

C-4

REVISED

March 8, 2022

HONORABLE MAYOR AND CITY COUNCIL
City of Long Beach
California

RECOMMENDATION:

Confirm the City Manager's promulgation of the revised Health Order for the Control of COVID-19, effective on February 25, 2022; and,

Confirm the City Manager's promulgation of the revised Health Order for the Control of COVID-19 and Quarantine Order, effective on March 1, 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 and Quarantine Orders from time to time, as necessary, to protect public health and safety during this ongoing emergency. On February 25, 2022, the City's Health Officer issued revisions to the Health Order (Attachment A) to update Face Mask requirements to align with State Order. On March 1, 2022, the City's Health Officer issued revisions to the Health and Quarantine Orders. The revised Health Order (Attachment B) was issued to update Face Mask requirements in alignment with changes to the State Health Officer's Order regarding the same. The revised Quarantine Order (Attachment C) was issued for Early Childhood Education (ECE) centers, preschools, and other childcare programs to follow California Department of Public Health's "Guidance for Child Care Providers and Programs."

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 by Budget Manager Grace H. Yoon on March 1, 2022.

TIMING CONSIDERATIONS

City Council action is requested on March 8, 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 and Quarantine 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 and Quarantine Orders. The Health Order was revised and promulgated on February 24, 2022, and again on February 28, 2022. The Quarantine Order was revised and promulgated on March 1, 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.

HONORABLE MAYOR AND CITY COUNCIL

March 8, 2022

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SUGGESTED ACTION:

Approve recommendation.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'T. B. Modica', written in a cursive style.

THOMAS B. MODICA
CITY MANAGER

ATTACHMENT: A - HEALTH ORDER 2-25-22
B - HEALTH ORDER 3-1-22
C - QUARANTINE ORDER 3-1-22

HEALTH OFFICER ORDER FOR THE CONTROL OF COVID-19

Quarantine Order

Revised Order Issued: **March 1, 2022**

This Order supersedes the prior Quarantine Order issued by the Long Beach Health Officer (Health Officer) on **February 10, 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, preschools, and other childcare programs must follow CDPH "Guidance for Child Care Providers and Programs", which may be found at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Child-Care-Guidance.aspx#>, as it may be amended from time to time. Failure to comply with any**

requirement set forth in the CDPH Guidance titled “Guidance for Child Care Providers and Programs”, as it may be amended, is considered a violation of this Order.

- 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>

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- Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing (updated December 2, 2020) - <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: March 1, 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: March 1, 2022

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.

- o 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

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>. 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 Order 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.

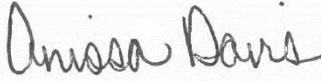
18. Continuing Severe Health and Safety Risk Posed by COVID-19. This Order is based upon scientific evidence and best practices, as currently known and available, to protect members of the public from avoidable risk of serious illness and death resulting from the spread of COVID-19, as well as to protect 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 Chapter 9.65 of the Long Beach Municipal Code.
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.

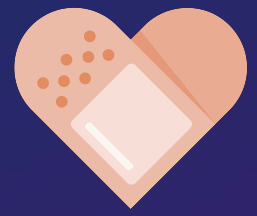
Any person who, after notice, knowingly and willfully violates or refuses or neglects to conform to the above referenced lawfully issued Health Order shall be guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000), by imprisonment for a period not exceeding six (6) 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

Long Beach Visual Guidance Verifying Proof of COVID-19 Vaccination



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

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	MODERNA PFIZER J+J 000A01B	03/03/2021 mm dd yy	a
2 nd Dose COVID-19	MODERNA PFIZER 001B00A	03/17/2021 mm dd yy	b
Other		mm dd yy	
Other		mm dd yy	

- 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

Vaccination Information

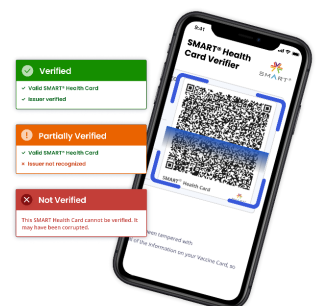
Name: Jane Smith
DOB: 01/01/1980
Dose #1 Date: 03/03/2021
Dose #1 Type/Mfr: Moderna / Pfizer / J&J
Dose #2 Date: 03/17/2021
Dose #2 Type/Mfr: Moderna / Pfizer

Issued by:

- 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

9/16/21 DRAFT

EXAMPLES OF VACCINATION RECORDS

California Department of Public Health Digital Vaccination Record



Verified

- ✓ Valid SMART® Health Card
- ✓ Issuer verified

Partially Verified

- ✓ Valid SMART® Health Card
- ✗ Issuer not recognized

Not Verified

This SMART Health Card cannot be verified. It may have been corrupted.

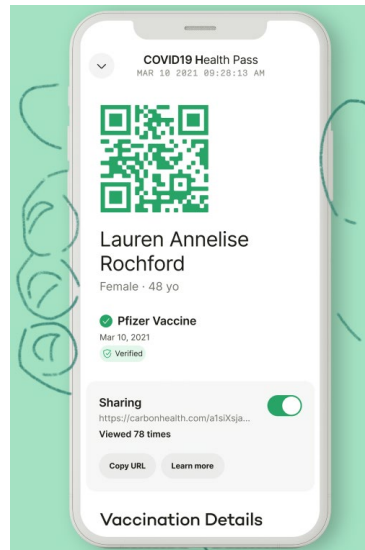


CDPH Digital Vaccination record after being scanned by the SMART Health Card Verifier App. Image from thecommonsproject.org/smart-health-card-verifier

Healthvana



Carbon Health COVID-19 Health Pass



CDC Vaccination Record Card

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

✓ **SMITH** **JANE**
Last Name First Name MI

01/01/1960 00123456
Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	MODERNA PEZIZER J+J	03/03/2021	S a
2 nd Dose COVID-19	MODERNA PEZIZER	03/17/2021	S b
Other		mm/dd/yy	
Other		mm/dd/yy	

California Immunization Registry (CAIR2) Vaccination Record

IMMUNIZATION RECORD
Comprobante de Inmunización

Name **John Doe**
nombre

Birthdate **05/04/1964** Sex **Male**
fecha de nacimiento *sexo*

Allergies
alergias

Vaccine Reactions
reacciones de la vacuna

History of Chickenpox **No** Date Printed **06/09/2021**
historia de varicela

RETAIN THIS DOCUMENT - CONSERVE ESTE DOCUMENTO

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.

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

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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

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www.longbeach.gov/covid19testing. PCR, Antigen and Serology fact sheets can be found [here](#).

- 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.

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- 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.

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Table 1. Examples of Sports Stratified by Risk Level Depending on Degree of Participant Contact

Low Risk	Moderate Risk	High Risk
<ul style="list-style-type: none"> • Archery • Badminton (singles) • Band • Biking • Bocce • Bowling • Corn hole • Cross country • Curling • Dance (no contact) • Disc golf • Drumline • Equestrian events (including rodeos) that involve only a single rider at a time • Golf • Gymnastics • Ice and roller skating (no contact) • Lawn bowling • Martial arts (no contact) • Physical training (e.g., yoga, Zumba, Tai chi) • Pickleball (singles) • Rowing/crew (with 1 person) • Running • Shuffleboard • Skeet shooting • Skiing and snowboarding • Snowshoeing • Swimming and diving • Tennis (singles) • Track and Field • Walking and Hiking 	<ul style="list-style-type: none"> • Badminton (doubles) • Baseball • Cheerleading • Dance (intermittent contact) • Dodgeball • Field hockey • Flag Football • Kickball • Lacrosse (girls/women) • Pickleball (doubles) • Squash • Softball • Tennis (doubles) • Volleyball 	<ul style="list-style-type: none"> • Basketball • Boxing • Football • Ice hockey • Ice Skating (pairs) • Lacrosse (boys/men) • Martial Arts • Roller Derby • Rugby • Rowing/crew (with 2 or more people) • Soccer • Water polo • Wrestling

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HEALTH ORDER FOR CONTROL OF COVID-19

Beyond the State's Blueprint for a Safer Economy – HIGH TRANSMISSION

ORDER ISSUED: February 24, 2022

Effective as of 12:01 a.m. on Friday February 25, 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:

- All individuals continue to be required to wear face masks in certain indoor settings, including public transit, K-12 schools, childcare, emergency shelters and cooling/heating centers, healthcare settings, correctional facilities and detention centers, homeless shelters, long term care settings, and adult and senior care facilities regardless of vaccination status.
- All unvaccinated individuals are required to wear masks in indoor public settings and businesses. Examples include, but are not limited to, retail, restaurants, theaters, family entertainment centers, meetings, and state and local government offices serving the public.
- Fully vaccinated individuals are no longer required to wear masks in most indoor settings, but are recommended to continue masking in indoor public settings and businesses when the risk

may be high, such as in indoor crowded settings, indoor settings with poor ventilation, at Indoor Mega Events, and in indoor settings where other's vaccination status is unknown.

- Surgical masks or higher-level respirators (e.g. N95, KN95, KF94s) well-fitted over an individual's mouth and nose continue to be recommended for all individuals wearing masks.

COVID-19 daily cases and community transmission remain High per the CDC indicators and thresholds but is moving downwards toward Substantial. As of February 24, 2022, the 7-day daily average case rate is 9.4 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 high 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 require continued indoor masking in certain settings and for those who are unvaccinated in all indoor settings as an effective public health measure to reduce transmission between people.

This Order is issued to help slow and improve the high 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 in both the requirements of this Order and the February 7, 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 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>, as amended from time to time.

The CDC recommendations provide information about both indoor and higher risk settings where masks are required or recommended to prevent transmission to: persons with a higher risk of infection (e.g. unvaccinated or immunocompromised persons); persons with prolonged, cumulative exposures (e.g. workers); or persons whose vaccination status is unknown. Where there is a conflict between this Order and the CDPH Guidance for the Use of Face Coverings, the more restrictive requirement shall control.

Surgical masks or higher-level respirators (e.g. N95, KN95s, KF94s) that are well-fitted over the individual's mouth and nose are highly recommended for all individuals wearing masks.

- a. **Mask Requirements for All Individuals.** Mask are required for everyone, regardless of COVID-19 vaccination status in the following settings:
 - i. On public transit (examples: airplanes, ships, ferries, trains, subways, buses, taxis, and ride-shares);
 - ii. In transportation hubs (examples: airport, bus terminal, marina, train station, seaport or other port, subway station, or any other area that provides transportation);
 - iii. Indoors in K-12 schools, childcare and other youth settings;
 - iv. Healthcare settings (including long term care facilities);
 - v. State and local correctional facilities and detention centers; and
 - vi. Homeless shelters, emergency shelters, and cooling centers.
- b. **Mask Requirements for Unvaccinated Individuals.** Masks are required for unvaccinated individuals in all indoor public settings, venues, public gatherings, and public and private businesses. Gatherings at private residences are not subject to masking requirements at this time. Examples include, but are not limited to:
 - i. Offices;
 - ii. Retail;
 - iii. Locations providing food and/or beverage service, while individuals are not actively eating or drinking;
 - iv. Theaters;
 - v. Family entertainment centers;
 - vi. Gyms and fitness centers;
 - vii. Meeting spaces;
 - viii. State and local government offices serving the public; and
 - ix. Common areas and shared spaces in multi-family housing and lodging facilities (e.g.

hotels, motels, shared rental units, and other similar facilities). Examples include, but are not limited to, lobbies, parking garages, laundry rooms, social gathering spaces, personal care services and fitness facilities;

- x. Vehicles where more two or more employees are traveling together; and
 - xi. Indoor Mega Events.
- c. Individuals, businesses, and persons operating facilities subject to the requirements in Sections 2.b of this may verify vaccine status and mask requirements by:
- i. Providing information to all patrons, guests and attendees regarding vaccination requirements and allow vaccinated people to self-attest that they are in compliance prior to entry; OR
 - ii. Implementing vaccine verification to determine whether people are required to wear a mask; OR
 - iii. Requiring all patrons to wear masks.

d. **Masks Recommended for Fully Vaccinated Individuals.** Fully vaccinated individuals are recommended to continue masking in indoor public settings and businesses identified in 2.b of this Order when the risk may be high, such as in indoor crowded settings, indoor settings with poor ventilation, indoor settings where other's vaccination status is unknown, and at large indoor events or Indoor Mega Events.

- e. The following individuals are exempt from wearing masks or permitted to temporarily remove their face mask in the following instances:
- i. Persons younger than two (2) years old. Very young children must not wear a mask because of the risk of suffocation.
 - ii. Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance. Such conditions are rare. Persons exempted from wearing a face mask due to a medical condition should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.
 - iii. Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication. Special considerations are permitted for people with communication difficulties or certain disabilities. Clear masks or cloth masks with a clear plastic panel that fit well are an alternative type of mask for people who interact with: people who are deaf or hard of hearing, people learning a new language, and people with disabilities.
 - iv. For pedagogical or developmental reasons. In limited situations where a face mask cannot be used for pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs) a face shield with a drape (per CDPH guidelines which may be found at https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH_Document_Library/COVID-

[19/faceshield_handout.pdf](#)) can be used instead of a face mask while in the classroom as long as the wearer maintains physical distance from others. Staff must return to wearing a face mask outside of the classroom.

- v. Persons for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.
 - vi. In workplaces, employees performing specific tasks which cannot feasibly be performed while wearing a mask. This exception is limited to the period of time in which such tasks are actually being performed. Workers who cannot feasibly wear a mask while performing their work must be tested for COVID19 at least twice per week, unless the employer is provided proof of the employee's full vaccination against COVID-19 or proof of recovery from laboratory-confirmed COVID-19 within the past 90 days. This provision is expected to be utilized for very specific tasks and only during the duration of those specific tasks. Routine tasks such as speaking and answering calls should be performed in the vast majority of instances while wearing a mask. It is recommended in the workplace that a supervisor make the decision as to what constitutes a specific task that cannot be performed without a mask; or.
 - vii. Persons traveling in a car alone or solely with members of their household.
 - viii. Persons who are working in an office, room, or indoor space alone.
 - ix. Persons who are actively eating or drinking at any setting identified in Sections 2.a and 2.b of this Order. "Actively eating or drinking" is limited to the time in which the face mask can be removed briefly to eat or drink, after which it must be immediately put back on. Individuals must be seated at a table or positioned at a stationary counter, ticketed seat, or other stationary place while actively eating or drinking indoors, or while actively eating or drinking at a Mega Event.
 - x. Persons showering or engaging in personal hygiene or a personal care service that requires removal of the face mask.
- f. All persons whose operations are subject to the requirements in Sections 2.a and 2.b must implement measures to clearly communicate to non-employees the masking requirements on their premises.
- g. No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.
- h. 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 applicable requirements. All employers and businesses subject to Cal/OSHA must review and comply with the active Cal/OSHA ETS. As approved and effective, the full text of the COVID-19 Emergency Temporary Standards will be listed under [Title 8, Subchapter 7, section 3205-3205.4](#) of the California Code of Regulations. All businesses or employers with independent contractors should also review the State Labor Commissioner's Officer webpage titled "[Independent Contractor versus employee](#)", which discusses the employment status of persons hired as independent contractor to ensure the correct application of the ETS. The ETS allow local

health jurisdictions to require more protective mandates. This Order, which requires masking of all individuals at Mega Events and at indoor public settings, businesses, and venues regardless of vaccination status in Long Beach, overrides the more permissive ETS regarding employee masking.

- i. As soon as practicable, employers should **continue** provide **unvaccinated** employees a well-fitting medical grade mask, surgical mask or higher-level respirator. Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) **that fit well over the individual's mouth and nose are** highly recommended.
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 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 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 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 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.
- 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>.
- 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. “Mega Events” are defined as events with large crowds greater than 1,000 attendees indoors per event per day (Indoor Mega Events) and 10,000 attendees outdoors per event per day (Outdoor Mega Events). Mega Events may have either assigned or unassigned seating, and may be either general admission or gated, ticketed, and permitted events. Examples of Mega Events include, but are not limited to, conventions, conferences, expos, sporting events, concerts, music or food festivals, car shows, large endurance events, marathons, parades, and sporting events. These requirements are recommended but not required for places of worship. These events are considered higher risk for COVID-19 transmission.
 - i. Pursuant to Section 2.b of this Order, all attendees of Indoor Mega Events who are not fully vaccinated must wear face masks at all times at the Indoor Mega Event except when actively eating or drinking. Designated areas for eating and drinking are strongly encouraged. Venues should make masks available to attendees upon request.
 - ii. All Indoor Mega Events and any Outdoor Mega Events that are ticketed or held in a defined space with controlled points of entry must verify the full COVID-19 vaccination status or pre-entry negative COVID-19 viral test result of all attendees prior to the event.
 - 1) 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.
 - 2) Pre-entry negative testing must be conducted within 1 day before entry into the event venue or within 2 days before entry into the event venue for PCR tests. The results of the test must be available prior to entry into the event or venue. Acceptable forms of proof of a negative COVID-19 test result include (a) photo identification of the attendee AND (b) either of the following – a printed document from the test provider or laboratory OR an email or text message

displayed on a phone from the test provider or laboratory. The test result should include the person's name, type of test performed, negative test result, and the date of the test must be within the timeframes listed in this subsection. This Section shall apply to attendees two (2) years of age and older.

- 3) Indoor Mega Event operators and Outdoor Mega Event operators for events that are ticketed or held in a defined space with controlled points of entry operators must prominently place information on all communications, including reservation and ticketing systems, to ensure guests are aware that proof of pre-entry negative testing or full vaccination status is required. Self-attestation cannot be used as a method to verify an attendee's status as fully vaccinated against COVID-19 or as proof of a negative COVID-19 test result.
 - iii. Any Outdoor Mega Event that is not ticketed or held in a defined space with controlled points of entry must adhere to CDPH Guidance titled "Beyond the Blueprint for Industry and Business Sectors (including Mega Events)" which may be found at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Beyond-Blueprint-Framework.aspx>, as it may be amended.
 - iv. *Additional Recommendations for Outdoor and Indoor Mega Events.*
 - 1) Assign staff to remind all **unvaccinated** guests to wear masks while on the premises or at the location of Indoor Mega Events.
 - 2) Encourage everyone to get vaccinated when eligible.
 - 3) Facilitate increased ventilation of indoor spaces (i.e. open all windows and doors to increase natural air flow), following CDPH 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>.
 - 4) Encourage everyone to sign up for CA Notify at <https://canotify.ca.gov/#section2> as an added layer of protection for themselves and the community to receive alerts when they have been in close contact with someone who tests positive for COVID-19.
 - 5) Convey the risk of attending large, crowded events where the vaccination status of other attendees may be unknown to the individuals.
 - 6) Convey the risk of attending large, crowded events for populations that may not currently be eligible for vaccination or may be immunocompromised and whose vaccine protection may be incomplete.
 - 7) Encourage all venues along any parade or event route to provide outdoor spaces for eating, drinking, or congregating to reduce the risk of transmission in indoor settings.
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 24, 2022, there have been at least 124,065 cases of COVID-19 and 1,210 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.

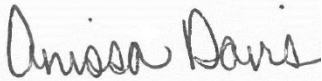
25. Copies of the Order. The City shall promptly provide copies of this Order by: (a) posting it on the Long Beach's Department of Health and Human Services website (<http://www.longbeach.gov/health/>), (b) posting it at the Civic Center located at 411 W. Ocean Blvd., Long Beach, CA 90802, (c) providing 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 Chapter 9.65 of the Long Beach Municipal Code.

28. Effective Date. This Order shall become effective at 12:01 a.m. on February 25, 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 24, 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.)

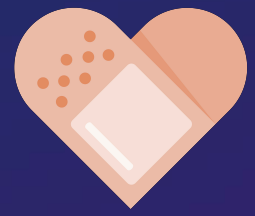
IT IS SO ORDERED:

A handwritten signature in black ink, appearing to read 'T.B. Modica', with a long horizontal stroke extending to the left.

Thomas B. Modica
City Manager, City of Long Beach
Date: February 24, 2022

Long Beach Visual Guidance

Verifying Proof of COVID-19 Vaccination



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

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	MODERNA PFIZER J+J 000A01B	03/03/2021 mm dd yy	a
2 nd Dose COVID-19	MODERNA PFIZER 001B00A	03/17/2021 mm dd yy	b
Other		mm dd yy	
Other		mm dd yy	

- 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

Vaccination Information

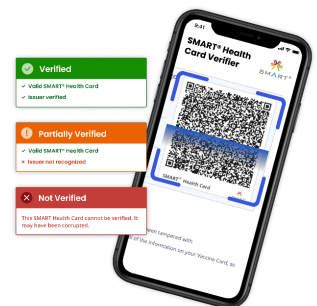
Name: Jane Smith
DOB: 01/01/1980
Dose #1 Date: 03/03/2021 a
Dose #1 Type/Mfr.: Moderna / Pfizer / J&J
Dose #2 Date: 03/17/2021 b
Dose #2 Type/Mfr.: Moderna / Pfizer

Issued by:

- 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.

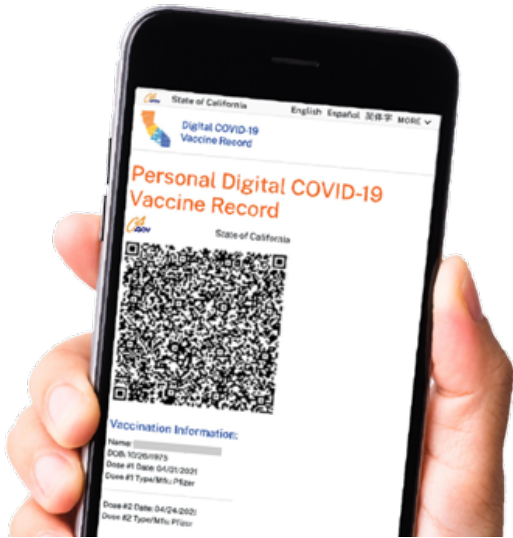
A person who was vaccinated outside the US is considered to be fully vaccinated 14 days after they finish a series of a COVID-19 vaccine that vaccine is listed for emergency use by the World Health Organization (WHO) – currently AstraZeneca-Oxford (e.g., Covishield, Vaxzevria), Sinopharm, and Sinovac.

For more information, visit the [vaccine records](#) at VaccinateLACounty.com

9/16/21 DRAFT

EXAMPLES OF VACCINATION RECORDS

California Department of Public Health Digital Vaccination Record



Verified

- ✓ Valid SMART® Health Card
- ✓ Issuer verified

Partially Verified

- ✓ Valid SMART® Health Card
- ✗ Issuer not recognized

Not Verified

This SMART Health Card cannot be verified. It may have been corrupted.

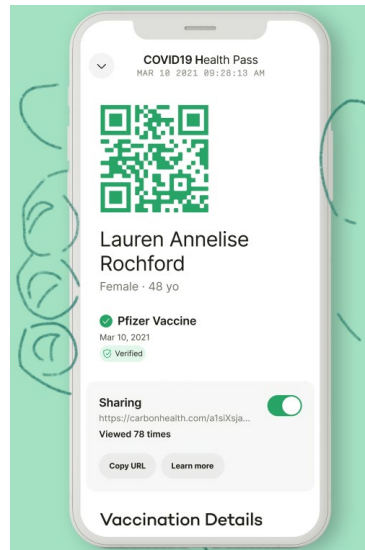


CDPH Digital Vaccination record after being scanned by the SMART Health Card Verifier App. Image from thecommonsproject.org/smart-health-card-verifier

Healthvana



Carbon Health COVID-19 Health Pass



CDC Vaccination Record Card

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

✓ **SMITH** **JANE**
Last Name First Name MI

01/01/1960 00123456
Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	MODERNA PFIZER J+J 000A01B	03/03/2021 mm dd yy	S a
2 nd Dose COVID-19	MODERNA PFIZER 001B00A	03/17/2021 mm dd yy	S b
Other		mm dd yy	
Other		mm dd yy	

California Immunization Registry (CAIR2) Vaccination Record

IMMUNIZATION RECORD
Comprobante de Inmunización

Name **John Doe**
nombre

Birthdate **05/04/1964** Sex **Male**
fecha de nacimiento *sexo*

Allergies
alergias

Vaccine Reactions
reacciones de la vacuna

History of Chickenpox **No** Date Printed **06/09/2021**
historia de varicela

RETAIN THIS DOCUMENT - CONSERVE ESTE DOCUMENTO

Appendix W

Protocol for Youth Recreational Sports

Last Updated 2-24-22

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 as long as the Long Beach Department of Health and Human Services reports high or substantial rates of community transmission and will be re-assessed when community transmission is no longer high or substantial.

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).
- Indoor Mega Events with 1,000 or more attendees must comply with the requirements in the City of Long Beach [Health Officer Order](#).

- 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:
 - Masks are required indoors at all times for teachers, referees, officials, coaches, and other support staff.
 - Masks are required indoors for all spectators and observers.
 - Masks are required indoors at all times when participants are not actively practicing, conditioning, competing, or performing. Masks are also required indoors while on the sidelines, in team meetings, and within locker rooms and weight rooms.
 - When actively practicing, conditioning, or competing in indoor sports, masks are required by participants even during heavy exertion, as practicable.
- 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:
 - Mask rules based on setting.** Wearing face masks reduces the spread of SARS-CoV-2, the virus

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that causes COVID-19. In outdoor settings, all coaches, staff, volunteers, referees, and officials are not required to wear a mask. In all indoor settings **unvaccinated** coaches, staff, volunteers, referees, officials, and spectators must wear a mask at all times.

- Participants:** When indoors, require all **unvaccinated** participants to bring and wear masks. Masks are required to always be worn indoors when unvaccinated participants are not actively practicing, conditioning, competing, or performing. Masks are also required indoors while on the sidelines, in team meetings, within locker rooms and weight rooms. When actively practicing, conditioning, or competing in indoor activities, masks are required by **unvaccinated** participants even during heavy exertion, as practicable. Masks are not required for outdoor youth sport activities, such as, practicing, conditioning, or competing.
- Unvaccinated** participants may remove their face masks temporarily to eat or drink. When **unvaccinated** participants are actively eating or drinking, they should maintain a 6-foot distance from others.
- Unvaccinated** participants who are engaged in indoor water sports such as swimming, water polo, or diving, may remove their face masks while they are in the water. Face masks must be worn when **unvaccinated** participants are not in the water.
- Unvaccinated** gymnasts who are actively practicing/performing on an apparatus may remove their masks because of the theoretical risk that the mask may get caught on objects or accidentally impair vision. Masks are required for floor routines and when **unvaccinated** gymnasts are not actively practicing/performing on the apparatus.
- Unvaccinated** cheerleaders who are actively performing/practicing routines that involve tumbling, stunting, or flying may remove their masks because of the theoretical risk that the mask may get caught on objects or accidentally impair vision.
- During wrestling contact, a face mask is discouraged unless an adult coach or official is closely monitoring for safety purposes.
- Encourage **unvaccinated** participants to bring more than one mask to practice or games in case their mask gets wet or soiled during play.
- Spectators:** When indoors, require all **unvaccinated** spectators to bring and wear masks. Make masks available for those who arrive without them. When events occur outdoors, masks are not required by spectators.
- Coaches:** When indoors, require all **unvaccinated** coaches to bring and wear masks when they are indoors. **Unvaccinated** coaches must wear masks, even when engaged in intense physical activity, when indoors. When events occur outdoors, coaches are not required to wear masks.
- Referees, judges, and other game officials:** When indoors, require all **unvaccinated** referees and officials to bring and wear masks at all times. When events occur outdoors, referees, judges, and other game officials are not required to wear masks.
- Employees:** If the youth sports league employs coaches or other support staff, please note that as soon as practicable, employers should provide and require **unvaccinated** employees to wear a well-fitting medical grade mask, surgical mask or higher-level respirator at all times while indoors at the worksite or facility. Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are highly recommended. When outdoors, masks are not required by employees.

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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.

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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 www.longbeach.gov/covid19testing. PCR, Antigen and Serology fact sheets can be found [here](#).
- 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, with high or substantial community transmission occurring in the City of Long Beach, 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

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.

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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. Testing two times per week is strongly recommended for participants who are not up-to date with vaccinations.
- 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.** Please note that while community transmission in the City remains substantial, it is strongly recommended that participants who are unvaccinated or are not always masked during indoor practice, conditioning, competitive play or performing, test two times per week.

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

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.

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

- 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,

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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.

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Table 1. Examples of Sports Stratified by Risk Level Depending on Degree of Participant Contact

Low Risk	Moderate Risk	High Risk
<ul style="list-style-type: none"> • Archery • Badminton (singles) • Band • Biking • Bocce • Bowling • Corn hole • Cross country • Curling • Dance (no contact) • Disc golf • Drumline • Equestrian events (including rodeos) that involve only a single rider at a time • Golf • Gymnastics • Ice and roller skating (no contact) • Lawn bowling • Martial arts (no contact) • Physical training (e.g., yoga, Zumba, Tai chi) • Pickleball (singles) • Rowing/crew (with 1 person) • Running • Shuffleboard • Skeet shooting • Skiing and snowboarding • Snowshoeing • Swimming and diving • Tennis (singles) • Track and Field • Walking and Hiking 	<ul style="list-style-type: none"> • Badminton (doubles) • Baseball • Cheerleading • Dance (intermittent contact) • Dodgeball • Field hockey • Flag Football • Kickball • Lacrosse (girls/women) • Pickleball (doubles) • Squash • Softball • Tennis (doubles) • Volleyball 	<ul style="list-style-type: none"> • Basketball • Boxing • Football • Ice hockey • Ice Skating (pairs) • Lacrosse (boys/men) • Martial Arts • Roller Derby • Rugby • Rowing/crew (with 2 or more people) • Soccer • Water polo • Wrestling

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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.