes the primary COVID-19 vaccination series.
 - C. **“Boosted”** means a person that has received an additional dose of the COVID-19 vaccine received after a person completes the primary COVID-19 vaccination series.
 - D. **“Close Contact”** is any of the following people who were exposed to a COVID-19 positive person:
 1. A person who was within 6 feet of a COVID-19 positive person for a total of 15 minutes or more over a 24-hrs period; or
 2. A person who had unprotected contact with a COVID-19 positive person’s body fluids and/or secretions, such as, hugs or kisses, being coughed or sneezed on, sharing cups or utensils, or providing care without wearing appropriate protective equipment (e.g. facemask and gloves).

- E. **“COVID-19 Symptoms”** means fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
- F. **“Fully Vaccinated Person” or “Fully Vaccinated”** is person that has completed their primary COVID-19 vaccination series (i.e. is more than 2 weeks following receipt of the second dose in a 2-dose series COVID-19 vaccine, or more than 2 weeks following receipt of one dose of a single-dose COVID-19 vaccine).

II. Quarantine for Unvaccinated Persons, Fully Vaccinated Persons Eligible for a Booster But Not Boosted, and Previously Infected Persons (Including Those Infected Within the Last 90 Days) After Close Contact with a COVID-19 Positive Person

- A. The following individuals who have been in close contact with a suspected or confirmed COVID-19 positive person are required to comply with this Section:
 - 3. Unvaccinated persons; and
 - 4. Fully vaccinated persons who are eligible for a booster but not boosted; and
- B. The individuals identified in Section II.A (above) must quarantine for at least 5 days and up to 10 days after COVID-19 exposure. Such persons should test immediately and, if negative, should test again on Day 5 after their last exposure and may discontinue quarantine within the timeframes below if they remain asymptomatic:
 - 1. After Day 5, if the individual tests negative from a diagnostic specimen collected on Day 5 or later.
 - 2. After Day 10 from the date of the last exposure for those individuals unable to test or choosing not to test, so long as symptoms are not present.
- C. For workplaces only, excluding healthcare settings, asymptomatic employees that are vaccinated and booster-eligible but have not yet been boosted are not required to stay home from work if: (1) a negative diagnostic test is obtained within 3-5 days after the last exposure to a COVID-19 positive individual AND (2) the employee adheres to all requirements in Section II.D of this Order.
- D. Asymptomatic contacts that discontinue quarantine after Day 5 from the last known exposure must:
 - 1. **Self-monitor for COVID-19 symptoms** (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea) through Day 10 from the last known exposure; AND
 - 2. **Adults should wear a medical grade mask (surgical or respirator)** while around others both indoors and outdoors for through Day 10 from the last known exposure. Children (2 years of age and older) eligible to leave quarantine after Day 5 should wear a well-fitting, non-cloth mask of multiple layers of non-woven

material with a nose wire while around others both indoors and outdoors through Day 10 from the last known exposure.

3. **Strictly adhere to all other recommended non-pharmaceutical interventions** (e.g. avoid crowds, avoiding poorly ventilated indoor spaces, maintaining a distancing of at least 6 ft from others, frequent handwashing).
- E. Any person that experiences symptoms of COVID-19 should self-isolate immediately and test as soon as possible (i.e. do not wait until 5 days after exposure to retest if symptomatic). If positive for COVID-19, such individuals must comply with Section IV of this Order.
 - F. Day 0 of quarantine is the day of the last close contact the individual had with a COVID-19 positive person. Day 1 of quarantine begins the following day. Persons required to quarantine by this Order must follow all directions in the "Home Quarantine Guidance for Close Contacts to Coronavirus Disease 2019 (COVID-19)," which is available at www.longbeach.gov/healthorders.
 - G. Given the higher risk and impact of transmission of COVID-19 in high risk congregate living settings, people who live in Congregate Care Facilities, correctional facilities, or dormitories may be required to complete a longer quarantine up to 14 days after their last close contact with a COVID-19 positive person and must adhere to any additional requirements issued by the CDPH, including those related to isolation, quarantine, testing, and vaccination.

For purposes of this Order, "Congregate Care Facilities" include the following facilities within the City: Adult Residential Care Facilities (ARF) all license types; Chronic Dialysis Clinic; Continuing Care Retirement Communities; Hospice Facilities; Intermediate Care Facilities of all license types; Psychiatric Health Facilities; Residential Care Facilities for the Elderly; Residential Facility Chronically III; Skilled Nursing Facilities (SNFs); and Social Rehabilitation Facilities.
 - H. Private and public K-12 schools within Long Beach must follow CDPH K-12 Guidance for quarantine protocols, and may implement modified quarantine protocol for unvaccinated students in accordance with the CDPH's guidance titled "COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year", 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 schools 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.
 - I. Early Childhood Education (ECE) centers and preschools may implement modified quarantine protocols for participants older than 2 years as described in the COVID-19 Exposure Management Plan Protocol for Early Childhood Education and Preschool Providers, as it may be amended from time to time and attached hereto.

- J. Healthcare personnel in any setting must comply with the State's *Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19*, as described in AFL-21-08.7, as it may be amended from time to time.

III. Quarantine for Persons Boosted and Fully Vaccinated Persons Not Eligible for a Booster After Close Contact with a COVID-19 Positive Person

- A. Persons boosted and fully vaccinated persons not eligible for a COVID-19 booster with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they have remained asymptomatic since the current COVID-19 exposure. Such persons who do not quarantine should still watch for symptoms of COVID-19 for 10 days following an exposure.

Persons boosted or who are fully vaccinated but not eligible for a booster should test immediately after their exposure and test again on Day 5 after their last exposure even if they do not have symptoms.

- B. All persons boosted and all persons fully vaccinated but booster-eligible that do not quarantine must adhere to the following requirements:
1. **Self-monitor for COVID-19 symptoms** (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea) through Day 10 from the last known exposure; AND
 2. **Asymptomatic Adults should wear a medical grade mask (surgical or respirator)** while around others both indoors and outdoors for through Day 10 from the last known exposure. Asymptomatic Children (2 years of age and older) should wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire while around others both indoors and outdoors through Day 10 from the last known exposure.
 3. **Strictly adhere to all other recommended non-pharmaceutical interventions** (e.g. avoid crowds, avoiding poorly ventilated indoor spaces, maintaining a distancing of at least 6 ft from others, frequent handwashing).
- C. Any person that experiences symptoms of COVID-19 should self-isolate immediately and test as soon as possible (i.e. do not wait until 5 days after exposure to retest if symptomatic). If positive for COVID-19, such individuals must comply with Section IV of this Order.

IV. Isolation Required if Any Person Develops Symptoms or Tests Positive for COVID-19

Any individual that develops symptoms must immediately self-isolate, seek COVID-19 testing, and contact their healthcare provider with any questions regarding their care. The requirements in this Section apply to fully vaccinated persons whether or not they have received a booster, unvaccinated

persons, and persons previously infected with COVID-19 and applies regardless of testing or earlier quarantine release.

Any person who develops symptoms or tests positive for COVID-19 must follow the Long Beach Isolation Order. The Long Beach Isolation Order and a list of testing sites may be found at www.longbeach.com/covid19.

V. Background and Purpose of this Order

The spread of Coronavirus Disease 2019 (COVID-19) remains a substantial threat to the public's health. Long Beach is currently subject to a declared local health emergency and a proclaimed local emergency due to the COVID-19 pandemic, and the Governor of the State of California proclaimed a state of emergency. All people are at risk for becoming ill with COVID-19, but some people are more vulnerable to serious illness as a result of COVID-19 due to age or underlying health conditions.

The Omicron variant has been designated as a variant of concern and has been identified in California and several other states. Early data regarding the Omicron variant suggest the increased transmissibility of the Omicron variant is two to four times as infectious as the Delta variant, and there is evidence of immune evasion. Recent evidence also shows that vaccine effectiveness against COVID-19 infection is decreasing over time without boosters. There is still much to be learned about the Omicron variant, and it is important to remain vigilant at this time. On December 27, 2021, the CDC updated their Isolation and Quarantine recommendations for the general public motivated by science that indicates the majority of COVID-19 transmission occurs within the first few days after contracting the virus. On December 30, 2021, the CDPH updated its guidance regarding the same.

The purpose of this Order is to help slow the spread of COVID-19, to protect individuals against serious illnesses and death, and to protect the health care system from a surge of cases into emergency rooms and hospitals. This Order requires that certain people quarantine at home after close contact with someone with COVID-19 and is updated to reflect changes in guidance for those vaccinated and booster-eligible, but not boosted. This Order is also issued to align with updated CDC and CDPH guidance, with a focus on testing and masking to best contain the more transmissible Omicron variant. However, COVID-19 vaccination and boosters remain the most important strategy to prevent serious illness and death from COVID-19.

Quarantine is used to keep someone who has been exposed to COVID-19 and might be infected away from others to prevent COVID-19 from spreading further. Since a significant number of COVID-19 infections are caused by people with no symptoms, quarantining people who have been exposed to COVID-19 is essential to stop the spread of COVID-19.

The CDC and CDPH currently still recommend a quarantine period of 10 days after COVID-19 exposure, based on estimates of the upper bounds of the COVID-19 incubation period. LBDHHS, like CDC and CDPH, recognizes the long duration of quarantine creates economic and personal hardship, impacts people's compliance with quarantine, and may impact the willingness of cases to name close contacts. This Order is amended to align with updated CDC and CDPH Guidance for Fully Vaccinated People, which recommends testing and masking after an exposure if vaccinated and boosted, where eligible. This symptom-based strategy will prevent most, but not all, instances of secondary transmission.

The CDPH subsequently changed State recommendations for quarantine based on this information from the CDC. Links to CDC and CDPH recommendations may be found below in "Resources".

This Order does not apply to government employees and other critical infrastructure workers, if the agency, in consultation with the Health Officer, has made a determination that due to CDC guidance that an alternate approach to COVID-19 transmission prevention is necessary in order to ensure continuity of critical services to the community.

VI. LEGAL AUTHORITY

This Order is made under the authority of California Health and Safety Code Sections 101040, 101475, 101085, 120175, 120215, 120220, and 120225. The Health Officer may take additional action(s), which may include civil detention or requiring a person to stay a health facility or other location to protect the public's health if an individual who is subject to this Order violates or fails to comply with this Order.

Violation of this Order is a misdemeanor punishable by imprisonment, fine or both pursuant to California Health and Section Code Section 120275 et seq and Long Beach Municipal Code sections 8.120.030.A and 8.120.030.E.3. Further, pursuant to Section 41601 of the California Government Code, the Health Officer requests that the Chief of Police in the City of Long Beach ensure compliance with and enforcement of this Order. The violation of any provision of this Order constitutes an imminent threat and creates an immediate menace to public health.

In workplaces, most employers and businesses are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) and some to the Cal/OSHA Aerosol Transmissible Diseases Standards, and should consult those regulations for additional applicable requirements. The ETS allow local health jurisdictions to require more protective mandates.

In establishments and settings with active outbreaks, quarantine and isolation may be extended for additional days by Long Beach Health and Human Services outbreak investigators to help lower the risk of ongoing transmission at the site.

VII. RESOURCES

- Home Quarantine Instructions for Close Contacts to COVID
- Home Isolation Instructions for People with COVID-19
- Public Health Emergency Isolation Order
- California Department of Public Health (CDPH) Guidance
 - Guidance on Isolation and Quarantine for COVID-19 Contact Tracing (updated on January 8, 2022) <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>
- Centers for Disease Control (CDC) Guidance
 - Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States (updated on December 23, 2021) - <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
 - CDC Guidance: When to Quarantine (updated December 9, 2021) - <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
 - Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing (updated December 2, 2020) -

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<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

IT IS SO ORDERED:



Anissa Davis, MD, DrPH,

Health Officer, City of Long Beach

Date: February 10, 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 Officer Order, HEALTH OFFICER ORDER FOR CONTROL OF COVID-19: Quarantine Order, issued above, which is incorporated in its entirety by reference.

The Long Beach Health Officer Order, HEALTH OFFICER ORDER FOR CONTROL OF COVID-19: Quarantine Order, 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 10, 2022

COVID-19 Exposure Management Plan Protocol for Early Childhood Education and Preschool Providers

Updated: 2/10/2022

A targeted public health response to contain COVID-19 exposures at a community-level can help maximize the impact of the Long Beach Department of Health and Human Services (LBDHHS) COVID-19 response.

In response to the ongoing COVID-19 pandemic and emergence of variants like Delta and Omicron, which are causing more infections and spread faster than original SARS-CoV-2 strain of the virus that cause COVID-19, it is critical for the LBDHHS to work with trusted community partners, such as Early Care and Education Providers, to improve the timeliness and impact of the Public Health response through rapid initiation of a COVID-19 Exposure Management Plan (EMP). Immediate implementation of an EMP when a single case of COVID-19 is identified at a center can accelerate the ability to contain the spread of infection and prevent outbreaks from occurring. This document offers guidance for operation of early childhood education (ECE) sites in a way that will help prevent the spread of COVID-19. The document starts with general information about COVID-19, and then moves on to guidance for ECE providers. Note that references to "centers" or "sites" throughout the document apply to all childcare providers, including family childcare home providers.

Exposure Management Planning – Preparation and Prevention

- Required: A designated ECE Center COVID-19 Liaison who serves as the point of contact for COVID-19 safety protocols. The designee will ensure that staff, families, and children receive education about COVID-19 and serve as a liaison to LBDHHS for sharing site-level information to facilitate public health action.
- Required: A plan for all children, employees, visitors, and household members of family childcare homes who (1) have symptoms consistent with COVID-19, (2) are quarantined because of exposures at the center, or (3) are at a center with an active public health investigation to have access to testing or be tested for COVID-19.
 - Required: A plan to report all known COVID-19 hospitalizations and/or deaths among children or staff to LBDHHS by sending a notification to COVID19edu@longbeach.gov.
- Recommended: ECE settings that choose to implement a symptom screening program are advised to apply LBDHHS guidance on [Decision Flowchart](#) for Symptoms and Exposures for persons who have not been tested yet for COVID-19 but screen positive for symptoms prior to entry or while at the ECE site.

Masking on Site

- Visitors:** Require all visitors, including parents and caregivers, regardless of vaccination status, to bring and wear masks when they are indoors and outdoors where distancing is not possible at the facility. Make masks available to those who arrive without them.

- Children:** Require all children ages 24 months and older to wear a face mask in both indoor and crowded outdoor ECE settings. It is strongly recommended but not required that students wear upgraded masks which at a minimum are well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire. Nothing in this protocol requires that the ECE site provide upgraded masks to its general student population and parental preference should be respected as to the level of PPE the student wears. However, universal masking with some appropriate type of face covering is required for both indoor and crowded outdoor settings in an ECE program. Masks may be removed during nap time or when children are eating and drinking.
- Employees:** Requirement to provide upgraded masks to all ECE employees: At this time, all ECE employees must be provided with and wear surgical-grade masks (also referred to as medical procedure masks) or higher-level PPE (e.g., KN95 or N95 respirator masks) when indoors. For those wearing surgical masks, double masking, with a cloth face covering worn over the surgical mask, is recommended for enhanced protection. Cloth face coverings alone are no longer acceptable, as they do not provide the same level of source control or personal protection as a proper surgical mask or higher-level PPE.

Screening and responding to cases

- Entry screenings are strongly recommended to be conducted before employees enter the ECE site. Screening should include a check-in concerning cough, shortness of breath, difficulty breathing and fever or chills and if the employee is currently under isolation or quarantine orders. Temperature checks are recommended if feasible.
- Exclude any person or isolate any child or staff showing symptoms of a contagious disease or illness until they can be transported home, as required
 - Isolate children who begin to have COVID-19 symptoms while in care, from other children and staff.
 - Ensure that isolated children continue to receive adequate supervision and that the health of the child is continually observed throughout the day according to licensing requirements.
- Follow public health guidelines for quarantine or isolation if an individual who resides in a family childcare home is exhibiting symptoms of COVID-19.

Testing

- To improve testing access, sites may accept results from at-home or over-the-counter tests for all testing needs. This is true for staff as well, except for required weekly testing for unvaccinated staff, which needs to be performed in a healthcare setting or certified testing site. In order to remain in compliance with OSHA regulations, please refer to the [COVID-19 Emergency Temporary Standards](#) for the use of at-home tests for staff.

Encourage Vaccination

- COVID-19 vaccines are safe and effective and are the best way to prevent COVID-19 outbreaks in the workplace and in the community. COVID-19 vaccine is free and widely available in every community.
- Refer to [CDC COVID-19 Booster Shots](#) to determine who is booster eligible



Consider maintaining physical distancing and stable groups

Many research studies have found that poorly ventilated spaces, increased exhalation of respiratory fluids that can occur when an infectious person is engaged in physical exertion or raises their voice such as exercising, shouting, and singing can result in increased risk of transmission. These are common conditions found in ECE centers and are further exacerbated by prolonged exposure to these conditions. Although physical distancing is no longer required at ECE sites, it is an additional tool for infection control that can be used at ECE sites to reduce the spread of COVID-19. If possible, consider implementing the following measures

- Maintain well defined cohorts.** Early care and education settings typically have a stable group model with the same groups of staff and children together each day. ECE providers should consider steps to maintain a clear separation between groups throughout the day. If feasible, this can help reduce the risk of COVID-19 spread if a child or staff person comes to the site infected.
- Stagger drop-off and pick-up times to reduce crowding.** Consider making it easier for parents and guardians to drop children off at the beginning and end of day to stagger how many children arrive and leave at the same time and prevent crowding at the entryway.
- Use visual aids to remind children to maintain distance from others.** Help children practice physical distancing throughout the day by using visual aids, like tape on the floor or pictures to remind them to maintain their distance from other children and staff.
- Take steps to make meals safer:**
 - For children, consider having meals outdoors if space and weather permit. When eating indoors, consider moving tables to spread children out or use tape and pictures to indicate where children can sit and help to provide adequate spacing between children.
- Cleaning and disinfecting surfaces** can reduce the risk of infection.
 - Train and monitor staff to follow infection control practices related to requirements for cleaning and disinfection, housekeeping

Isolation, Quarantine, and Reporting Guidance for ECEs

- ECEs must follow the LBDHHS [Isolation Order](#) and [Quarantine Order](#) if they are able to effectively conduct contact tracing and maintain social distancing in the classroom.
- If contact tracing is not feasible**, the entire class/cohort must quarantine at home.
- Identifying close contacts.** The ECE center COVID-19 Liaison must identify all individuals in the school setting who have had an exposure to the confirmed positive case during their infectious period (Close Contacts).
 - **Infectious period for Covid-19 Case:** A case is infectious from 2 days before their symptom onset date until the time they are no longer required to be isolated (i.e., no fever for at least 24 hours, without the use of medicine that reduce fevers AND other symptoms have improved AND at least 10 days have passed since illness onset date). A person with a positive COVID-19 test but no symptoms is considered infectious from 2 days before their test was taken until 10 days after their test.
 - **Close Contact:** A person is considered to have been exposed to a case during the



infectious period if at least one of the following criteria are met:

- Being within 6 feet of the infected person for 15 minutes or more over a 24-hour period.
 - Having had unprotected contact with the infected person's body fluids and/or secretions of a person with confirmed COVID-19 (e.g., being coughed or sneezed on, sharing utensils or saliva, or providing care without using appropriate protective equipment). Consider poor masking.
 - Individuals are not considered close contacts if they have contact with a case who completed 5 days of isolation with a negative test on or after day 5 and wore well-fitting mask around others until after day 10.
- **Testing Close Contacts:** Participants and staff with an exposure to the case should test for COVID-19, regardless of symptom status and inform the Compliance Officer of test results. This will determine the extent of disease spread at the site and serve as a basis for further control measures.
 - Testing resources include: Employee Health Services or Occupational Health Services, Student Health Centers/Schools, Personal Healthcare Providers, Community Testing Sites: Long Beach sites. Individuals who need assistance finding a medical provider can call the COVID-19 Info Line at 562-570-4636.
 - Testing for asymptomatic individuals is recommended 5 days after last exposure to leave quarantine. Also, consider also testing immediately.
 - Symptomatic individuals should begin isolation and test immediately.
 - LBDHHS may contact exposed persons who meet the quarantine requirement through the LBDHHS Case and Contact Investigation Program to collect additional information.

Isolation (Persons Who Test Positive for COVID-19)	
Everyone, regardless of vaccination status, previous infection, or lack of symptoms.	<ul style="list-style-type: none"> ○ <u>Stay home</u> for at least 5 days. ○ Isolation can end after day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on day 5 or later tests negative. <ul style="list-style-type: none"> • Masking after day 5: Even with a negative test on or after day 5, COVID-19 cases must continue to wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. If mask wearing is not practicable, they should not return until after day 10 onset date or test date if asymptomatic. ○ If unable to test or choosing not to test, and symptoms are not present or are resolving, isolation can end after day 10. ○ If fever is present, isolation should be continued until fever resolves. ○ If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10. ○ Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings <p>*Antigen test preferred.</p>



Quarantine (Close Contact/Persons Who are Exposed to Someone with COVID-19)	
<p>Unvaccinated</p> <p>OR</p> <p>Vaccinated and booster-eligible but have not yet received their booster dose**</p>	<ul style="list-style-type: none"> ○ Participants and Staff must Stay home for at least 5 days, after last contact with a person who has COVID-19. <ul style="list-style-type: none"> • Quarantine can end after day 5 and if symptoms are not present and a diagnostic specimen collected on day 5 or later tests negative. • If unable to test or choosing not to test, and symptoms are not present, quarantine can end after day 10. Return to class on day 11. • Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. - If unable to effectively mask, individual is not eligible for 5-day quarantine with a negative test. They must complete quarantine at home for days 10 and return to class on day 11. <ul style="list-style-type: none"> • If testing positive, follow isolation recommendations above. • If symptoms develop, test, and stay home. <p>**Staff who are vaccinated and booster-eligible but have not yet received their booster dose DO NOT need to quarantine if they wear a well-fitting mask around others for a total of 10 days, especially in indoor settings, remains asymptomatic, and tests negative within 3-5 days after last exposure to a case. Unvaccinated staff must quarantine at home.</p>
<p>Vaccinated Individuals who are up to date (Boosted)</p> <p>Or</p> <p>Vaccinated, but not yet booster eligible.</p> <p>Or</p> <p>Individuals with a confirmed COVID-19 positive in the last 90 days</p>	<ul style="list-style-type: none"> ○ Do not need to quarantine ○ Testing on day 5 is recommended. <ul style="list-style-type: none"> ○ If testing positive, follow isolation recommendations. ○ Wear a well-fitting mask around others for 10 days, especially in indoor settings ○ If symptoms develop, test, and stay home. ○ Individuals with a confirmed positive in the past 90 days do not need to quarantine or test. Antigen preferred if testing.



Child/Student Only: Modified Quarantine (Close Contact/Persons Who are Exposed to Someone with COVID-19)	
ECE/Preschool participants > 2 years regardless of vaccination status	<ul style="list-style-type: none"> ○ Exposed children may remain in ECE setting and participate in all activities, if the follow criteria are met: <ul style="list-style-type: none"> ○ Remain asymptomatic. ○ Continue to properly mask for the duration of the 10-day quarantine period. ○ Required to be tested at least once between day 5-7 days after last exposure. If testing resources are available, consider also testing immediately after exposure. ○ Only applies for ECE site exposures. If the child is exposed at home or anywhere outside the ECE site, the child must complete a home quarantine.

Review for Epidemiological link between 2 cases within 10-day period.

- ECE Center COVID-19 Liaison determines whether the 2 cases are epidemiologically linked, meaning that the affected individuals in the classroom were both present at some point in the same setting during the same time period while either or both were infectious or are close contacts. ECE Center COVID-19 Liaison should continue to monitor the situation for additional cases and highly recommend testing close contacts or the whole team.
- Determination of epidemiological links between cases may require further investigation to assess exposure history and identify all possible locations and persons that may have been exposed to the case while infectious. NOTE: Epidemiologically linked cases include persons in the center or classroom with identifiable connections to each other (e.g. on the same lunch table, sharing physical space like a classroom, attending a social gathering together), indicating a higher likelihood of linked spread of disease in the ECE setting rather than sporadic transmission from the broader community.
- Consider is the cases have a COVID-19 exposure outside of the center or classroom, such as a school or household exposure.

Reporting: ECE Center COVID-19 Liaison is required to report the following to Public Health: (1) staff and participants with confirmed COVID-19 who were present at any point within the 10 days prior to the illness onset date and (2) persons who were exposed to the infected person during the infectious period.

- Secure online reporting is the preferred method for notifying LBDHHS of COVID-19 exposures and can be done on a computer or mobile device with access to the secure web application: [Educational Sector and Youth Sports COVID-19 Reporting Portal](#). If online reporting is not possible, reporting can be done manually by downloading and completing the [COVID-19 Case and Contact Line List for the Education Sector](#) and sending it to COVID19edu@longbeach.gov.

ECE Center COVID-19 Liaison will determine whether additional notification is needed to inform the wider program community about the exposure and precautions being taken to prevent spread of COVID-19.



Outbreak Investigation: Exposure Management for ≥ 3 COVID-19 Cases within 10-day period at an ECE

- ❑ If the ECE, identifies a cluster of 3 or more confirmed cases (participants and/or staff) within a 10-day period, the ECE program should proceed with the following steps:
 - Report the cluster immediately to LBDHHS. Secure online reporting is the preferred method for notifying LBDHHS and can be done on a computer with access to the secure web application: Educational Sector and Youth Sports COVID-19 Reporting Portal . If online reporting is not possible, reporting can be done manually by downloading and completing the COVID-19 Case and Contact Line List for the Education Sector and sending it to COVID19edu@longbeach.gov.
 - LBDHHS will review the submitted information to determine whether the outbreak criteria described below have been met and will notify the site within 1 business day of next steps.
 - Outbreak Criteria for the ECEs: At least 3 confirmed cases with symptomatic or asymptomatic COVID-19 within a 10-day period in a group with members who are epidemiologically linked, do not share a household, and are not a close contact of each other outside of the ECE site. Epidemiological links require the infected persons to have been present at some point in the same setting during the same period while infectious.
 - If outbreak criteria are not met, LBDHHS will advise the ECE Center COVID-19 Liaison to continue with routine exposure management.
 - If outbreak criteria are met, LBDHHS will notify the ECE Center COVID-19 Liaison that an outbreak investigation has been activated, will provide additional outbreak control recommendations, and a LBDHHS School liaison will communicate directly with the Compliance Officer to coordinate the outbreak response.

1 Case	<ol style="list-style-type: none">1) Required: ECE Provider instructs the case to follow Home Isolation Instructions.2) Required: ECE Provider informs the case that LBDHHS may contact the case directly to collect additional information and issue Health Officer Order for Isolation.3) Required: ECE Provider works with the case to identify ECE center contacts4) Required: ECE Provider notifies ECE contacts of exposure ECE contacts are instructed to quarantine at home and test for COVID-19 due to their exposure. ECE contacts are instructed to quarantine at home and test for COVID-19 due to their exposure.5) Required: ECE Provider informs ECE center contacts that LBDHHS will follow up to collect additional information and issue Health Officer Order for Quarantine.6) Required: ECE Provider submits a report to LBDHHS within 1 business day with information on the confirmed case and persons who were exposed to the case at the site.7) Recommended: ECE Provider sends a general notification to inform the ECE center of the site exposure and precautions being taken to prevent spread.
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	<ol style="list-style-type: none">1) <i>Required:</i> Follow required steps for 1 confirmed case.2) <i>Recommended:</i> If the 2 cases occurred within 10 days of each other, school will work with LBDHHS to determine whether the cases have epidemiological (ep) links. If ep links exist, school implements additional infection control measures.
3+ Cases	<ol style="list-style-type: none">1) <i>Required:</i> If a cluster of 3 or more cases occurred within 10 days of each other, school immediately notifies LBDHHS.2) <i>Required:</i> LBDHHS determines if the outbreak criteria have been met. If outbreak criteria are met, LBDHHS outbreak investigation is activated, and a public health investigator will contact the school to coordinate the outbreak investigation.



REQUEST TO ADD AGENDA ITEM

Date: February 10, 2022

To: Monique De La Garza, City Clerk

From: Thomas B. Modica, City Manager 

Subject: Request to Add Agenda Item to Council Agenda of February 15, 2022

Pursuant to Municipal Code Section 2.03.070 [B], the City Councilmembers signing below request that the attached agenda item (due in the City Clerk Department by Friday, 12:00 Noon) be placed on the City Council agenda via the supplemental agenda.

The agenda title/recommendation for this item reads as follows:

Confirm the City Manager's promulgation of the revised Quarantine Order for the Control of COVID-19, issued on February 10, 2022, by the City of Long Beach Health Officer as a regulation. (Citywide)

Council District	Authorizing Councilmember	Signed by
2	Cindy Allen	(Digital – attached email)
4	Daryl Supernaw	(Digital – attached email)
7	Roberto Uranga	(Digital – attached email)

Attachment: Staff Report dated February 15, 2022