



Los Angeles County Post Surge Response Plan

Los Angeles County Department of Public Health
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As we enter this post surge phase with COVID-19, Los Angeles County (LAC) will utilize both the Centers for Disease Control and Prevention's (CDC) community monitoring measures and the California SMARTER plan to guide the realignment of our local public health response. While we welcome our recovery from the initial and dangerous Omicron variant surge, we recognize that post-surge does not imply that the pandemic is over or that there will not be additional unpredictable waves of surges that will require different monitoring metrics and approaches to meet changing mitigation needs.

The role of the LAC Department of Public Health (DPH) post-surge continues to be ensuring an equitable distribution of the resources and opportunities needed to prevent COVID-19 transmission and protect residents and workers from devastating consequences associated with COVID-19 illness. As we have seen over the past two years, the pandemic has illuminated stark inequities in the burden of disease by race/ethnicity and geography, with Black and Brown individuals and those living in under-resourced communities experiencing higher case, hospitalization, and death rates. These disparities did not happen by chance and reflect decades of disinvestment, marginalization, and racism.

The solutions to eliminating the gaps in health outcomes require transforming systems, policies, and practices. Engaging in this work calls for a long-term commitment to centering equity work at all levels, including mitigation efforts post-surge. Calls to 'returning to normal' and minimizing public health response activities can have an unintended consequence of exacerbating inequitable outcomes since the existing health care and social services systems are not yet organized to provide those most vulnerable and marginalized with the necessary resources to mitigate the impact of the virus.

To ensure an equity focused response, LAC DPH will organize post-surge actions to:

- Protect the most vulnerable, including those at risk of experiencing elevated rates of illness and death from COVID-19
- Protect hospitals and health system functioning
- Prevent unconstrained spread and significant illness
- Prepare for future potential challenges presented by the evolving conditions of the virus

Metrics to Assess Risk and Assign Appropriate Prevention Measures

CDC Community Levels

Los Angeles County (LAC) will use the Centers for Disease Control and Prevention’s (CDC) COVID-19 [Community Level Matrix](#) (Table 1) to inform the level of risk across the county and adopt corresponding prevention strategies as described in Table 2. LA County will move to a lower or higher community level after qualifying for the new level for 7 consecutive days.

TABLE 1: CDC COVID-19 Community Levels

| New Cases (Per 100,000 population in the last 7 days) | Level of Indicators | Low | Medium | High | LA County’s Current Values <u>New Cases:</u> |
|---|--|--------|------------|--------|---|
| Fewer than 200 | New COVID-19 admissions per 100,000 population (7-day total) | <10.0 | 10.0-19.9 | ≥20.0 | Latest values are updated weekly and posted on the DPH Website |
| | Proportion of staffed inpatient beds occupied by COVID-19 patients (7-day average) | <10.0% | 10.0-14.9% | ≥15.0% | |
| 200 or more | New COVID-19 admissions per 100,000 population (7-day total) | NA | <10.0 | ≥10.0 | |
| | Proportion of staffed inpatient beds occupied by COVID-19 patients (7-day average) | NA | <10.0% | ≥10.0% | |
| <p>The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days.</p> | | | | | |

TABLE 2: Community Safety Protection Measures and Prevention Strategies (Aligned with CDC Community Levels and Community Transmission)

The Community Safety Protection Measures and Prevention Strategies below reflect CDC, state, and county mitigation efforts in four areas: indoor masking, testing, vaccination verification, and ventilation. Federal and state requirements are embedded in **Table 2** below and will be changed if and when these requirements change.

*Note: When there is circulation of an emerging COVID-19 variant of concern that shows potential evidence of vaccine avoidance, these recommendations and requirements will be modified.

| | | CDC Community Level ¹ : LOW | | | CDC Community Level ¹ : MEDIUM | | | CDC Community Level ¹ : HIGH |
|--|---|--|--|--|--|--|--|--|
| Community Transmission: Weekly Case Rate | | <25/100K | 25-50/100K | >50/100K | <25/100K | 25-50/100K | >50/100K | All Transmission Levels |
| Indoor Masking Note: Employers must offer well-fitting medical masks and respirators to employees working indoors in close contact with other workers and/or customers at all sites where masking is optional | All individuals, regardless of vaccination status | Individual preference ³ , unless required by site | Strongly recommended | Strongly recommended | Individual preference ³ , unless required by site | Strongly recommended | Strongly recommended | Required indoors in all public spaces and businesses |
| | Individuals at elevated risk² | Strongly recommended in higher risk settings | Strongly recommended | Strongly recommended | Strongly recommended in higher risk settings | Strongly recommended | Strongly recommended | Required |
| | For those exposed, regardless of vaccination, for 10 days after last day of exposure | Required |
| | For those confirmed positive | Required to isolate for up to 10 days; mask strongly recommended for those who test negative on day 6-10 | Required to isolate for up to 10 days; mask strongly recommended for those who test negative on day 6-10 | Required to isolate for up to 10 days; mask strongly recommended for those who test negative on day 6-10 | Required to isolate for up to 10 days; mask strongly recommended for those who test negative on day 6-10 | Required to isolate for up to 10 days; mask strongly recommended for those who test negative on day 6-10 | Required to isolate for up to 10 days; mask strongly recommended for those who test negative on day 6-10 | Required to isolate for up to 10 days; mask strongly recommended for those who test negative on day 6-10 |
| | Indoor spaces at K-12 schools | Individual preference ³ , unless required by site | Strongly recommended | Required in all indoor spaces at K-12 schools and in public and business settings |
| | All healthcare settings, correctional and detention facilities, public transit, | Required |

| | | CDC Community Level ¹ : LOW | | | CDC Community Level ¹ : MEDIUM | | | CDC Community Level ¹ : HIGH |
|--|--|--|--|--|--|--|--|--|
| Community Transmission: Weekly Case Rate | | <25/100K | 25-50/100K | >50/100K | <25/100K | 25-50/100K | >50/100K | All Transmission Levels |
| | transportation hubs, congregate care facilities, and homeless and emergency shelters | | | | | | | |
| Testing | Routine screening testing in workplaces | Individual preference ³ , unless required by site or sector | Individual preference ³ , unless required by site or sector | Individual preference ³ , unless required by site or sector | Individual preference ³ , unless required by site or sector | Strongly recommended for unvaccinated/not fully vaccinated at sites with individuals at elevated risk ² unless required by the site or sector | Strongly recommended for everyone regardless of vax status unless required by site or sector | Strongly recommended for everyone regardless of vaccination status unless required by site or sector |
| | For those exposed | Required | Required | Required | Required | Required | Required | Required |
| | For those symptomatic/confirmed positive | Required to exit isolation at day 5; otherwise Isolate for 10 days | Required to exit isolation at day 5; otherwise Isolate for 10 days | Required to exit isolation at day 5; otherwise Isolate for 10 days | Required to exit isolation at day 5; otherwise Isolate for 10 days | Required to exit isolation at day 5; otherwise Isolate for 10 days | Required to exit isolation at day 5; otherwise Isolate for 10 days | Required to exit isolation at day 5; otherwise Isolate for 10 days |
| | Before gathering socially with those at elevated risk | Individual preference ³ , unless required by site | Individual preference ³ , unless required by site | Strongly recommended | Individual preference ³ , unless required by site | Strongly Recommended | Strongly Recommended | Strongly Recommended |
| Vaccination/ Negative Test Verification | For healthcare workers, employees at healthcare facilities, and employees at high-risk congregate care settings and homeless shelters | Required | Required | Required | Required | Required | Required | Required |
| | For visitors indoors at healthcare facilities, including congregate care sites | Strongly Recommended unless required by site | Strongly Recommended unless required by site | Strongly recommended unless required by site | Require visitors who are not up to date with COVID vaccines to be tested (PCR or Antigen) prior to indoor visitation | Require visitors who are not up to date with COVID vaccines to be tested (PCR or Antigen) prior to indoor visitation | Require visitors who are not up to date with COVID vaccines to be tested (PCR or Antigen) prior to indoor visitation | Require all visitors, regardless of COVID vaccination status, to be tested (PCR or Antigen) prior to indoor visitation |

| | | CDC Community Level ¹ : LOW | | | CDC Community Level ¹ : MEDIUM | | | CDC Community Level ¹ : HIGH |
|---|--|---|---|---|---|---|---|---|
| Community Transmission: Weekly Case Rate | | <25/100K | 25-50/100K | >50/100K | <25/100K | 25-50/100K | >50/100K | All Transmission Levels |
| Vaccination/ Negative Test Verification (Cont'd) | Outdoor mega events and indoor portions of bars, lounges, nightclubs, distilleries, wineries, and breweries | Strongly recommended unless required by site |
| | Indoor mega events | Strongly recommended unless required by site |
| | For staff in homeless shelters: unvaccinated staff at homeless and emergency shelters to test weekly, as required by the State HOO. | Required |
| Environmental Mitigation | Ventilation throughout indoor spaces | Ensure and maintain improved ventilation throughout indoor spaces | Ensure and maintain improved ventilation throughout indoor spaces | Ensure and maintain improved ventilation throughout indoor spaces | Ensure and maintain improved ventilation throughout indoor spaces | Ensure and maintain improved ventilation throughout indoor spaces | Ensure and maintain improved ventilation throughout indoor spaces | Ensure and maintain improved ventilation throughout indoor spaces |

¹CDC recommends use of [COVID-19 Community Levels](#) to determine the impact of COVID-19 illness on health and healthcare systems and the prevention measures to use for individuals, households, and communities. The CDC Community Level can be Low, Medium, or High and is determined by the higher of the new COVID-19 admissions and inpatient beds occupied by COVID-19 patients metrics, based on the current level of new cases per 100,000 population in the past 7 days.

²Individuals at elevated risk include: elderly, unvaccinated, those with underlying medical conditions, immunocompromised individuals, and communities in high poverty. This means that a person with one or more of these conditions who gets very sick from COVID-19 (has severe illness from COVID-19) is more likely to: be hospitalized, need intensive care, require a ventilator to help them breathe, or die. See [CDC website](#) for more details on the underlying medical conditions associated with elevated risk of severe COVID-19 illness.

³Individual preference means that no person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.

LAC Early Alert Signals and Levels of Concern

Public Health will monitor the following signals to provide early indication of concerning trends that can result in future high rates of transmission and/or increased illness severity. The signals in **Table 3** below include three (3) community-wide measures (variants of concern, Emergency Department COVID-19 visits, cumulative case rate in high poverty communities) and four (4) sector specific measures (outbreaks at Skilled Nursing Facilities [SNFs], outbreaks at kindergarten through 12th grade schools, outbreaks at settings assisting persons experiencing homelessness [PEH], clusters at worksites). Alerts in any community wide measure that reaches the threshold for medium or high concern will trigger an in-depth review of contributing factors and the possibility of modifications to community prevention strategies. Sector specific alerts that reach the threshold for medium or high concern will result in action steps outlined in **Table 4: Mitigation Measures for Priority Sectors**.

TABLE 3: LAC Early Alert Signals

| Indicator Thresholds | Low Concern | Medium Concern | High Concern | LA County's Current Values |
|---|---|---|---|--|
| Percent of specimens sequenced that are identified as a new Variant of Concern* (including subvariants) <i>(based on the World Health Organization's designation)</i> | Less than 10% of sequenced specimens | 10%-20% of sequenced specimens | More than 20% of sequenced specimens | Latest values are updated weekly and posted on the DPH Website |
| 7-day average of the percent of Emergency Department (ED) encounters classified as coronavirus-related | Less than 5% of ED encounters | Between 5% and 10% of ED encounters | More than 10% of ED encounters | |
| 7-day cumulative crude case rate for the lowest income areas (30-100% area poverty) | Case rate is <100 per 100,000 | Case rate is 100-200 per 100,000 | Case rate is >200 per 100,000 | |
| Number of sewer systems with a two-fold or greater increase in wastewater SARS-CoV-2 concentration (10 day rolling average) | 0 | 1-2 | ≥ 3 | |
| Number of new outbreaks in skilled nursing facilities over the past 7 days | ≤10 new outbreaks in past 7 days | 11-20 new outbreaks in past 7 days | >20 new outbreaks in past 7 days | |
| Number of new outbreaks in TK-12 school classrooms over the past 7 days | ≤7 new outbreaks in past 7 days | 8-14 new outbreaks in past 7 days | ≥15 new outbreaks in past 7 days | |
| Number of new outbreaks in PEH settings over the past 7 days | ≤10 new outbreaks in past 7 days | 11-20 new outbreaks in past 7 days | >20 new outbreaks in past 7 days | |
| Number of worksite cluster reports in the past 7 days | < 100 worksite cluster reports in past 7 days | 100-300 worksite cluster reports in past 7 days | > 300 worksite cluster reports in past 7 days | |

*If a Variant of Concern is also designated a Variant of High Consequence, it will result in immediate designation at the level of "High Concern."

Priority Sector Mitigation Measures

During post-surge, detailed below are both general mitigation measures and additional measures that vary depending on the threshold for concern for each priority sector.

TABLE 4: Priority Sector Response

| Sector | General Mitigation Measures | Low Concern | Medium Concern | High Concern |
|--|---|--|---|---|
| <p>SNFs* *The measures in this table are general information for the public. Healthcare facilities must follow specific LAC DPH guidance and CDPH and CMS requirements.</p> | <ul style="list-style-type: none"> • Increase vaccination and booster coverage for those eligible (required for SNF employees). • Require masking indoors at all healthcare settings. • Ensure adequate testing capacity to meet routine and response testing requirements as defined by the state’s All Facility Letters (AFLs) and county HOOs. • Ensure access to therapeutics. • Optimize indoor ventilation where possible. • Continue aggressive management of outbreaks and expanded infection control measures. • Continue to provide consultation, education, and information on optimal infection control practices. | <ul style="list-style-type: none"> • Test all symptomatic staff and residents. • Conduct contact tracing and assure proper isolation of cases and quarantining of close contacts based on the county HOO. • Test contacts within facility as required after exposure. • Require masking indoors at all healthcare settings. • Conduct regular screening testing of staff who are not up to date with COVID vaccines as required by state and county guidance. • Report all cases among staff and residents to DPH. | <ul style="list-style-type: none"> • Test all symptomatic staff and residents. • Conduct contact tracing and assure proper isolation of cases and quarantining of close contacts based on the county HOO. • Test contacts within facility as required after exposure. • Require masking indoors at all healthcare settings. • Conduct regular screening testing of staff who are not up to date with COVID vaccines as required by state and county guidance. • Require visitors who are not up to date with COVID vaccines to be tested (PCR | <ul style="list-style-type: none"> • Test all symptomatic staff and residents. • Conduct contact tracing and assure proper isolation of cases and quarantining of close contacts based on the county HOO. • Test contacts within facility as required after exposure. • Require masking indoors at all healthcare settings. • Require N95 respirators for all staff during the entire time while in the facility. • Conduct regular screening testing of all staff and residents as required by state and county guidance. • Require all visitors, regardless of COVID |

| Sector | General Mitigation Measures | Low Concern | Medium Concern | High Concern |
|---|---|--|--|---|
| | <ul style="list-style-type: none"> • Prioritize DPH assistance with outbreaks. | | <ul style="list-style-type: none"> • or Antigen) prior to indoor visitation. • Limit communal dining and activities as required by state and county guidance. • Report all cases among staff and residents to DPH. | <ul style="list-style-type: none"> • vaccination status, to be tested (PCR or Antigen) prior to indoor visitation. • Pause communal dining and group activities. • Report all cases among staff and residents to DPH. |
| K-12 and Early Childhood Education (ECE) | <ul style="list-style-type: none"> • Ensure adequate testing capacity at K-12 schools and ECE settings. • Continue offering group contact tracing option to schools as an alternative to individual contact tracing in TK-12 schools. • Recommend that all eligible staff and students receive their vaccines/booster dose; vaccination requirements are determined by the state or school districts. • Prioritize DPH assistance with outbreak management. During an outbreak, the Public Health outbreak response team may require changes in safety protocols. This may include more stringent guidance on masking, testing, and | <ul style="list-style-type: none"> • Require masking indoors for asymptomatic staff and students with an exposure. • Improve ventilation. • Monitor for symptoms and test immediately if symptomatic. • Assure proper isolation of cases based on the county HOO. Require test to return for shortened isolation period. • Promote group tracing in schools. • Require response testing for persons with an exposure at school/ECE sites within 3-5 days after the last exposure, who are remaining on or returning to site before day 10. | <ul style="list-style-type: none"> • Require masking indoors for asymptomatic staff and students with an exposure. • Strongly recommend masking indoors for staff and students. • Improve ventilation. • Monitor for symptoms and test immediately if symptomatic. • Assure proper isolation of cases based on the county HOO. Require test to return for shortened isolation period. • Promote group tracing in schools. • Require response testing for persons with an exposure at school/ECE | <ul style="list-style-type: none"> • Require masking indoors for asymptomatic staff and students with an exposure. • Strongly recommend masking indoors for staff and students; require masking as feasible for high-risk indoor activities including indoor medium and high contact sports, large events, singing, and band/orchestra in TK-12 schools. • Improve ventilation. • Monitor for symptoms and test immediately if symptomatic. • Assure proper isolation of cases based on the county |

| Sector | General Mitigation Measures | Low Concern | Medium Concern | High Concern |
|------------|---|---|---|---|
| | <p>quarantine and isolation periods.</p> <ul style="list-style-type: none"> Strongly encourage school-based vaccine clinics to enroll as COVID-19 vaccine providers. | <ul style="list-style-type: none"> Consider surveillance testing in a TK-12 school/district sample to monitor for trends, only if staffing and test capacity allows (e.g., 10%+ of school population with cadences of weekly, biweekly, monthly based on school need/capacity). Report all cases and outbreaks among staff and students to DPH. | <p>sites, within 3-5 days after last exposure, who are remaining on or returning to site before Day 10.</p> <ul style="list-style-type: none"> Strongly recommend weekly testing of those not fully vaccinated in TK- 12 schools. Report all cases and outbreaks among staff and students to DPH. | <p>HOO. Require test to return for shortened isolation period.</p> <ul style="list-style-type: none"> Promote group tracing in schools. Require response testing for persons with an exposure at school/ECE sites, within 3-5 days after the last exposure, who are remaining on or returning to site before Day 10. Strongly recommend weekly testing of all students and staff in TK-12 schools if resources allow. Report all cases and outbreaks among staff and students to DPH. |
| PEH | <ul style="list-style-type: none"> Recommend that all eligible residents and staff receive their vaccine and booster dose(s). Require unvaccinated staff at homeless and emergency shelters to test weekly, as required by the State HOO. Ensure capacity for asymptomatic screening and diagnostic testing of residents | <ul style="list-style-type: none"> Require staff at homeless and emergency shelters to wear well-fitting medical masks or respirators. Require all residents at homeless and emergency shelters to wear masks while indoors. Offer high-quality masks to all residents. Test all symptomatic persons for COVID-19 | <ul style="list-style-type: none"> Require staff at homeless and emergency shelters to wear well-fitting medical masks or respirators. Require all residents at homeless and emergency shelters to wear masks while indoors. Offer high quality masks to all residents. | <ul style="list-style-type: none"> Require staff at homeless and emergency shelters to wear well-fitting medical masks or respirators. Require all residents at homeless and emergency shelters to wear masks while indoors. Offer well-fitting medical masks or respirators to all residents. |

| Sector | General Mitigation Measures | Low Concern | Medium Concern | High Concern |
|------------------|--|--|--|---|
| | <p>at shelters using point-of-care or other tests.</p> <ul style="list-style-type: none"> • Ensure access to therapeutics. • Improve indoor ventilation where possible. • Continue to provide consultation, education, and information on optimal infection control practices. • Prioritize DPH assistance with outbreak management. • Continue aggressive management of outbreaks and expanded infection control measures. | <p>regardless of vaccination status.</p> <ul style="list-style-type: none"> • Required to conduct weekly screening testing of all shelter staff who are not fully vaccinated (per state and county HOOs). • Strongly recommend conducting weekly screening testing of 10% of unvaccinated residents, as capacity allows with point-of-care or other tests. • Assure proper isolation of cases and quarantining of close contacts based on the county HOO. • Report all cases among staff and residents to DPH. | <ul style="list-style-type: none"> • Test all symptomatic persons for COVID-19 regardless of vaccination status. • Required to conduct weekly screening testing of all shelter staff who are not fully vaccinated (per state and county HOOs). • Strongly recommend conducting weekly screening testing with point-of-care or other tests for all shelter staff and residents who are not up to date with vaccinations. • Assure proper isolation of cases and quarantining of close contacts based on the county HOO. • Report all cases among staff and residents to DPH. | <ul style="list-style-type: none"> • Test all symptomatic persons for COVID-19 regardless of vaccination status. • Required to conduct weekly screening testing of all shelter staff who are not fully vaccinated (per state and county HOOs). • Strongly recommend conducting, at minimum, weekly screening testing of all shelter staff and residents, regardless of vaccination status. If resources allow, conduct screening testing twice a week for shelter staff and residents, regardless of vaccination status. • Assure proper isolation of cases and quarantining of close contacts based on the county HOO. • Report all cases among staff and residents to DPH. |
| Worksites | <ul style="list-style-type: none"> • Ensure information regarding vaccinations, testing, and therapeutics to employees. | Worksites with 3 or more cases within exposed group | Worksites with 3 or more cases within exposed group | Worksites with 3 or more cases within exposed group (as |

| Sector | General Mitigation Measures | Low Concern | Medium Concern | High Concern |
|--------|---|--|---|--|
| | <ul style="list-style-type: none"> • Encourage worker vaccination. • Investigate workplace outbreaks; require employers to implement safety measures that limit transmission. • Continue to provide consultation, education, and information on optimal infection control practices. | <p>(as defined by Cal/OSHA ETS) during a 14-day period:</p> <ul style="list-style-type: none"> • Implement indoor masking for exposed group for a minimum of 14 days from last positive case. <p>ALL WORKSITES:</p> <ul style="list-style-type: none"> • Employers required to offer well-fitting medical masks and respirators to employees working indoors in close contact with other workers and/or customers. • Strongly recommend masking indoors for workers at elevated risk with significant contact with the public or other workers. • Require symptomatic workers to isolate and test. • Workers who are exposed to a COVID-19 case must test as soon as possible and wear a well-fitting | <p>(as defined by Cal/OSHA ETS) during a 14-day period:</p> <ul style="list-style-type: none"> • Implement indoor masking for exposed group for a minimum of 14 days from last positive case. <p>ALL WORKSITES:</p> <ul style="list-style-type: none"> • Employers required to offer well-fitting medical masks and respirators to employees working indoors in close contact with other workers and/or customers. • Strongly recommend masking indoors for all workers. • Require symptomatic workers to isolate and test. • Workers who are exposed to a COVID-19 case must test as soon as possible and wear a well-fitting mask while indoors around others. • Optimize ventilation at worksites. | <p>defined by Cal/OSHA ETS) during a 14-day period:</p> <ul style="list-style-type: none"> • Implement indoor masking for exposed group for a minimum of 14 days from last positive case. • Consider remote work where operationally feasible, especially for workers at elevated risk. <p>ALL WORKSITES:</p> <ul style="list-style-type: none"> • Employers required to offer well-fitting medical masks and respirators to employees working indoors in close contact with other workers and/or customers. • Strongly recommend masking indoors for all workers. • Require symptomatic workers to isolate and test. • Workers who are exposed to a COVID-19 case must test as soon as possible and wear a well-fitting mask while indoors around others. |

| Sector | General Mitigation Measures | Low Concern | Medium Concern | High Concern |
|------------------------------------|---|--|---|--|
| | | <p>mask while indoors around others.</p> <ul style="list-style-type: none"> Optimize ventilation at worksites. Employers required to report to DPH if 3 or more COVID-19 cases are known or reported at a worksite within a 14-day period. | <ul style="list-style-type: none"> Increase risk messaging to high-risk worksites such as manufacturing and warehousing. Encourage physical distancing in communal areas, such as breakrooms and cafeterias. Employers required to report to DPH if 3 or more COVID-19 cases are known or reported at a worksite within a 14-day period. | <ul style="list-style-type: none"> Optimize ventilation at worksites. Increase risk messaging to high-risk worksites such as manufacturing and warehousing. Recommend physical distancing in communal areas such as breakrooms and cafeterias. Employers required to report to DPH if 3 or more COVID-19 cases are known or reported at a worksite within a 14-day period. |
| Highly Impacted Communities | <ul style="list-style-type: none"> Increase vaccination and booster coverage. Ensure access to vaccinations, testing and therapeutics in communities hardest-hit by COVID-19. | <ul style="list-style-type: none"> Continue investment in community-based organizations (CBOs) and faith-based organizations (FBOs) working in communities hardest hit to provide resource linkages, conduct COVID-19 outreach and education, and facilitate access to vaccination opportunities. Continue Public Health Councils program to provide critical support to low-wage essential works; | <ul style="list-style-type: none"> Prioritize community and workplace outreach and vaccination efforts in communities showing increased rates of transmission. Begin to assess quarantine and isolation (QI) housing capacity if rates of transmission and/or illness severity continue to increase. Expand PH Council outreach in essential low-wage worker industries. | <ul style="list-style-type: none"> Continue to prioritize community and workplace outreach and vaccination efforts in communities showing increased rates of transmission and/or illness severity. Promote enhanced and targeted outreach by CBOs and other partners to support growing demand for education resources. Explore increased QI housing capacity, if necessary. |

| Sector | General Mitigation Measures | Low Concern | Medium Concern | High Concern |
|--------|-----------------------------|--|--|--|
| | | <p>consider broader efforts to support other essential, low-wage worker industries not previously included in the pilot program.</p> | <p>disproportionately impacted by outbreaks.</p> <ul style="list-style-type: none"> • Expand access to PPE and screening testing in priority sectors and communities. • Support access to PPE and screening testing in priority sectors and communities • Tailor CBO/FBO messaging for communities of concerns. | <ul style="list-style-type: none"> • Support targeted PPE and screening testing access in priority sectors and communities. • Amplify CBO/FBO messaging for communities of concern; convene CBO/FBO partners to discuss strategies and resources to mitigate the spread of COVID-19. |

| Sector | General Mitigation Measures | Low Concern | Medium Concern | High Concern |
|--|---|---|---|---|
| Hospitals and Health Systems* *The measures in this table are general information for the public. Healthcare facilities must follow specific LAC DPH guidance and CDPH and CMS requirements. | <ul style="list-style-type: none"> Require masking at all healthcare settings. Increase booster coverage for those eligible (required for all health care personnel). Continue option for modified isolation and quarantine requirements only where needed to accommodate severe staffing shortages. Coordinate with MHOAC to safeguard regional capacity for essential pre-hospital (EMS) and hospital services and ensure surge capacity. Continue to provide consultation, education, and information on optimal infection control practices. | <ul style="list-style-type: none"> Require masking at all healthcare settings. Test all symptomatic staff and patients. Conduct contact tracing and assure proper isolation of cases. Assure vaccination requirements for all applicable staff are adhered to. Report all cases among staff and patients to DPH. | <ul style="list-style-type: none"> Require masking at all healthcare settings. Test all symptomatic staff and patients. Conduct contact tracing and assure proper isolation of cases. Assure vaccination requirements for all applicable staff are adhered to. Report all cases among staff and patients to DPH. | <ul style="list-style-type: none"> Require respirators for all staff when in direct contact with residents/patients. Test all symptomatic staff and patients. Conduct contact tracing and assure proper isolation of cases. Assure vaccination requirements for all applicable staff are adhered to. Report all cases among staff and patients to DPH. |

LAC Post Surge Preparedness Plan

Much of the post-surge plan depends on our ability to focus resources on response actions and preparedness activities. Response actions include addressing increasing levels of community risk and early alert signals that may be sector specific. Preparedness activities are focused on strategies that consistently allow the County to respond to changing conditions.

TABLE 5: Preparedness Dashboard

| Preparedness Actions | Needs Improvement | Adequate | Outstanding | LA County's Current Values |
|---|-------------------|-----------------------|----------------------|--|
| Access to vaccines: Number of mobile vaccination sites per week | Less than 200 | 200-300 | More than 300 | Latest values are updated weekly and posted on the DPH Website |
| Access to vaccines: Number of fixed vaccination sites | Less than 900 | 900-1,100 | More than 1,100 | |
| Access to vaccines: Percentage of eligible homebound residents referred to DPH who received their vaccine within 2 weeks from date of referral | Less than 60% | 60%-75% | More than 75% | |
| Access to vaccines: Percentage of eligible residents 12+ in the most vulnerable communities ¹ who have had 1+ additional dose/booster | Less than 45% | 45%-60% | More than 60% | |
| Outbreak management: Percentage of high-risk worksite outbreaks ² that have had at least one site visit by DPH | Less than 75% | 75%-85% | More than 85% | |
| Testing access for the Public: Average wait time across all County-run testing sites | More than 1 hour | Between 30-60 minutes | Less than 30 minutes | |
| Testing access at Schools: Percentage of TK-12 public schools that have capacity for response testing | Less than 80% | 80%-90% | More than 90% | |

| Preparedness Actions | Needs Improvement | Adequate | Outstanding | LA County's Current Values |
|---|---------------------|---------------|---------------------|----------------------------|
| Testing access at SNFs: Percentage of Skilled Nursing Facilities (SNFs) that have capacity for routine response testing | Less than 90% | 90%-99% | 100% | |
| Access to therapeutics: Number of sites in the most vulnerable communities ¹ that dispense therapeutics ³ | Less than 150 sites | 150-250 sites | More than 250 sites | |
| Access to therapeutics: Percentage of eligible residents using the call center who received recommended therapeutics | Less than 80% | 80%-90% | More than 90% | |
| Surveillance – Sequencing: Number of positive case specimens that are sequenced per week | Less than 300 | 300-1,200 | More than 1,200 | |
| Surveillance –Wastewater: Number of Service Planning Areas (SPAs) represented in wastewater collection and testing 3X/week | Less than 5 | 5-7 | 8 | |
| Surveillance – EDs: Percentage of EDs reporting COVID-like illness data | Less than 80% | 80%-90% | More than 90% | |

¹ The “most vulnerable” communities are classified based upon at least 11 community characteristics, including economic, housing, environment, social, education, transportation and health care compiled in the California Department of Public Health Vaccine Equity Metric or by having a fully vaccinated population coverage less than the overall Los Angeles County estimate.

² Under post-surge level, high-risk worksite outbreaks are defined as 1) manufacturing or warehousing work settings with at least 50 employees; 2) airline/airport setting; or 3) any industry with 5 or more epidemiologically linked cases. High-risk worksite outbreak definitions may change at higher levels of community transmission and/or when number of outbreaks exceed local investigation capacity.

³ Therapeutics include oral and injectable medications used to prevent infection or disease progression among those with infection.

The lessons we have learned from navigating more than two years of the pandemic will inform preparedness activities for LA County. The five focus areas identified below include: preparedness for outbreak management, vaccine distribution/information dissemination, testing, therapeutic distribution, and surveillance.

Outbreak Management Preparedness Post-Surge

Worksites are required to report clusters of three (3) or more cases within 14 days to DPH as part of a broader strategy to ensure workplace safety and protect employees when there is spread of an infectious agent. Post-surge worksite outbreak management strategies will include the following:

- Contact will be made with all worksites reporting an outbreak to provide information about employer responsibilities and recommendations/requirements for mitigation of additional spread.
- Sites experiencing outbreaks may be required by DPH to implement mitigation measures, such as indoor masking, routine testing, distancing, and other infection control measures, to limit the spread of COVID-19 among workers at a worksite.

Vaccination Preparedness Post-Surge

Vaccinations provide the most powerful personal and community protection from COVID-19. Increasing coverage by ensuring access and addressing concerns regarding vaccine efficacy and safety remain priority activities. The following actions are essential components of the preparedness plan:

- Increase vaccination and booster coverage among those at elevated risk for severe illness and those working/living with those at elevated risk.
- Maintain a network of at least 300 mobile teams per week that can provide access to vaccines in low-coverage communities and at schools.
- Maintain an extensive fixed vaccination clinic network to provide access across the entire county.
- Increase numbers of medical providers offering vaccines to their patients through their routine services. Emphasize pediatricians incorporating COVID-19 vaccination into routine vaccination practice.
- Increase participation of health plans in ensuring homebound residents have access to vaccinations and boosters.
- Maintain homebound services to provide vaccinations and booster to those at elevated risk for severe illness.
- Increase the number of residents trained as community ambassadors, parent ambassadors, and student ambassadors.
- Increase funding for CBOs and FBOs to support dissemination of vaccination information and promote access to vaccine clinics.
- Transition at least 3 Public Health vaccination sites to provide multiple COVID-19 services including vaccination, testing, resources and mental health services.

Testing Preparedness Post-Surge

- Testing may continue to be required by businesses, local or state HOOs, Cal/OSHA or state AFLs in high-risk settings (e.g., SNFs, shelters, correctional facilities, health care facilities, schools), for entry into Mega Events for those not fully vaccinated, and for outbreak management.
- Access to free and accessible testing for those with symptoms, exposures, exiting isolation or quarantine, or complying with travel and return to work/school requirements, is important. While there are requirements that health plans provide reimbursement to their members for testing, not everyone is insured and there is neither sufficient supply of tests nor ability for all members to purchase tests. Community testing sites that provide free and accessible testing to residents will remain essential over the upcoming months.
- Distribution of antigen test kits continues to be needed in high-risk settings and communities with high case rates, where testing remains an essential strategy for protecting workers and community members/residents.

Therapeutic Distribution Preparedness

There is a need to ensure that those with less access to health care can receive appropriate therapeutics. This includes the following:

- Ensure a vast network of providers with information, supply of therapeutics, and prescribing ability across the county, with emphasis on deep penetration in hard hit and low-resourced communities.
- Ensure a vast network of distribution sites (including pharmacies and community clinics) that can distribute oral medications with no barriers with deep penetration in hard hit and low-resourced communities.
- Provide a call center where residents can get more information about therapeutics and how to access therapeutics; provide culturally and linguistically appropriate information and information on accessing free medications.
- Consider using telehealth platforms at public health clinics or other community clinics to augment sites that can prescribe and distribute oral therapeutics in low-resourced communities.

Surveillance Preparedness

To maintain an early alert system that can track the presence of emerging variants of concern, the following is required:

- Capacity to sequence approximately 10% of positive specimens.
- Ability to expand wastewater surveillance to all areas of the county.
- Expanded sentinel surveillance capacity to detect changing patterns in community rates of respiratory illness that might indicate the emergence of a new variant.