

RESPONDING TOGETHER AT WORK AND IN THE COMMUNITY
POST WINTER SURGE COMMUNITY MONITORING AND CONTINUED RESPONSE MEASURES

Issue Date: **Thursday, April 21, 2022**
Effective at 12:01am on **Friday, April 22, 2022**

Brief Highlights (Changes highlighted in yellow):

4/21/2022:

- Revised to continue to require masks in all public transit within the County, 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 for public health. This masking requirement will be reassessed when: community transmission of COVID-19 in Los Angeles County drops to the Moderate Level 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.
- Noted updates to Appendix K: Reopening Protocol for Day Camps and Appendix K-1: Reopening Protocol for Overnight Organized/ Children's Camps.

Please read this Order carefully.

SUMMARY OF THE ORDER:

The County of Los Angeles is currently experiencing increases in COVID-19 cases and test positivity rates, and related hospitalizations 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 continues to focus the public health response to COVID-19 in Los Angeles County to protect the most vulnerable among us at higher risk settings, safeguard the functioning of the hospital and health care system, prevent unconstrained illness and spread of COVID-19, and prepare for future challenges presented by the evolving conditions of SARS-CoV-2 virus. This Order utilizes both the February 25, 2022 Centers for Disease Control and Prevention's (CDC) [COVID-19 Community Level](#) metrics and prevention strategies and the State of California's [SMARTER Plan](#) to guide the realignment of the County's public health mitigation response with a consideration of the current status of COVID-19 in the County.

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 also supports the CDC's assessment that at this time requiring masking in the

transportation corridor remains necessary for protecting the public health. Importantly, the State Orders recognize that local government entities, businesses, 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 be 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 County, like on public transit and in transportation hubs, all health care 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 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

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. <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>

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://doi.org/10.1001/jama.2020.12897). <https://www.ncbi.nlm.nih.gov/pubmed/32663246>

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 17, 2022**, the [CDC’s Community Level Metrics](#), which measure the impact of COVID-19 illness on health and health care systems, indicate that the County has a 7-day average case rate of **82.5** new cases per 100,000 in population, a 7-day cumulative rate of **1.9** new admissions

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.

of confirmed COVID-19 per 100,000 population, and a 7-day average of 1.4% of its staffed inpatient beds in use by patients with confirmed COVID-19. These metrics demonstrate that the COVID-19 burden on the County's health care system is currently at a Low level. However, federal CDC indicators and thresholds measuring community transmission of COVID-19 within the County of Los Angeles are increasing and continue to be at a Substantial level. As recognized by the State Public Health Officer, 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 Los Angeles County and the region are vaccinated against the virus that causes COVID-19, there remains a risk that when outside of their residence people may come into contact with others who may have COVID-19. There are millions of people in Los Angeles County 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 Los Angeles County, spreads more easily than the original virus that causes COVID-19. The proportion of cases caused by the BA.2 subvariant continued to increase and has now replaced BA.1.1 as the predominant subvariant, accounting for 67% of sequenced specimens for the week ending March 26, 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 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

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

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. For the week ending **April 1**, County residents ages 5 and older who were vaccinated were **about 2 times less likely to be infected with COVID-19 than unvaccinated people**. This suggests that even with the more transmissible BA.2 subvariant spreading in LA County, vaccines continue providing some protection against infection. During this same time period, fully vaccinated LA County residents were **4 times less likely to be hospitalized with COVID-19 than unvaccinated individuals**. When comparing fully vaccinated individuals with unvaccinated individuals, **during the week ending March 25**, fully vaccinated people were **11 times less likely to die from COVID-19**. 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

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.

[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.

We must remain vigilant against variants of the virus that causes COVID-19, especially given the continuing levels of transmission here and in other parts of the country and world. It is, therefore, 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 Los Angeles County continue taking common sense measures to prevent the spread of COVID-19, we will see declines in case, test positivity rates, and hospitalizations.

This Order's primary intent is now to reduce the transmission risk of COVID-19 in the County for those in higher transmission risk settings, especially those who are not fully vaccinated and fully vaccinated but immunocompromised persons. Everyone should recognize that post-surge does not mean that the pandemic is over or that there will not be additional unpredictable waves of surges that will require monitoring and may require implementing different strategies to meet changing mitigation needs. The County will need to be ready to meet those challenges should they arise. You can find more detailed information regarding the metrics used to assess the risk posed by COVID-19 and assign appropriate prevention measures, in the [Los Angeles County Post Surge Response Plan](#).

This Order will be revised in the future, if needed, to reflect the State Executive Orders, California Division of Occupational Safety and Health's (better known as Cal/OSHA) worksite requirements, State Public Health Officer Orders and guidance, and CDC recommendations. Should local COVID-19 conditions warrant, the County Health Officer may, after consultation

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.

with the Board of Supervisors, issue Orders that are more protective than those of the State Public Health Officer.

This Order is effective within the County of Los Angeles Public Health Jurisdiction, defined as all cities and unincorporated areas within the County of Los Angeles, except for the cities of Long Beach and Pasadena that must follow their respective City Health Officer orders and guidance. This Order is effective at 12:01 am on **Friday, April 22, 2022**.

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND
SAFETY CODE SECTIONS 101040, 101085, AND 120175,
THE COUNTY OF LOS ANGELES HEALTH OFFICER ORDERS:**

- 1) This Order supersedes the Health Officer's Prior Order.
- 2) This Order's intent is to continue to protect the most vulnerable, including those at risk of experiencing elevated rates of illness, **hospitalization**, and death, from COVID-19, including those in higher transmission risk settings, safeguard the functioning of hospitals and the health care system, prevent unconstrained spread and significant illness, and continue increasing COVID-19 vaccination and booster dose rates to reduce transmission of COVID-19 long-term, so that the whole community is safer, and the COVID-19 health emergency can come to an end. Failure to comply with any of the Order's provisions constitutes an imminent threat and menace to public health, and a public nuisance, and is punishable by citation or fine.
 - a) This Order does not supersede any stricter limitation imposed by a local public entity within the County of Los Angeles Public Health Jurisdiction. The Order is consistent with existing authority that local health jurisdictions may implement or continue more **protective** 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 Officer Order related to controlling the spread of COVID-19 during this pandemic, the most restrictive provision controls, unless the County of Los Angeles is subject to a court order requiring it to act on, or enjoining it from enforcing, any part of this Order.
- 3) All persons living and working within the County of Los Angeles Public Health Jurisdiction should continue to always practice required and recommended COVID-19 infection control measures and when among other persons 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, and especially when in indoor or crowded outdoor settings.

All persons in the general public diagnosed with COVID-19 must review and comply with the requirements for isolation provided in the Health Officer Public Health Emergency [Isolation Order](#). And those who were exposed to someone who tested positive for COVID-19 while the positive person was infectious must review and comply with the quarantine requirements

provided in the Health Officer Public Health Emergency [Quarantine Order](#). Separate isolation and quarantine requirements are outlined in the [Coronavirus Disease 2019: Infection Prevention Guidance for Healthcare Personnel](#) and in [Appendix T1: Reopening Protocols for K-12 Schools for students in K-12 School Settings](#).

4) Face Masks. All individuals, businesses and employers must follow the requirements of this Order.

- a) This Order and the State Public Health Officer strongly recommend that all persons, regardless of vaccination status, continue to wear face masks indoors to prevent transmission to:
 - i) Persons with a higher risk of infection (e.g., unvaccinated or immunocompromised persons),
 - ii) Persons with prolonged, cumulative exposures (e.g., workers), or
 - iii) Persons whose vaccination status is unknown.

When people wear a well-fitting mask with good filtration correctly, they protect others as well as themselves. Consistent and correct mask use (covering nose and mouth) is especially important indoors when in close contact with (less than six feet from) others who are not fully vaccinated against COVID-19 or whose vaccination status is unknown.

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 County**:

- i) On public transit (examples: **commuter** trains, subways, buses, taxis, and ride-shares),
- ii) **Indoor** transportation hubs (examples: airport **and** bus terminals, marina, train **and** subway stations, seaport 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: community transmission of COVID-19 in Los Angeles County drops to the Moderate Level 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) Indoors in K-12 schools and childcare facilities through March 11, 2022 (See, Appendix T1 for K-12 School masking requirements). Beginning March 12, 2022, the universal masking requirement for K-12 Schools and Childcare settings will terminate. Both the County and State Public Health Officers strongly recommend that individuals in these settings continue to mask in indoor settings when the universal masking requirement lifts.

- iv) Healthcare settings (including long term care facilities and adult and senior care facilities). This requirement applies to all health care settings, including those that are not covered by the [State Health Officer Order issued on July 26, 2021](#).
 - v) State and local correctional facilities and detention centers, and
 - vi) Homeless shelters, emergency shelters, and cooling and heating centers.
- c) Masks are strongly recommended for all persons, regardless of vaccine status, in other indoor public settings and businesses (examples: retail, restaurants, theaters, family entertainment centers, cardrooms, meetings, state and local government offices serving the public). Well-fitting and better filtering masks (e.g., double masks, high filtration cloth masks, medical masks) and respirators (e.g., N95s, KN95s, KF94s) are highly recommended. In settings where masks are strongly recommended, local government entities, businesses, venue operators or hosts should, as a strategy to reduce the risk of transmission at their site(s), consider:
- i) Providing information to all patrons, guests and attendees regarding mask recommendations or their masking requirements for all persons regardless of vaccine status.
 - ii) Providing information to all patrons, guests and attendees to consider [better fit and filtration](#) for their masks. Medical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with a good fit are recommended over cloth masks.
 - iii) Requiring all patrons, workers, or both to wear masks, especially when risk in the community may be substantial or high, or if those being served are at high-risk for severe disease or illness.
- d) Special considerations are made 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, children or students learning to read, people learning a new language, and people with disabilities.
- e) All local government entities, businesses, venue operators or hosts should implement measures, including posting conspicuous signage, to clearly communicate the masking requirements to all persons on their premises.
- f) No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.
- g) 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.
- i) In workplace establishments and settings with active outbreaks, the site is required to cooperate with Public Health's investigation of the outbreak, and quarantine and isolation may be extended for additional days by County Public

Health outbreak investigators to help lower the risk of ongoing transmission at the site.

- ii) 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-21-08.8](#).
- h) In workplace indoor settings where masking is recommended, but not required, employers are required to offer for voluntary use well-fitting medical masks¹⁵ and respirators, such as an N95, KN95 or KF94, at no cost to their employees who work indoors and have contact with other workers, customers, or members of the public, or in vehicles with more than one person. Please note, that Cal/OSHA COVID-19 ETS require that employers provide respirators upon request for voluntary use to employees who are not fully vaccinated and who are working indoors or in vehicles with more than one person.
 - i) Employers that elect to maintain universal masking indoors at their business, facility, or venue are to provide well-fitting medical masks at no cost to their employees.

5) Mandatory Reporting by Businesses and Governmental Entities. Persons and businesses within the County of Los Angeles Public Health Jurisdiction must continue to follow the COVID-19 infection control protocols and guidance provided by the County Department of Public Health 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 County 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 of COVID-19 among their employees, assigned or contracted workers or volunteers within a span of 14 days, the employer must report this outbreak to the Department of Public Health at (888) 397-3993 or (213) 240-7821, or online at www.redcap.link/covidreport.
- 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 business 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).

¹⁵ Masks with an adjustable nose bridge that are made of at least three layers of non-woven material (melt-blown fabric and/or polypropylene) will provide increased protection and meet the requirements for a "medical mask." These masks are often sold as disposable, protective, medical, or surgical masks.

- 6) **LACDPH Best Practice Guidance.** All individuals and Businesses are strongly urged to follow the LACDPH Best Practice Guidance, containing health and safety recommendations for COVID-19.
- 7) **Considerations for Persons at Higher Risk for Negative Health Outcomes:** At this time, people at risk for severe illness or death from COVID-19—such as unvaccinated older adults and individuals with [underlying medical conditions associated with higher risk for severe COVID-19](#)—and members of their household should defer participating in activities with other people outside their household where taking protective measures, including wearing face masks and social 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.
- 8) **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, because there is generally less risk of COVID-19 transmission outdoors as opposed to indoors.
- 9) **Ventilation Guidelines.** All Businesses and governmental entities with indoor operations are urged to review the Ventilation Guidelines and implement ventilation strategies for indoor operations as feasible. See California Department of Public Health [Interim Guidance for Ventilation, Filtration and Air Quality in Indoor Environments](#) for detailed information. Nothing in this Order limits any ventilation requirements that apply to particular settings under federal, state, or local law.
- 10) **High-Risk Health Care and Congregate Settings.** This Order incorporates by reference the State Public Health Officer Order of July 26, 2021, which requires additional statewide facility-directed measure to protect particularly vulnerable populations. The Order is found here: [State Public Health Officer Order issued July 26, 2021](#)
- 11) **Sectors that Continue to Require Additional Risk Reduction Measures.** The following sectors serve persons and populations that have lower rates of vaccination, who are at higher risk of being infected, or 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 listed below and those specified in the County sector-specific reopening protocol(s) located at <http://publichealth.lacounty.gov/media/Coronavirus/index.htm>. In settings where pre-entry verification of vaccination or a negative COVID-19 viral test result is not required, local government entities, businesses, venue operators, and hosts may choose to require pre-entry verification of COVID-19 vaccination, pre-entry verification of a negative COVID-19 viral test result, or both as an additional, important strategy to reduce transmission at their site(s), regardless of masking.

- a) **Day camps.** Day camp owners and operators must implement and post the required Los Angeles County Department of Public Health Reopening Protocol for Day Camps, attached to this Order as [Appendix K](#).
- b) **Schools (K-12) and School Districts.** All public and private schools (K-12) and school districts within the County of Los Angeles may open for in-person classes. Educational facilities serving students at any grade level must prepare, implement, and post the required Los Angeles County Department of Public Health Reopening Protocols for K-12 Schools, attached to this Order as [Appendix T1](#), and must follow the Protocol for COVID-19 Exposure Management Plan in K-12 Schools, attached to this Order as [Appendix T2](#).
- c) **Mega Events (Outdoor and Indoor).** The attendance thresholds for Mega Events are 1,000 attendees for Indoor Mega Events and 10,000 attendees for Outdoor Mega Events. Mega Events include conventions, conferences, expos, concerts, shows, nightclubs, sporting events, live events and entertainment, fairs, festivals, parades, theme parks, amusement parks, water parks, large private events or gatherings, marathons or endurance races, and car shows. Mega Events may have either assigned or unassigned seating, and may be either general admission or gated, ticketed and permitted events. These events are considered higher risk for COVID-19 transmission.
 - i) **Indoor Mega Events:** Beginning April 1, 2022, it is strongly recommended, but not required, that Indoor Mega Event operators verify the full vaccination status¹⁶ or pre-entry negative COVID-19 viral test¹⁷ result of all attendees ages 2 and older.

When continuing to implement, Indoor Mega Event operators are strongly recommended **not** to use self-attestation as a method to verify an attendee's status as fully vaccinated or as proof of a negative COVID-19 test result. Operators should cross-check proof of full vaccination or negative COVID-19 viral test result against a photo identification for all attendees who are 18 years of age or older. Operators may continue to require masking, regardless of vaccination status. It is also strongly recommended that all attendees, regardless of vaccination status, wear a well-fitting mask, except when actively

¹⁶ The following are acceptable as proof of full 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 date last dose administered) OR a photo of a 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 the person's full vaccination against COVID-19 from a healthcare provider.

¹⁷ Pre-entry negative COVID-19 viral testing is testing that must be conducted before entry into the event or venue (both PCR and antigen are acceptable). Results of the test must be available and provided to the operator prior to entry into the event or venue. The following is required as acceptable proof of a negative COVID-19 viral test result: 1) A photo identification of the attendee (for attendees 18 years of age and older) and 2) 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 information needs to include the person's name, date of test, type of test performed, and negative test result. To be considered a valid pre-entry negative COVID-19 viral test result that permits entry into the event or venue, an antigen test must be conducted within one day and PCR test must be conducted within two days prior to event entry.

eating or drinking, while indoors at an Indoor Mega Event. Operators should consider making masks (preferably respirators (e.g., N95s, KN95s, KF94s)) available to attendees upon request. Indoor Mega Event operators must prominently place information on all communications, including reservation and ticketing systems, to ensure guests are aware that the State and County strongly recommend that they be fully vaccinated or obtain a negative COVID-19 test prior to attending the event.

- ii) **Outdoor Mega Events:** It is recommended, but not required, that Outdoor Mega Event operators of events or venues that are ticketed or held in a defined space with controlled points of public entry verify the full vaccination status (see footnote 16) or pre-entry negative COVID-19 viral test (see footnote 17) result of all attendees, ages 5 and older, prior to entry. If pre-entry verification is continued, those attendees who cannot provide proof of full vaccination, a pre-entry COVID-19 negative result from a test conducted within one day for antigen tests and within two days for PCR tests may be accepted. Outdoor Mega Event operators should prominently place information on all communications, including reservation and ticketing systems, to ensure guests are aware of both the County Health Officer's recommendation that all attendees, ages 5 and older, either be fully vaccinated against COVID-19 or obtain a negative COVID-19 viral test prior to attending the event. Operators may continue to require pre-entry vaccination verification or pre-entry a negative COVID-19 viral test result as an additional, important strategy to reduce transmission at their site(s), regardless of masking. If continued, the operator should cross-check proof of full vaccination or negative COVID-19 viral test result against a photo identification for all attendees who are 18 years of age or older. Operators are to make face masks available for all attendees.
- iii) **Additional Recommendations for Both Outdoor and Indoor Mega Events:** Mega Event operators are encouraged to follow these additional recommendations:
- (a) Assign staff to remind all guests of the recommendation to wear face masks while on the premises or location
 - (b) Encourage everyone to get vaccinated and receive a COVID-19 booster when eligible.
 - (c) Encourage all attendees to consider better fit and filtration for masks [Respirators (e.g., N95s, KN95s, KF94s) or surgical masks with good fit are recommended over cloth masks].
 - (d) Facilitate increased ventilation of indoor spaces (i.e., open all windows and doors to increase natural air flow), following California Department of Public Health [Interim Guidance for Ventilation, Filtration and Air Quality in Indoor Environments](#).
 - (e) Encourage everyone to sign up for [CA Notify](#) 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. Encourage those who test positive for COVID-19 to alert CA Notify to anonymously notify those who may have been exposed.

- (f) Convey the risk of attending large, crowded events where the vaccine status of other attendees may be unknown to the individuals.
 - (g) 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.
 - (h) If along any parade or event route, provide outdoor spaces for eating/drinking/congregating to reduce the risk of transmission in indoor settings.
- d) **Overnight Organized / Children’s Camps.** An organized camp is a site with program and facilities established for the primary purpose of providing an overnight outdoor group living experience for recreational or other purposes for five days or more during one or more seasons of the year. A Notice of Intent to Operate must be submitted by the Camp operator to the Environmental Health Division Communityhealth@ph.lacounty.gov prior to operation. The owner or operator of an Overnight Organized/ Children’s Camp must prepare, implement, and post the required Los Angeles County Public Health Protocols for Overnight Organized / Children’s Camps, attached to this Order as **Appendix K-1.**
- e) **Organized Youth Sports Activities.** Organized youth sports include all school (TK-12 Grades) and community-sponsored programs and recreational or athletic activities and privately organized clubs and leagues. Organized Youth Sport Protocols do not apply to collegiate or professional sports. This Protocol provides direction on outdoor and indoor youth sports activities to support an environment that presents less risk for participants of these sports. The organizers and operators of Organized Youth Sport Activities must review, implement, and post the required Los Angeles County Public Health Protocol for Organized Youth Sports, attached to this Order as **Appendix S.**
- f) **Bars, Breweries, Wineries and Distilleries.** It is recommended, but not required, that bars that have a low-risk food facility public health permit and breweries, wineries, and distilleries with a #1, #2, #4, #23 and/or #74 state alcohol license that do not possess or that are not required to have a public health permit to operate require patrons, who are 12 years of age or older, to provide proof of their COVID-19 full vaccination status for entry. Facilities may continue to require pre-entry vaccination verification for indoor service as an additional, important strategy to reduce transmission at their site(s), regardless of the level of community transmission. For facilities that continue a vaccination verification process, the facility should determine whether and communicate to patrons if a negative test result from a COVID-19 viral test conducted within one day for antigen tests and within two days for PCR tests prior to entry is acceptable for indoor service at their site.

- g) **Nightclubs and Lounges.** It is recommended, but not required, that nightclubs and lounges¹⁸ that are open only to persons 18 years of age or older, require patrons to provide proof of their COVID-19 full vaccination status for entry. Facilities may continue to require pre-entry vaccination verification for indoor service as an additional, important strategy to reduce transmission at their site(s), regardless of the level of community transmission. For facilities that continue a vaccination verification process, the facility should determine whether and communicate to patrons if a negative test result from a COVID-19 viral test conducted within one day for antigen tests and within two days for PCR tests prior to entry is acceptable for indoor service at their site.
- h) **Restaurants.** These indoor venues serve food or drink indoors and are required to maintain a valid public health permit to operate. Due to the risk of transmission at places where persons are indoors and unmasked, the County Health Officer strongly recommends that the operators of these venues reserve and prioritize indoor seating and service for patrons who are fully vaccinated against COVID-19.

REASONS FOR THE ORDER

- 12) This Order is based upon the following determinations: evidence of **an increase to** Substantial community transmission of COVID-19 within the County; documented 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 millions of people in the County population 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 the dominance of the more infectious Omicron variant of the virus that causes COVID-19; and limited availability of effective therapeutics. The Order's intent is to continue to reduce the risk of COVID-19 infection for high-risk populations and persons in higher transmission risk settings, especially those who are not or cannot be fully vaccinated against COVID-19 in the County.
- 13) Existing community transmission of COVID-19 in Los Angeles County **has increased to and** remains Substantial and continues to present a significant risk of infection and harm to the health of those who are not or cannot be vaccinated against COVID-19. COVID-19 vaccinations are widely available to those 5 years and older. The Omicron variant of the virus spreads more easily and has caused a significant amount of severe illness and deaths in our county during the winter surge and remains a risk for both those who are fully vaccinated as well as those who not vaccinated against COVID-19. As of, **April 21, 2022**, there have been at least **2,857,772** cases of COVID-19 and **31,913** deaths reported in Los Angeles County. Making the risk of community transmission worse, some individuals who contract the COVID-19 virus have no symptoms or have only mild symptoms, and so are

¹⁸ 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 as its primary source of revenue (a) the sale of alcohol for consumption on the premises, (b) cover charges, or (c) both. A lounge is defined as a business that operates primarily for the preparation, sale, and service of beer, wine, or spirits. Minors are not allowed in a lounge.

unaware that they carry the virus and are transmitting it to others. Because even people without symptoms can transmit the virus, and because evidence shows the infection is now more easily spread, universal indoor masking is a risk reduction measure that is proven to reduce the risk of transmitting the virus. The continuation of this safety measure in settings where indoor masking, regardless of vaccination status, is no longer required is intended to help the County reach a Moderate rate of community transmission as quickly as possible.

- 14) Epidemiologic evidence demonstrates that the rate of community transmission and test positivity, since late-March 2022, have continued to consistently increase. Although more than 18 million vaccine doses have been administered and more than 7.3 million residents ages 5 and older are fully vaccinated against COVID-19 in Los Angeles County, COVID-19 infection remains a significant health hazard to all residents.

In line with the State Public Health Officer, the Health Officer will continue to monitor scientific evidence and epidemiological data within the County.

- 15) 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:
- The number of new cases, hospitalizations, and deaths among residents in areas in the lowest Healthy Places Index (HPI) quartile and by race/ethnicity.
 - The COVID-19 case rate.
 - New COVID-19 admissions per 100,000 population (7-day total).
 - Proportion of staffed inpatient beds occupied by COVID-19 patients (7-day average).
 - The percentage of COVID-19 tests reported that are positive.
 - The availability of COVID-19 vaccines and the percentage of eligible County residents vaccinated against COVID-19.
 - The number of fully vaccinated people who get sick, are hospitalized, or die from COVID-19.
 - The sufficient supply and wide availability of effective therapeutics.
 - The presence of Variants of Concern, such as, Omicron and Subvariant BA.2, and their impact on indicators (a) – (g).

ADDITIONAL TERMS

- 16) The County shall promptly provide copies of this Order by: (a) posting it on the Los Angeles Department of Public Health's website (www.publichealth.lacounty.gov), (b) providing it to any member of the public requesting a copy, and (c) issuing a press release to publicize the Order throughout the County.

- 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 download, review and implement all applicable Best Practice Guidance.
- b) Because guidance may change, the owner, manager, or operator of any facility that is subject to this Order is encouraged to consult the Los Angeles County Department of Public Health's website (www.publichealth.lacounty.gov) daily to identify any modifications to this Order and the Best Practice Guidance and continue to implement these important and necessary infection control protocols.
- 17)** If any 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.
- 18)** This Order incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom and the March 4, 2020 declarations of a local and public health emergency issued by the Los Angeles County Board of Supervisors and Los Angeles County Health Officer, respectively, and as they may be supplemented.
- 19)** This Order may be revised in the future as the State Public Health Officer amends its guidance to reflect evolving public health conditions and recommendations issued by the federal CDC and other public health authorities. Should local COVID-19 conditions warrant, the Health Officer may, after consultation with the Board of Supervisors, issue orders that are more restrictive than the guidance and orders issued by the State Public Health Officer.
- 20)** This Order is consistent with the provisions in the Governor's Executive Order N-60-20 and the State Public Health Officer's May 7, 2020 Order, that local health jurisdictions may implement or continue more restrictive public health measures in the jurisdiction if the local health officer believes conditions in that jurisdiction warrant them. Where a conflict exists between this Order and any state public health order related to controlling the spread of COVID-19 during this pandemic, the most restrictive provision controls. Consistent with California Health and Safety Code section 131080, except where the State Health Officer may issue an order expressly directed at this Order or a provision of this Order and based upon a finding that a provision of this Order constitutes a menace to the public health, any more restrictive measures in this Order may continue to apply and control in the County of Los Angeles Public Health Jurisdiction.
- 21)** Pursuant to Sections 26602 and 41601 of the California Government Code and Section 101029 of the California Health and Safety Code, the Health Officer requests that the Sheriff and all chiefs of police in all cities located in the Los Angeles County Public Health Jurisdiction ensure compliance with and enforcement of this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment or both.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER**



22) This Order is issued pursuant to Health and Safety Code sections 101040, 120175, and 120295.

23) This Order shall become effective at 12:01am **Friday, April 22, 2022** and will continue to be until it is revised, rescinded, superseded, or amended in writing by the Health Officer.

IT IS SO ORDERED:

A handwritten signature in blue ink that reads 'Muntu Davis M.D., M.P.H.'.

4/21/2022

Muntu Davis, M.D., M.P.H.

Issue Date

Health Officer,
County of Los Angeles

Appendices At-A-Glance

Businesses and customers should continue reviewing best practice documents and sector-specific protocol for designated areas on a regular basis to ensure they are complying with the latest health protection and prevention measures.

All DPH protocol and best practice documents are available at:

<http://publichealth.lacounty.gov/media/Coronavirus/index.htm>

- Appendix K:** Reopening Protocol for Day Camps [Revised 4/14/2022]
- Appendix K-1:** Reopening Protocol for Overnight Organized/ Children's Camps [Revised 4/14/2022]
- Appendix S:** Protocol for Organized Youth Sports [Revised 3/11/2022]
- Appendix T1:** Reopening Protocols for K-12 Schools [Revised 3/11/2022]
- Appendix T2:** Protocol for COVID-19 Exposure Management Plan in K-12 Schools [Revised 3/25/2022]