

HEALTH ORDER FOR CONTROL OF COVID-19

ORDER ISSUED: April 29, 2022

Effective as of 12:01 a.m. on Friday, April 29, 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).

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:

- Requiring masks in all public transit within the City, such as, commuter trains, subways, buses, taxis and ride-shares, and indoor transportation hubs, such as, airport terminals, bus, train and subway stations, marina or port stations. It remains the CDC's continuing assessment that at this time an order requiring masking for indoor public transit is necessary to protect the public health. This masking requirement will be reassessed when: the 7-day case rate drops below 50 per 100,000 OR the CDC's assessment is that an order requiring masking in the transportation corridor is no longer necessary for protection of the public's health OR within 30 days of this Order, whichever occurs first.

The City of Long Beach is currently experiencing an increase in COVID-19 cases and test positivity rates, and hospitalizations related to COVID-19 are no longer in decline. The percentage of cases caused by the more easily transmitted BA.2 subvariant, which can cause mild or asymptomatic illness

in vaccinated people if they get infected, raises concern for lifting additional required community-level infection control strategies. 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), to protect the most vulnerable in high-risk setting, to safeguard the functioning of the hospitals and health care system, and to prepare for future challenges presented by the evolving conditions of the SARS-CoV-2 virus. 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. This Order utilizes both the February 25, 2022, Centers for Disease Control and Prevention's (CDC) [COVID-19 Community Level](#) metrics and California's [SMARTER Plan](#) to guide the City's public health mitigation response with consideration of the current status of COVID-19 in Long Beach.

This Order continues to place certain safety requirements on individuals at higher-risk settings consistent with federal and state recommendations. Further, this Order incorporates by reference the July 26, 2021, and December 22, 2021, Orders of the State Public Health Officer, which require specific transmission prevention measures to be taken by Acute Health Care and Long-Term Care settings, high-risk congregate settings, and other health care settings. This Order supports the CDC's assessment that at this time requiring masking in the transportation corridor remains necessary for protecting the public's health. Importantly, the State Orders recognize that local government entities, business, and venues may choose to continue requiring more protective infection control precautions for their customers, visitors, and workers.

Masking will continue to be strongly recommended, but no longer required, in most indoor settings and in K-12 Schools or childcare facilities. Masking will continue to be required for all persons, regardless of vaccination status, in higher transmission risk settings within the City, like on public transit and in transportation hubs, all healthcare settings, correctional facilities and detention centers, emergency shelters, cooling and heating centers, homeless shelters, and long-term care settings and adult and senior care centers.

As per the [CDC](#), "Masks help prevent people who have COVID-19, including those who are pre-symptomatic or asymptomatic, from spreading the virus to others.¹ Masks are primarily intended to reduce the emission of virus-laden droplets, i.e., they act as source control by blocking exhaled virus.² This is especially relevant for asymptomatic or pre-symptomatic infected wearers who feel well and may be unaware of their infectiousness to others, and who are estimated to account for more than 50% of transmissions.^{3,4} Masks also provide personal protection to the wearer by reducing inhalation of these droplets, i.e., they reduce wearers' exposure through filtration.⁵ The community benefit of wearing

¹ Centers for Disease Control and Prevention. Science Brief: Community Use of Masks to Control the Spread of SARS-CoV-2. (December 6, 2021). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/more/masking-science-sars-cov2.html>

² Leung NHL, Chu DKW, Shiu EYC, et al. Respiratory virus shedding in exhaled breath and efficacy of face masks. *Nature Medicine*. 2020;26(5):676-680.<https://dx.doi.org/10.1038/s41591-020-0843-2>

³ Moghadas SM, Fitzpatrick MC, Sah P, et al. The implications of silent transmission for the control of COVID-19 outbreaks. *Proc Natl Acad Sci U S A*. 2020;117(30):17513-17515.[10.1073/pnas.2008373117](https://doi.org/10.1073/pnas.2008373117).
<https://www.ncbi.nlm.nih.gov/pubmed/32632012>

⁴ Johansson MA, Quandelacy TM, Kada S, et al. SARS-CoV-2 Transmission From People Without COVID-19 Symptoms. *JAMA Netw Open*. 2021 Jan 4;4(1):e2035057. doi: 10.1001/jamanetworkopen.2020.35057.

⁵ Ueki H, Furusawa Y, Iwatsuki-Horimoto K, et al. Effectiveness of Face Masks in Preventing Airborne Transmission of SARS-CoV-2. *mSphere*. 2020;5(5).[10.1128/mSphere.00637-20](https://doi.org/10.1128/mSphere.00637-20). <https://www.ncbi.nlm.nih.gov/pubmed/33087517>

masks for SARS-CoV-2 control is due to the combination of these effects; individual prevention benefit increases with increasing numbers of people using masks consistently and correctly.

Appropriately worn masks reduce the spread of COVID-19—particularly given the evidence of pre-symptomatic and asymptomatic transmission of COVID-19. Seven studies have confirmed the benefit of universal masking in community level analyses: in a unified hospital system,⁶ a German city,⁷ a U.S. State,⁸ a panel of 15 U.S. States and Washington, D.C.,^{9,10} as well as both Canada¹¹ and the United States¹² nationally. Each analysis demonstrated that, following directives from organizational and political leadership for universal masking, new infections fell significantly.”

Traveling on public conveyances increases a person’s risk of getting and spreading COVID-19 by bringing persons in close contact with others, often for prolonged periods, and often in crowded settings.

Masks are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings. Masks, especially those that offer the best fit and filtration (e.g., N95s, KN95s, KF94s), are highly recommended, and remain a critical component of our multi-layered approach for protection against COVID-19 infection. A series of cross-sectional surveys in the U.S. suggested that a 10% increase in self-reported mask wearing tripled the likelihood of slowing community transmission. CDPH recently published case-control study conducted in California from February 18 to December 1, 2021, which demonstrated that consistently wearing a face mask or respirator in indoor public settings reduces the risk of acquiring SARS-CoV-2 infection. Masks also remain a critical component for protecting those that are most vulnerable in our communities, people who are not vaccinated or not yet vaccine-eligible, people with compromised immune systems, or those at risk for severe disease and illness. Maintaining masking requirements in specified high-risk settings, when in transportation hubs, and when traveling on public conveyances, is consistent with CDC recommendations.

As of April 28, 2022, the CDC’s Community Level Metrics, which measures the impact of COVID-19 illness on health and health care systems, indicate that the City has a 7-day case rate of 72.8 cases per 100,000 people, and a 7-day COVID-19 hospitalization rate of 0.64 per 100,000 people, and a 7-day average of 1.3% of staffed inpatient beds in use by patients with COVID-19. These metrics

⁶ Wang X, Ferro EG, Zhou G, Hashimoto D, Bhatt DL. Association Between Universal Masking in a Health Care System and SARS-CoV-2 Positivity Among Health Care Workers. *JAMA*. 2020.10.1001/jama.2020.12897. <https://www.ncbi.nlm.nih.gov/pubmed/32663246>

⁷ Mitze T., Kosfeld R., Rode J., Wälde K. *Face Masks Considerably Reduce COVID-19 Cases in Germany: A Synthetic Control Method Approach*. IZA – Institute of Labor Economics (Germany);2020.ISSN: 2365-9793, DP No. 13319. <http://ftp.iza.org/dp13319.pdf>

⁸ Gallaway MS, Rigler J, Robinson S, et al. Trends in COVID-19 Incidence After Implementation of Mitigation Measures – Arizona, January 22–August 7, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(40):1460-1463.10.15585/mmwr.mm6940e3. <https://www.ncbi.nlm.nih.gov/pubmed/33031366>

⁹ Lyu W, Wehby GL. Community Use Of Face Masks And COVID-19: Evidence From A Natural Experiment Of State Mandates In The US. *Health Aff (Millwood)*. 2020;39(8):1419-1425.10.1377/hlthaff.2020.00818. <https://www.ncbi.nlm.nih.gov/pubmed/32543923>

¹⁰ Hatzius J, Struyven D, Rosenberg I. Face Masks and GDP. *Goldman Sachs Research* <https://www.goldmansachs.com/insights/pages/face-masks-and-gdp.html>. Accessed January 20, 2021.

¹¹ Karaivanov A., Lu S.E., Shigeoka H., Chen C., Pamplona S. *Face Masks, Public Policies and Slowing the Spread of Covid-19: Evidence from Canada* National Bureau of Economic Research 2020.Working Paper 27891. <http://www.nber.org/papers/w27891>

¹² Chernozhukov V, Kasahara H, Schrimpf P. Causal Impact of Masks, Policies, Behavior on Early Covid-19 Pandemic in the U.S. *J Econom*. 2021 Jan;220(1):23-62. doi: 10.1016/j.jeconom.2020.09.003. Epub 2020 Oct 17.

²⁴ Hatzius J, Struyven D, Rosenberg I. Face Masks and GDP. *Goldman Sachs Research* <https://www.goldmansachs.com/insights/pages/face-masks-and-gdp.html>. Accessed January 20, 2021.

demonstrate that the COVID-19 burden in Long Beach is currently at a Low level. However, indicators and thresholds measuring community transmission are increasing. As recognized by the State Public Health Order, the continuance of certain community level mitigation measures, especially in high transmission risk settings, is appropriate.

Importantly, in public transit and transportation hub settings, masking continues to be vitally important to protecting public health, especially those that are most vulnerable and workers who frequently come into close contact with other people (e.g., on public transit and at transportation hubs) in our communities, including people who are unvaccinated, immunocompromised, or at greater risk for severe disease and illness, and those communities disproportionately impacted by COVID-19. Such settings are often crowded with limited and inadequate ventilation. When people wear a well-fitting mask or respirator over their nose and mouth in indoor travel or public transportation settings, they protect themselves and those around them and help keep travel and public transportation safer for everyone.

Even though more people in Long Beach and the region are vaccinated against the virus that causes COVID-19, there are still tens of thousands of people in Long Beach who are not yet vaccinated against COVID-19, including children under 5 years of age who are not currently eligible to be vaccinated, and people who are immunocompromised and may be particularly vulnerable to infection and disease. Most COVID-19 infections are spread by people who have no or mild symptoms of infection. The Omicron variant, currently the predominant strain in Long Beach, spreads more easily than the original virus that causes COVID-19. The proportion of cases caused by the BA.2 subvariant continues to increase and has now replaced BA.1.1 as the predominant subvariant, accounting for 80% of sequenced specimens for the week ending April 8, 2022. The BA.2 subvariant is highly transmissible and has become the dominant variant in many countries. Further, the XE subvariant, a combination of the BA.1 and BA.2 subvariants, has been circulating at low levels in the United Kingdom and several other countries. As of April 14, 2022, two cases of the XE subvariant have been identified in California, neither of which was detected in Long Beach or LA County. In the absence of masking while in indoor settings, unvaccinated and partially vaccinated persons are more likely to get infected and spread the virus and any subvariants, which are transmitted through the air and concentrate in indoor settings.

Current vaccines lower the risk of infection and, if infected, help protect against severe illness, hospitalizations, and deaths due to infection with the Omicron variant. However, breakthrough infections in people who are vaccinated can occur, but at a significantly lower rate than those among persons who are not fully vaccinated.¹³ People who are up to date (up to date means fully vaccinated and received a booster dose or fully vaccinated but not yet booster-eligible) with their COVID-19 vaccines and get COVID-19 are less likely to develop severe illness, be hospitalized, or die than those who are unvaccinated and get COVID-19. Although no vaccine is 100 percent effective at preventing illness in vaccinated people, the currently authorized COVID-19 vaccines, including the primary series, booster shots and additional doses for those who need them, remain the best form of protection against COVID-19 infection, hospitalization, and death. During the Omicron surge, Long Beach residents ages 5 and older who were not fully vaccinated had about a 2 times higher case rate compared to those who were fully vaccinated. During this same time period, Long Beach residents not fully vaccinated or unvaccinated had 4 times higher hospitalization rates and 5 times higher death rates compared to those

¹³ People are considered “fully vaccinated” against COVID-19 two weeks or more after they have received the second dose in a 2-dose COVID-19 vaccine series (e.g., Pfizer-BioNTech or Moderna), a single-dose of Johnson and Johnson [J&J]/Janssen COVID-19 vaccine, or finished the series of a COVID-19 vaccine that has been [listed for emergency use](#) by the World Health Organization.

who were fully vaccinated. Vaccinations are widely available to those 5 years and older. Booster doses are available for everyone 12 years and older. A second booster at least 4 months after the first booster dose was recently approved for some people at greater risk of COVID-19 infection (i.e., immunocompromised persons, adults age 50 and older, and people age 18-49 who got the J&J vaccine for both their primary and booster doses).

Additionally, according to the CDC "...getting a COVID-19 vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19. COVID-19 vaccination causes a more predictable immune response than infection with the virus that causes COVID-19." Conversely, the level of protection people get from COVID-19 infection alone may vary widely depending on how mild or severe their illness was, the time since their infection, which variant they were infected with, and their age. A recent study showed that, for people who already had COVID-19, those who do not get vaccinated after their recovery are more than 2 times as likely to get COVID-19 again than those who get fully vaccinated after their recovery. Further, getting a COVID-19 vaccine after recovering from COVID-19 infection provides added protection against COVID-19. People who already had COVID-19 and do not get vaccinated after their recovery are more likely to get COVID-19 again than those who get vaccinated after their recovery.

Based on this current science, the best way to reduce the current level of community transmission, reduce the likelihood of new variants emerging, prevent future surges, and avoid overwhelming the health care delivery system is for everyone who is eligible, including those who have recovered from a COVID-19 infection, to get fully vaccinated and be up to date on their vaccines as soon as possible. People at risk for severe illness from COVID-19 (more likely to be hospitalized, need intensive care, require a ventilator to help them breathe, or die), such as unvaccinated older adults, people from racial and ethnic minority groups, and individuals with [underlying medical conditions associated with higher risk for severe COVID-19](#),¹⁴ and members of their households, are strongly urged to get vaccinated against COVID-19 as soon as they can if they have not already done so. And all persons who are fully vaccinated should also receive booster dose(s) of the COVID-19 vaccine as soon as they are eligible since studies show the protection from the primary COVID-19 vaccination decreases over time. With an increased immune response, people should have improved protection against getting infected with and seriously ill from COVID-19, including the variants. Those who are not fully vaccinated are urged to adhere to both the required and recommended risk reduction measures.

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. For the aforementioned

¹⁴ Based on the current evidence, a person with one or more of the medical conditions listed below is more likely to get very sick (more likely to be hospitalized, need intensive care, require a ventilator to help them breathe, or die) from COVID-19. The underlying medical conditions associated with high risk severe COVID-19 include: Cancer, Cerebrovascular disease, Chronic kidney disease, Chronic lung diseases (Interstitial lung disease, Pulmonary embolism, Pulmonary hypertension, Bronchiectasis, COPD (chronic obstructive pulmonary disease)), Chronic liver diseases (Cirrhosis, Non-alcoholic fatty liver disease, Alcoholic liver disease, Autoimmune hepatitis), Cystic fibrosis, Diabetes mellitus, type 1 and type 2, Disabilities (Attention-Deficit/Hyperactivity Disorder (ADHD), Cerebral Palsy, Congenital Malformations (Birth Defects), Limitations with self-care or activities of daily living, Intellectual and Developmental Disabilities, Learning Disabilities, Spinal Cord Injuries), Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies), HIV (human immunodeficiency virus), Mental health disorders (Mood disorders, including depression, Schizophrenia spectrum disorders), Neurologic conditions limited to dementia, Obesity (BMI ≥ 30 kg/m²), Primary Immunodeficiencies, Pregnancy and recent pregnancy, Physical inactivity, Smoking (current and former), Solid organ or hematopoietic cell transplantation, Tuberculosis, and Use of corticosteroids or other immunosuppressive medications.

reasons, it is prudent to strongly recommend continued indoor masking for all, regardless of vaccination status, as an effective public health measure to reduce transmission between people until we reach lower rates of community transmission. We believe that if people who live and work in Long Beach continue taking common sense measures to prevent the spread of COVID-19, we will see declines in case, test positivity rates, and hospitalizations.

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.
 - a. Except as otherwise required by Section 2(b) of this Order, all individuals must follow the requirements included the April 20, 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.
 - b. Masks are required to be worn by everyone, 2 years of age and older, regardless of COVID-19 vaccination status, in the following settings within the City:
 - i. On public transit (examples: commuter trains, subways, buses, taxis, and ride-shares)
 - ii. Indoor transportation hubs (examples: airport and bus terminals, train and subway stations, seaports or other ports, or any other area that provides transportation)

Please note, masking while on public transit and indoors at transportation hubs is needed to continue to protect both our most vulnerable residents, workers who frequently come into close contact with other people (e.g., on public transit and at transportation hubs), and those communities disproportionately impacted by COVID-19. Such settings are often crowded with limited and inadequate ventilation. This masking requirement will be reassessed when either: the 7-day case rate drops below 50 per 100,000 OR the CDC's assessment is that an order requiring masking in the transportation corridor is no longer necessary for protection of the public's health OR within 30 days of this Order, whichever occurs first.
 - iii. The following individuals are exempt from wearing masks or permitted to temporarily

remove their face mask in the following instances:

1. Persons younger than two (2) years old. Very young children must not wear a mask because of the risk of suffocation.
2. 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.
3. 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.
4. 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](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/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.
5. 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.
6. 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.
7. Persons traveling in a car alone or solely with members of their household.

8. Persons who are working in an office, room, or indoor space alone.
 9. Persons who are actively eating or drinking at any setting identified in Section 2.a 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.
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 562-570-4302 or online at <https://longbeach.gov/health/diseases-and-condition/information-on/coronavirus/for-businesses/>
 - 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 and CDPH recommend that individuals follow CDC travel guidance, which may be found at <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 February 22, 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. 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?msclkid=e092f167a70211ec8e6f91f3f5c892aa>. 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.

- b. 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.
- c. Youth Sports. Youth recreational sports must operate 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.%20Effective%20November%2015>. Failure to comply with any requirement set forth in the State Public Health Officer guidance titled “K-12 Schools in California for the 2021-2022 School Year”, as it may be amended, is considered a violation of this Order. The Health Officer strongly recommends youth sports follow the Recreational Sports Guidance, which may be found at www.longbeach.gov/covid19/schools.
- d. Bars, Breweries, Craft Distilleries, and Wineries. The Health Officer strongly recommends bars, breweries, craft distilleries, and wineries to maintain a process for verifying that patrons who are 21 years of age or older (and minors 12 years of age or older, where permitted at the establishment) are fully vaccinated against COVID-19.
- e. 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. The Health Officer strongly recommends that nightclubs and lounges maintain a process for verifying that patrons who are 18 years of age or older are fully vaccinated against COVID-19.
- f. Restaurants. Due to the increased risk of transmission at places where people are indoors and unmasked, the 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.
- g. Mega Events. All individuals, operators, businesses and establishments must follow the

requirements included the March 17, 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 **April 28, 2022**, there have been at least **126,122** cases of COVID-19 and **1,265** 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

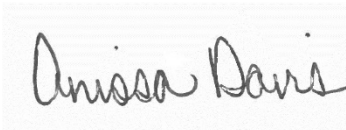
to the COVID- 19 pandemic, the most restrictive provision (i.e., the more protective of public health) controls. Consistent with California Health and Safety Code section 131080 and the Health Officer Practice Guide for Communicable Disease Control in California, except where the State Health Officer 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 April 29, 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: April 29, 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: April 29, 2022