



House Resolution Number 225

Assessment of Louisiana Department of Health's

Response to the COVID-19 Pandemic

March 2023

Contents

| | |
|--|----|
| Executive Summary..... | 4 |
| An Overview of COVID-19 in Louisiana..... | 5 |
| Louisiana Department of Health’s State Health Officer and Emergency Orders (December 2019 to April 2022)..... | 6 |
| 1. Notice #2020-COVID19-ALL-002 | 6 |
| 2. Notice #2020-COVID19-NURSING FACILITIES-005..... | 7 |
| 3. Notice #2020-Covid-19-Dental Provider-004..... | 7 |
| 4. Emergency Order: Temporary Closure of Commercial Body Art & Tanning Facilities due to COVID-19 Outbreak | 7 |
| 5. Emergency Order: COVID-19 Testing by Pharmacists..... | 8 |
| 6. Notice #2020-COVID19-ALL-010 | 8 |
| 7. Emergency Order: Temporary Partial Closure of Tanning Facilities due to COVID-19 Outbreak..... | 9 |
| 8. Emergency Order: Re-opening of Commercial Body Art Facilities | 9 |
| 9. Notice #2020-COVID19-ALL-020 | 9 |
| 10. Emergency Order: Continuation of LDH Notices and Orders due to COVID-19 Outbreak | 10 |
| 11. Emergency Order #2020-COVID19-001 | 10 |
| 12. Healthcare Facility Notice/Order RE: Visitation at Nursing Home, Adult Residential Care Provider and ICF/DD Facilities..... | 11 |
| 13. Emergency Order: Protocol for Administration of Certain COVID-19 Vaccines | 12 |
| 14. Healthcare Facility Notice/Order RE: Visitation at All Licensed ICF/DD and PRTF Facilities..... | 12 |
| 15. Healthcare Facility Notice/Emergency Order RE: Visitation at Adult Residential Care Providers..... | 13 |
| 16. Healthcare Facility Notice/Emergency Order RE: Visitation at Nursing Facilities..... | 13 |
| 17. Emergency Order: Commercial Body Art Facility Restrictions..... | 14 |
| 18. Emergency Order: Protocol for Administration of Certain COVID-19 Vaccines (Phlebotomists)..... | 14 |
| 19. Emergency Order: Face Covering Mandate for All Health Care Facilities Licensed by LDH | 15 |
| 20. Emergency Order: Nursing Facilities Visitation Update..... | 15 |
| 21. Release and Termination of Emergency Order: Commercial Body Art Facility Practice Restrictions – Phase III | 16 |
| 22. Healthcare Facility Notice/Emergency Order: COVID19-ADC/ADHC/PACE..... | 16 |
| 23. Release of Emergency Order/Notice: Medical and Surgical Procedures; Dental Visits, Procedures and Surgeries; and Other Healthcare Services | 17 |
| 24. Healthcare Facility Notice/Order RE: Visitation at ICF/DD and PRTFs..... | 17 |
| 25. Healthcare Facility Notice/Order RE: Masking at Nursing Facilities | 18 |
| 26. Healthcare Facility Notice/Order RE: Masking at ADC/ADHC/PACE Providers..... | 18 |
| 27. Healthcare Facility Notice/Order RE: Masking at Adult Residential Care Providers | 19 |
| 28. Healthcare Facility Notice/Order RE: Masking at ICF/DD and PRTFs..... | 19 |
| 29. Healthcare Facility Notice/Order RE: Masking at Licensed Therapeutic Group Homes..... | 20 |
| 30. Release and Termination of Emergency Orders RE: Universal Masking..... | 20 |

| | |
|--|----|
| 31. Release and Termination of Emergency Orders RE: Visitation | 20 |
| Lessons Learned | 21 |
| Conclusion | 23 |
| APPENDIX A - Louisiana Department of Health State Health Officer Orders and Emergency Orders – Formally Issued Documentation | |
| APPENDIX B - Louisiana Department of Health COVID-19 SHO Order and Emergency Order Quick Reference Summary Table | |

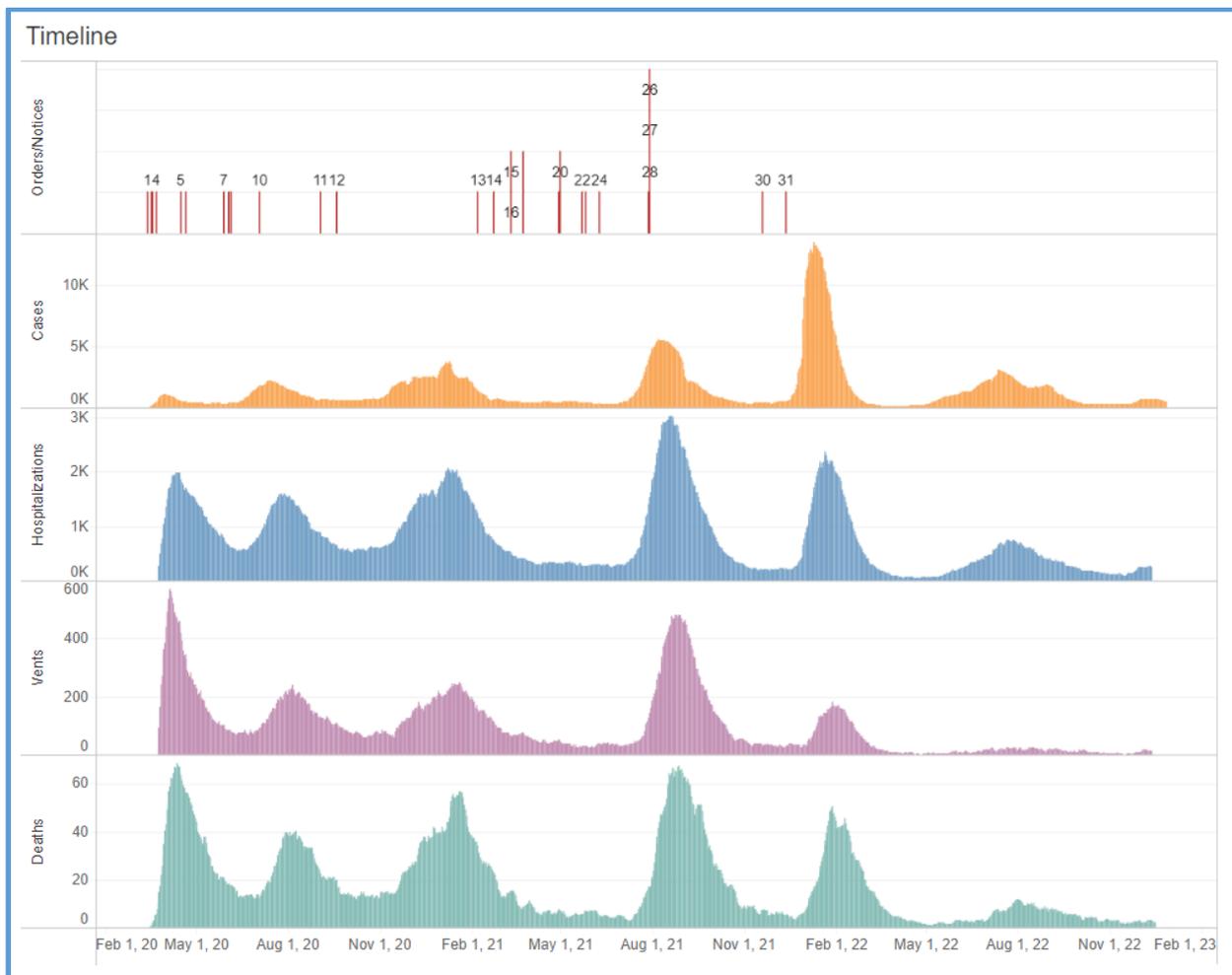
Executive Summary

As required by House Resolution 225 (HR 225), the following report will outline State Health Officer (SHO) Orders and Emergency Orders (EOs) issued by the Louisiana Department of Health (LDH) during the time frame of December 2019 to April 2022 as it relates to “Coronavirus Disease 2019” (COVID-19) pandemic, caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The COVID-19 pandemic required a response from almost every area of State and Federal Government; and with all multiagency responses, many actions are interwoven and driven by decisions made within other agencies. The actions of LDH are no exception to this experience. This report will only detail SHO Orders and EOs from LDH as required by House Resolution 225 (HR 225) of the 2022 Regular Session; however, actions taken by other agencies may be mentioned in relationship to some SHO Orders and EOs to provide context.

Data included in the descriptions and rationales in the following section will include information pertaining to the number of:

- Reported COVID-19 cases;
- Hospitalized patients with COVID-19;
- Hospitalized patients with COVID-19 on respiratory ventilator support; and
- COVID-19 associated deaths.

The graphic below breaks out each of these areas of data in relation to when LDH issued SHO Orders and EOs. As several of the SHO Orders and EOs were released in close proximity to each other, some indicators in the “Orders/Notices” section of this graphic will appear very close to and occasionally overlap each other. In the quick reference guide of all SHO Orders and EOs in Appendix B, the “Report Reference Number” correlates with “Order/Notice” numbers in this graphic.



LDH's actions in response to COVID-19 were informed by the White House's Guidelines for Opening up America Again¹, guidance from the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), critical needs of Louisiana hospitals and, ultimately, preservation of human life and the best interests of the people of Louisiana.

An Overview of COVID-19 in Louisiana

COVID-19 is a respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in December 2019 in Wuhan, China. The first case of COVID-19 in the U.S. was confirmed on January 21, 2020, and the World Health Organization designated the COVID-19 outbreak as a pandemic on March 11, 2020. The virus spreads mainly from person to person through respiratory means produced when an infected person coughs, sneezes, or talks. Some people who are infected may not have symptoms. For people who have symptoms, illness can range from mild to severe. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness.

As of January 2023, there have been more than 1.5 million COVID-19 cases and 18,300 COVID-19-associated deaths identified among Louisiana residents. Since Louisiana's first COVID-19 case was identified on March 9, 2020, six distinct case surges have occurred. This is in contrast to many other U.S. jurisdictions that experienced only five surges during the same time period. The first wave of transmission in Louisiana occurred in the spring of 2020, when many jurisdictions in the northeastern United States were experiencing outbreaks. Only two weeks after Louisiana's initial COVID-19 case was identified in Louisiana, newly identified cases increased to more than 1,000 new cases per day. In fact, it was reported that Louisiana experienced the fastest growing outbreak anywhere in the world during the first two weeks after the initial case was identified.² This unexpectedly sharp increase in cases was likely due to undetected transmission that occurred during Mardi Gras activities in the New Orleans area at the end of February 2020. Testing for COVID-19 at that time was only available for severely ill patients and/or international travelers, so high levels of transmission likely occurred because of undetected infections among asymptomatic individuals or those experiencing mild or moderate symptoms. Because of this limited testing availability, the number of cases identified during the first surge does not reflect the true level of transmission that was occurring.

After the first wave of COVID-19 activity, Louisiana experienced another surge of cases in the summer of 2020, when many southern states were also experiencing surges. This second wave was driven by a spike in cases among young adults that occurred in June 2020 and led to subsequent increases in transmission among all age groups.

Louisiana's third wave of COVID-19 cases began with increasing transmission noted in early November 2020. During this wave, spikes were observed following the Thanksgiving and Christmas/New Year's holidays, likely resulting from travel and holiday gatherings. The availability and distribution of COVID-19 vaccines beginning in late December 2020 provided crucial protections to the most vulnerable Louisianans and front-line health care workers.

The fourth COVID-19 wave began in July 2021, as Louisiana was one of the first states to experience a surge in cases brought on by the Delta variant. The Delta variant was shown to be more transmissible than previous variants of concern, and gradually became the dominant strain in Louisiana and eventually the entire United States. A higher number of COVID-19-associated deaths in Louisiana occurred during the Delta surge than any other.

The Omicron variant was first identified in South Africa in November 2021, after which it was identified in several other countries, including the United States. The first case of Omicron variant COVID-19 was identified in Louisiana on November 30, 2021, although it is presumed that other cases were already present in the state. The Omicron variant proved to be even more transmissible than the Delta variant and quickly became the dominant strain in the state, as it began to spread

¹ <https://trumpwhitehouse.archives.gov/openingamerica>

² <https://gov.louisiana.gov/assets/docs/covid/govCV19Brief-2.pdf>

through congregate settings and communities. The Omicron variant sublineages BA.1 and BA.2 were responsible for Louisiana’s fifth surge which began to abate in February 2022. Omicron sublineages BA.4 and BA.5 were responsible for Louisiana’s sixth surge, which occurred during the summer of 2022. At the time of this sixth surge, the use of at-home SARS-CoV-2 antigen tests had increased dramatically. Because at-home test results are not typically reported to LDH, the number of cases reported during that surge represent an underestimate of the true number of infections that occurred.

Six surges related to COVID-19-associated deaths have been observed in Louisiana. The increases in COVID-19-associated mortality have followed corresponding surges in community transmission. The largest number of COVID-19 associated deaths occurred during the Delta surge in the summer and fall of 2021. However, the largest number of reported COVID-19 cases occurred during fifth surge (Omicron) wave which began in December 2021.

Louisiana Department of Health’s State Health Officer and Emergency Orders (December 2019 to April 2022)

The following sections will detail SHO Orders and EOs that LDH issued during the time frame of December 2019 to April 2022 related to the COVID-19 pandemic, as required by HR 225. It should be noted that while the time frame outline in HR 225 begins in December 2019, LDH did not issue any orders related to the COVID-19 pandemic until March 2020.

1. Notice #2020-COVID19-ALL-002

Section 1 – Description

The SHO signed and issued Notice #2020-COVID19-ALL-002 on March 12, 2020, and it became effective March 13, 2020. It was reissued on April 7, April 28, and May 15, 2020. This order restricted non-essential visitors at licensed healthcare facilities, providing exceptions for end-of-life care and situations where visitation was essential, vital, or necessary for patient’s care and well-being. Providers were directed to have a policy on visitation, and had discretion under this order.

Section 2 – Rationale

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization (WHO) declared the COVID-19 outbreak a “public health emergency of international concern” (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States, effective January 27, 2020. Pursuant to the Louisiana Health Emergency Powers Act, R.S. 29:760, et seq., a state of PHE resulting from the outbreak of “coronavirus disease 2019” (COVID-19) was declared to exist in Louisiana by Proclamation Number 25 JBE 2020.³

Following the declaration of a PHE in Louisiana, the COVID-19 outbreak in Louisiana continued to expand. On March 12, 2020, at a time when testing was not readily available, the 7-day average number of cases was 35 and the state had recorded two deaths due to COVID-19. This was a new disease at the time that was rapidly spreading, and the scientific community had a limited understanding of how to control or treat it. Thus, additional measures were necessary to protect the health and safety of the public. The measures ordered herein were in line with the best guidance and direction from the U.S. Centers for Disease Control and Prevention (CDC) at the time, which in turn followed directions from the White House’s Guidelines for Opening Up America Again.⁴ The measures ordered herein were necessary because COVID-19 most commonly spreads during close contact. The SHO expressly found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19, a highly contagious disease that represented a serious and imminent threat to public health. This remained true when the order was reissued on April 7, April 28, and May 15. On these dates, the 7-day average number of cases were 852, 380, and 351 respectively, and the 7-day average number of deaths were 64.57, 46.86, and 25.29 respectively. There are approximately 22,000 nursing homes residents in Louisiana, amounting to less than 0.5% of the state’s total population. However, because nursing home residents are often older individuals with underlying health conditions, they are at a highly increased risk for severe health outcomes related to COVID-19 infection.

³ <https://gov.louisiana.gov/assets/ExecutiveOrders/25-JBE-2020-COVID-19.pdf>

⁴ <https://trumpwhitehouse.archives.gov/openingamerica>

Deaths among nursing home residents accounted for nearly 43% of all COVID-19 associated deaths in Louisiana at the peak of the first surge. The lack of testing supplies at the time meant that staff or essential visitors could not be tested prior to visiting the facility. Therefore, it remained imperative for the safety of residents as well as limiting the spread of the disease to limit nursing home visitation at this time.

[2. Notice #2020-COVID19-NURSING FACILITIES-005](#)

Section 1 – Description

The SHO signed and issued Notice #2020-COVID19-NURSING FACILITIES-005 on March 16, 2020, effective immediately. It superseded Notice #2020-COVID19-ALL-002 as it pertained to nursing facilities. It was reissued on April 7, April 28, and May 15, 2020. This order mandated and directed nursing facilities to follow visitation restriction guidelines outlined in the document “CMS QSO-20-14-NH” from the CMS, issued on March 13, 2020.

Section 2 – Rationale

At this stage of the pandemic, the 7-day average number of cases was 114 and six total deaths were recorded in the state due to COVID-19. Nationwide, the elderly population was most heavily affected during the first surge and thus, CMS issued additional guidance for nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19. This included the revised guidance on restrictions on visitation. The SHO order #2020-COVID19-NURSING FACILITIES-005 was initially issued and subsequently re-issued so that Louisiana’s guidance would be consistent and compliant with federal guidance. It should be noted that CMS provides federal guidance for nursing home safety and regulations. Because of this, the CDC and Louisiana followed guidance provided by CMS as it pertained to nursing homes, which in turn followed directions from the White House’s Guidelines for Opening Up America Again.⁵

[3. Notice #2020-Covid-19-Dental Provider-004](#)

Section 1 – Description

The SHO signed and issued Notice #2020-Covid-19-Dental Provider-004 on March 17, 2020, effective immediately. It prohibited all routine, non-essential dental visits and all routine, non-essential dental procedures/surgeries in Louisiana for 30 days from March 18, 2020 through April 16, 2020.

Section 2 – Rationale

On March 17, 2020, the 7-day average number of cases was 176 and an average of one death per day was recorded in the previous week due to COVID-19. Additional measures were necessary to protect the health and safety of the public pending broad availability of personal protective equipment (PPE) and SARS-CoV-2 testing resources as well as the development of effective treatments and vaccines. The measures ordered herein were necessary because COVID-19 most commonly spreads during close contact, lack of PPE and inability to mask. By their very nature, dental procedures require close proximity between the dentist/hygienist and patient, and masking is not possible for the patient. Therefore, there is a greater chance of person-to-person transmission during dental procedures. Moreover, at this early stage of the pandemic, there was a severe shortage of PPE, thus putting patients at risk from unmasked dental care professionals. Therefore, taking these issues into consideration, the SHO expressly found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19.

[4. Emergency Order: Temporary Closure of Commercial Body Art & Tanning Facilities due to COVID-19 Outbreak](#)

Section 1 – Description

The SHO signed and issued this emergency order on March 21, 2020. It directed all commercial body art facilities and tanning facilities to close and cease operations no later than 11:59 p.m. on March 21 and remain closed until 11:59 p.m. on April 20, 2020. This order was extended on April 6, April 28, and May 15, 2020.

⁵ <https://trumpwhitehouse.archives.gov/openingamerica>

Section 2 – Rationale

On March 21, 2020, the 7-day average number of cases was 434 and 7-day average number of deaths due to COVID-19 was 5.86. Additional measures were necessary to protect the health and safety of the public pending broad availability of PPE, testing resources, and the development of effective treatments and vaccines. LDH permits and regulates commercial body art facilities pursuant to La. R.S. 40:2831 et seq. and Sanitary Code (LAC Title 51) Part XXVIII. LDH also permits and regulates tanning facilities pursuant to La. R.S. 40:2701 et seq. and LAC Title 49, Chapter 13. The SHO determined that the services provided by these facilities were not essential services, and their closure would not affect the public health or any individual's health. The measures ordered herein were in line with the best guidance and direction at the time from CDC. The SHO expressly found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19, a highly contagious disease that represented a serious and imminent threat to public health. This remained true when the order was reissued on April 6, April 28, and May 15. On these dates, the 7-day average number of cases were 883, 380, and 351 respectively, and the 7-day average number of deaths were 61.83, 46.86, and 25.29 respectively.

5. Emergency Order: COVID-19 Testing by Pharmacists

Section 1 – Description

The SHO signed and issued this emergency order on April 15, 2020. It permitted licensed pharmacists to order FDA-authorized COVID-19 laboratory tests in Louisiana, effective as of 11:59 p.m. on April 15, 2020.

Section 2 – Rationale

As of April 15, the 7-day average number of cases was 518 and 7-day average number of deaths was 63.43. Additionally, 1,847 people were hospitalized with COVID-19 and 420 were on a ventilator due to complications related to COVID-19. Once testing for COVID-19 became widely available to the general public, it was an additional measure necessary to protect the health and safety of the public—if people knew they had tested positive for COVID-19, they could isolate and prevent further spread. Thus, the determined that allowing licensed pharmacists to order FDA-authorized COVID-19 testing during the declared COVID-19 PHE was appropriate and necessary to help control and prevent further spread of COVID-19. These measures were in line with the best guidance and direction from the CDC and the HHS at the time. Further, the Louisiana Board of Pharmacy had previously ruled that licensed pharmacists can perform moderately complex tests; therefore, the screening, administration, and reporting related to the COVID-19 testing would be covered under that previous ruling by the Louisiana Board of Pharmacy.

6. Notice #2020-COVID19-ALL-010

Section 1 – Description

The SHO signed and issued this emergency order on April 20, 2020 and was effective as of 12:01 a.m. on April 27, 2020. It directed all healthcare facilities to only allow medical, surgical and dental procedures if they were an emergency condition, time-sensitive condition or if they can avoid further harms from underlying condition or disease. LDH also directed that all healthcare providers offer telehealth services, when medically appropriate and when the same standard of care could be met. Providers had discretion under this order regarding the appropriateness of telehealth on a case-by-case basis. Finally, LDH directed all facilities to follow the relevant recommendations issued by CMS on April 19, 2020 regarding Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I.⁶

Section 2 – Rationale

As of April 20, 2020, the 7-day average number of cases was 523 and the 7-day average number of deaths was 56.14. On that day, 1,704 patients were hospitalized with COVID-19, and 329 were on a ventilator due to complications related to COVID-19. Thus, additional measures were necessary to protect the health and safety of the public, to preserve limited PPE supplies for healthcare professionals treating COVID-19 patients, and to utilize hospital staffing, equipment, and bed capacity to address COVID-19. The measures ordered herein were in line with the best guidance and direction from the

⁶ <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

White House’s Guidelines for Opening Up America Again⁷ and the CDC. The SHO expressly found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19.

7. Emergency Order: Temporary Partial Closure of Tanning Facilities due to COVID-19 Outbreak

Section 1 – Description

The SHO signed and issued this emergency order on May 27, 2020 and was effective as of 12:01 a.m. on May 28, 2020. It directed all tanning facilities to remain closed and continue to suspend all operations until further notice from the SHO. The following exceptions applied: tanning facilities could re-open for the limited purpose of offering touchless/contactless spray tanning methods or touchless/contactless UV tanning methods, provided that such tanning facility adhered to the Office of the State Fire Marshall’s Open Safely Phase I guidelines for beauty shops, salons, barber shops, or tanning salons (contact tanning only).

Section 2 – Rationale

As of May 27, 2020, the 7-day average number of cases was 321 and the 7-day average number of deaths was 19.43. On that day, 798 patients were hospitalized with COVID-19, and 100 were on a ventilator due to complications related to COVID-19. The SHO determined that the services provided by these facilities were not essential services, and their partial closure would not affect public health or any individual’s health. The SHO expressly found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19.

8. Emergency Order: Re-opening of Commercial Body Art Facilities

Section 1 – Description

The SHO signed and issued this emergency order on June 2, 2020. It allowed all commercial body art facilities to reopen as of 12:01 a.m. on June 5, 2020, provided they follow the cleaning, daily screening, social distancing, PPE and masking requirements for staff and clients. It further directed facilities to only accept clients by appointment (no walk-ins), and prohibited visitors, apprentices, and children under 15 years old. It also prohibited tattoos on face and hands, and piercings of the nose and tongue. On June 4, 2020, LDH released a clarification that permanent make-up and micro-blading services/procedures may be permitted provided that the client’s mask can remain in place at all times during the service/procedure(s). No tattoo, permanent make-up, or micro-blading service/procedure could be performed on any part of the client’s face covered by the client’s mask. It was required that the client’s mask cover the mouth and nose at all times.

Section 2 – Rationale

While still under the COVID-19 PHE, Louisiana was set to enter Phase 2 Re-opening on June 5, 2020, after a successful Phase 1 Re-opening. As of June 2, 2020, the 7-day average number of cases was 399 and the 7-day average number of deaths was 18.57. On this date, 639 people were hospitalized with COVID-19 and 86 people were on a ventilator due to complications related to COVID-19. The SHO expressly found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19. LDH permits and regulates commercial body art facilities pursuant to La. R.S. 40:2831 et seq. and Sanitary Code (LAC Title 51) Part XXVIII. The Department permits and regulates tanning facilities pursuant to La. R.S. 40: 2701 et seq. and LAC Title 49, Chapter 13.

9. Notice #2020-COVID19-ALL-020

Section 1 – Description

The SHO signed and issued this emergency order on June 4, 2020. It was effective as of 12:01 a.m. on June 5, 2020 through July 5, 2020. It provided detailed guidance to licensed healthcare facilities pertaining to allowable medical procedures, such that patients’ ongoing healthcare needs that were unrelated to COVID-19 would be met while continuing to minimize the risk of COVID-19 spread in the healthcare setting. LDH further recommended that all facilities remain in compliance

⁷ <https://trumpwhitehouse.archives.gov/openingamerica>

with the CMS guidance issued on April 19, 2020 (or most recent available) regarding Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I.⁸

Section 2 – Rationale

As of June 4, 2020, the 7-day average number of cases was 396 and 7-day average number of deaths of 18.46. On this date, 613 people were hospitalized with COVID-19 and 82 people were on a ventilator due to complications related to COVID-19. Louisiana’s COVID-19 PHE was ongoing, but the state was set to enter Phase 2 of re-opening on June 5, 2020, after a successful Phase I Re-opening. At this stage of the pandemic, LDH recognized that it was important to allow medical facilities and providers to provide care for patients seeking non-emergent, non-COVID-19 healthcare, while ensuring that there was staffing, PPE, and capacity for a COVID-19 medical surge should it be necessary. It was important to meet the ongoing healthcare needs of patients by expanding allowable medical and surgical procedures, as well as allowing chronic disease care/management, certain preventative care, and vital and essential elective procedures. At this time, LDH encouraged preventative healthcare visits to detect health conditions that could not be diagnosed by telehealth. The measures in this order were necessary to protect the health and safety of the public, to preserve PPE, and to utilize hospital staff and capacity to address potential medical surge, while at the same time ensuring that patients with ongoing healthcare needs received care and treatment. They were in line with the best guidance and direction at the time as well as the CMS recommendations for re-opening health care facilities. In turn, these recommendations from CDC and CMS were directed by the White House’s Guidelines for Opening Up America Again.⁹ The SHO expressly found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19.

10. Emergency Order: Continuation of LDH Notices and Orders due to COVID-19 Outbreak

Section 1 – Description

The SHO signed and issued this emergency order on July 2, 2020. It extended the previously issued Notice #2020-COVID-19-ALL-020, such that it would remain in effect from 11:59 p.m. on July 5, 2020 until further notice from the SHO.

Section 2 – Rationale

While Louisiana had entered Phase 2 of re-opening, the COVID-19 PHE continued in Louisiana. During July 2020, Louisiana was experiencing its second COVID-19 surge. As of July 2, 2020, the 7-day average number of cases was 1,795 and 7-day average number of deaths was 12.43. On that day, 926 people were hospitalized with COVID-19 and 105 were on a ventilator due to complications related to COVID-19. Therefore, the measures in this extension of the emergency order/notice were necessary to protect the health and safety of the public, to preserve PPE, and to utilize hospital staff and capacity to address a potential COVID-19 medical surge, while at the same time ensuring that patients with ongoing healthcare needs received care and treatment. The measures ordered herein were in line with best guidance available at the time, as well as CMS’s recommendations for re-opening health care facilities. In turn, these recommendations were directed by the White House’s Guidelines for Opening Up America Again.¹⁰ The SHO found that the measures ordered were are necessary to help control and prevent further spread of COVID-19.

11. Emergency Order #2020-COVID19-001

Section 1 – Description

The SHO signed and issued this emergency order on September 1, 2020, effective immediately. It provided directives and guidance pertaining to reporting of information regarding known and suspected positive COVID-19 cases occurring in public, private and charter PK-12 schools.

⁸ <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

⁹ <https://trumpwhitehouse.archives.gov/openingamerica>

¹⁰ <https://trumpwhitehouse.archives.gov/openingamerica>

Section 2 – Rationale

As of September 2, 2020, the state saw a decline in case counts after its second COVID-19 surge and it was set to enter Phase 3 of the Re-opening. Notably, Louisiana’s COVID-19 PHE was ongoing. At this time, the 7-day average number of cases was 636 and 7-day average number of deaths was 22.71. On this date, 873 people were hospitalized with COVID-19 and 132 people were on a ventilator due to complications related to COVID-19. LDH wanted to ensure students and staff in Louisiana had safe and health learning environments by implementing necessary procedures and guidance, while also safeguarding the health information of students and staff.

Schools notified LDH of reportable infectious diseases prior to the COVID-19 pandemic. However, with the emergence of COVID-19, a new and highly transmissible infectious disease, a new reporting mechanism was necessary so that public health officials could be quickly notified of new cases in K-12 schools. This streamlined reporting system allowed public health officials to rapidly respond with guidance for isolation and quarantine to prevent widespread transmission within schools. The COVID-19 case reporting information received from schools was subject to privacy restrictions outlined in La. R.S. 17:3914. No personally identifiable information about a student or staff member could be released to Louisiana Department of Education (LDOE) or to the public. The SHO expressly found that the measures ordered herein were necessary to control the further spread of COVID-19.

12. Healthcare Facility Notice/Order RE: Visitation at Nursing Home, Adult Residential Care Provider and ICF/DD Facilities

Section 1 – Description

The SHO signed and issued this emergency order on September 18, 2020, and it was effective at 5 p.m. the same day. It provided guidance related to visitation at nursing facilities, Adult Residential Care Providers (ARCPs), and Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD facilities). It replaced and superseded any previously issued SHO orders/notices regarding visitation at the facility listed herein. This order mandated nursing homes, ARCPs and ICF/DD facilities to follow the CMS guidance issued on September 17, 2020 (CMS QSO-20-39-NH), which allowed:

- a) outdoor visitation, while following the core principles of COVID-19 infection control practices; and
- b) indoor visitation, under the following conditions: (i) follow the core principles of COVID-19 infection control practices, (ii) no onset of COVID within last 14 days, (iii) facility not currently conducting outbreak testing, and (iv) under 10% parish positivity.

Additional CMS guidance to facilities limited the number of visitors per resident at one time, limited the total number of visitors in a facility at one time, and limited visitor movement in the facility, along with following other best practices for COVID-19 infection control and prevention. CMS also allowed for compassionate care visit with certain restrictions if the parish positivity rate was more than 10%.

Section 2 – Rationale

As of September 18, 2020, the state had entered Phase 3 of the Re-opening, but Louisiana’s COVID-19 PHE remained in place. At that time, the 7-day average number of cases was 628 and the 7-day average number of deaths was 17.43. On this date, 626 people hospitalized with COVID-19 and 109 on a ventilator due to complications related to COVID-19. Measures continued to be necessary to protect the health and safety of the public, especially for elderly individuals who were most at risk for severe outcomes from COVID-19, such as hospitalization and death. Therefore, the measures ordered herein were in line with the best guidance at the time from CMS. The SHO found that these measures were necessary to help control and prevent further spread of COVID-19 and to protect the health and safety of those most vulnerable to the disease. Again, Louisiana followed guidance provided by CMS as it pertained to nursing homes.

13. Emergency Order: Protocol for Administration of Certain COVID-19 Vaccines

Section 1 – Description

The SHO signed and issued this emergency order on February 5, 2021, effective immediately. This emergency order authorized registered nurses (RNs), licensed practical nurses (LPNs) and pharmacists licensed in Louisiana or otherwise allowed to practice in Louisiana to administer the COVID-19 vaccines manufactured by Pfizer-BioNTech and Moderna, pursuant to their respective protocols, in lieu of a patient-specific order from a physician or prescribing practitioner. The authorization only applied to RNs, LPNs and pharmacists who were competent by virtue of education and/or clinical training to safely and effectively administer intramuscular deltoid injections.

Section 2 – Rationale

A COVID-19 vaccine developed by Pfizer-BioNTech (hereinafter the “Pfizer vaccine”) received Emergency Use Authorization (EUA) from U.S. Food and Drug Administration (FDA) on December 11, 2020. Another COVID-19 vaccine developed by Moderna (hereinafter the “Moderna vaccine”) received EUA from the FDA on December 18, 2020. The White House’s Operation Warp Speed (OWS) began sending limited shipments of both Pfizer and Moderna vaccines to Louisiana in late December 2020, and the number of shipments were expected to drastically increase in the coming months as Pfizer and Moderna increased their output of the vaccines. In February 2021, Louisiana was on a downward trend in cases after another surge during the winter of 2020-2021. As of February 5, 2021, the 7-day average number of cases was 1,386 and the 7-day average number of deaths was 34.29. On this date, 1,248 people were hospitalized with COVID-19 and 156 were on a ventilator due to complications related to COVID-19.

It was vitally important to reduce barriers Louisianans faced when accessing the vaccine. Many healthcare professionals in the state at the time were overwhelmed with treating COVID-19 patients (in addition to routine patient care obligations). This SHO Order was necessary to increase the number of authorized health professionals available to administer all doses of the vaccines as they arrived from OWS, especially in rural parts of the state and as the shipments from OWS increased over time. Therefore, allowing RNs, LPNs and pharmacists to administer the COVID-19 vaccines pursuant to their respective protocols would help to reduce this shortage and free up other medical resources.

14. Healthcare Facility Notice/Order RE: Visitation at All Licensed ICF/DD and PRTF Facilities

Section 1 – Description

The SHO signed and issued this emergency order on February 22, 2021 and became effective at 5 p.m. It aligned Louisiana’s visitation guidance with the latest guidance issued by CMS for Intermediate Care Facilities (ICFs) and Psychiatric Residential Treatment Facilities (PRTFs) via QSO-21-14-ICF/IDD and PRTF dated February 10, 2021.¹¹ This memo from the SHO mandated that all ICFs and PRTFs follow the mandated CMS guidance. Of note, ICFs that were not also licensed as nursing facilities were no longer required to be in compliance with QSO-20-39-NH, which was previously issued by CMS. This order replaced and superseded any previously issued orders/notices to licensed ICF/DDs and PRTFs regarding visitation. Per this order, facilities were to maintain a visitor’s log that indicated, at a minimum, the items listed below in (i)-(v), and they were encouraged to enter this information into the LDH Office of Public Health (OPH) electronic database to assist with maintaining documentation as well as expedient infection control should the need arise:

- (i) Name of the Resident receiving a visitor;
- (ii) Name of and contract number for Visitor(s);
- (iii) Date of the visit;
- (iv) Time of arrive and time of departure of the Visitor(s); and
- (v) Specific Location of the Visit on the facility’s campus.

¹¹ <https://www.cms.gov/files/document/qso-21-14-icf-iid-prtf.pdf>

Section 2 – Rationale

As of February 22, 2021, the state saw a decline in case counts after the surge that occurred in winter 2020-2021. The 7-day average number of cases on that day was 680 and 7-day average number of deaths 23.14. There were 715 people in the hospital due to COVID-19 and 111 were on a ventilator due to complications related to COVID-19. Although vaccines were now available on a limited basis and the state was set to enter Phase 3 of the Re-opening, Louisiana's COVID-19 PHE remained in place. Measures continued to be necessary to protect the health and safety of the public, especially the elderly population who were most at risk of severe outcomes and death from COVID-19. At the same time, it was necessary to balance the mental health and overall well-being of the residents at these facilities by allowing more visitation. The measures ordered herein were in line with the best guidance and direction from CMS at the time. Indeed, the emergency order itself was issued to direct ICFs and PRTFs to follow the latest guidance from CMS, as the SHO found that the measures ordered therein were necessary to help control and prevent further spread of COVID-19, especially among a vulnerable population group. Again, the CDC and Louisiana followed guidance provided by CMS as it pertained to nursing homes.

15. Healthcare Facility Notice/Emergency Order RE: Visitation at Adult Residential Care Providers

Section 1 – Description

The SHO signed and issued this emergency order on March 11, 2021, and it was effective at 5:00 p.m. on March 12, 2021. It directed all Adult Residential Care Providers (ARCPs) to follow the provisions of QSO-20-39-NH¹² as revised/issued by CMS on March 10, 2021. This order replaced and superseded any previously issued orders/notices to licensed ARCPs regarding visitation. Per this order, facilities were to maintain a visitor's log that indicated, at a minimum, the following:

- (i) Name of the Resident receiving a visitor;
- (ii) Name of and contact number for Visitor(s);
- (iii) Date of the visit;
- (iv) Time of arrive and time of departure of the Visitor(s); and
- (v) Specific Location of the Visit on the facility's campus.

Section 2 – Rationale

As of March 11, 2021, the 7-day average number of cases statewide was 494 and 7-day average number of deaths was 15.29. On this date, 478 patients were hospitalized with COVID-19 and 63 patients were on a ventilator due to complications related to COVID-19. While the COVID-19 positivity rate in Louisiana was declining and the state was in Modified Phase 3 of the Re-opening, the Louisiana COVID-19 PHE remained in place. Measures remained necessary to protect the health and safety of the public, especially vulnerable populations. At the same time, it was necessary to balance the mental health and overall well-being of the residents at these facilities by allowing more visitation. The measures ordered herein were in line with the best guidance and direction from CMS at the time. Indeed, the emergency order itself was issued to direct ARCPs to follow the latest guidance from CMS, as the SHO expressly found that the measures ordered therein were necessary to help control and prevent further spread of COVID-19, especially among a vulnerable population group.

16. Healthcare Facility Notice/Emergency Order RE: Visitation at Nursing Facilities

Section 1 – Description

The SHO signed and issued this emergency order on March 11, 2021, and it was effective at 5:00 p.m. on March 12, 2021. It directed all nursing facilities to follow the provisions of QSO-20-39-NH as revised/issued by CMS on March 10, 2021. This order replaced and superseded any previously issued orders/notices to nursing facilities regarding visitation. Per this order, facilities were to maintain a visitor's log that indicated, at a minimum, the items listed below in (i)-(v), and they were encouraged to enter this information into the LDH Office of Public Health electronic database to assist with maintaining documentation as well as expedient infection control should the need arise.

¹² <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

- (i) Name of the Resident receiving a visitor;
- (ii) Name of and contact number for Visitor(s);
- (iii) Date of the visit;
- (iv) Time of arrive and time of departure of the Visitor(s); and
- (v) Specific Location of the Visit on the facility's campus.

Section 2 – Rationale

As of March 11, 2021, the 7-day average number of cases statewide was 494 and 7-day average number of deaths was 15.29. On this date, 478 patients were hospitalized with COVID-19 and 63 patients were on a ventilator due to complications related to COVID-19. As most deaths from COVID-19 in Louisiana occurred in nursing facilities, measures remained necessary to protect the health and safety of the residents, as well as the public at large. At the same time, it was necessary to balance the mental health and overall well-being of the residents at these facilities by allowing more visitation. The measures ordered herein were in line with the best guidance and direction from CMS at the time. Indeed, the emergency order itself was issued to direct nursing facilities to follow the latest guidance from CMS, as the SHO believed that the measures ordered therein were necessary to help control and prevent further spread of COVID-19, especially among a vulnerable population group.

17. Emergency Order: Commercial Body Art Facility Restrictions

Section 1 – Description

The SHO signed and issued this emergency order on March 23, 2021, and it was effective at 12:01 a.m. on March 24, 2021. It superseded any previous emergency orders regarding the operation or closure of commercial body art facilities. This emergency order outlined several guidelines for these facilities related to cleaning, daily screening, PPE/masking requirements for staff and clients, and social distancing. The following services were not permitted: tattoo/piercing on client's face on an area covered by the mask or piercing of the nose or tongue.

Section 2 – Rationale

As of March 23, 2021, the 7-day average number of cases was 412 and the 7-day average number of deaths was 8.57. On this date, 413 people were hospitalized with COVID-19 and 75 people were on a ventilator due to complications related to COVID-19. Louisiana had entered Phase 3 of Re-opening as of March 3, 2021. Measures remained necessary to protect the health and safety of the public while opening businesses. Thus, the SHO expressly found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19. LDH permits and regulates commercial body art facilities pursuant to La. R.S. 40:2831 et seq. and Sanitary Code (LAC Title 51) Part XXVIII.

18. Emergency Order: Protocol for Administration of Certain COVID-19 Vaccines (Phlebotomists)

Section 1 – Description

The SHO signed and issued this emergency order on March 23, 2021, and it was effective at 12:01 a.m. on March 25, 2021. It authorized licensed phlebotomists to administer the Pfizer, Moderna, and Janssen COVID-19 vaccines by protocol in lieu of a patient-specific order from a physician or prescribing practitioner if they met the following criteria:

- (i) The phlebotomist had successfully completed CDC's online COVID-19 vaccine training course (Course No. WB4460);
- (ii) The phlebotomist had to be competent by virtue of education and/or clinical training to safely and effectively administer intramuscular deltoid injection; and
- (iii) The phlebotomist had to be under the supervision of an on-site physician, pharmacist or Nurse Practitioner who is licensed and in good standing by their respective licensure board.

Section 2 – Rationale

Pfizer's COVID-19 vaccine received Emergency Use Authorization (EUA) from U.S. Food and Drug Administration (FDA) on December 11, 2020. Moderna's vaccine received EUA from the FDA on December 18, 2020. A third COVID-19 vaccine

developed by Janssen Biotech Inc. (hereinafter the “Janssen vaccine”) received EUA on February 27, 2021. The White House’s OWS, renamed and merged with the White House COVID-19 Response Team (WHCRT) in January 2021, began sending limited shipments of both Pfizer and Moderna vaccines to Louisiana in late December 2020. These shipments increased drastically in the coming months as Pfizer and Moderna increased their output of the vaccines. WHCRT began sending shipments of the Janssen vaccine to Louisiana in the first week of March 2021, and these shipments were expected to also quickly increase in the coming weeks and months. As of March 23, 2021, the 7-day average number of cases was 412 and the 7-day average number of deaths was 8.57. On this date, 413 people were hospitalized with COVID-19 and 75 people were on a ventilator due to complications related to COVID-19.

It was vitally important to administer COVID-19 vaccinations to as many Louisiana residents as possible, as quickly as possible. This posed a challenge because many healthcare professionals in the state at the time were already overwhelmed with dealing with COVID-19 patients (in addition to routine patient care obligations). It was expected that the state might experience a shortage in the number of authorized health professionals needed to quickly administer all doses of the vaccines as they arrived from WHCRT, especially in rural parts of the state and as the shipments from WHCRT increased over time. Therefore, allowing phlebotomists to administer the COVID-19 vaccines pursuant to their respective protocols would help to reduce this shortage and free up other medical resources. This order was in line with best practices at the time.

[19. Emergency Order: Face Covering Mandate for All Health Care Facilities Licensed by LDH](#)

Section 1 – Description

The SHO signed and issued this emergency order on April 27, 2021, and it was effective at 5 p.m. on April 28, 2021. It required that all administrative staff, medical staff, support staff, employees, volunteers, patients, residents, clients, volunteers, and visitors at healthcare facilities licensed by LDH wear face coverings that cover the nose and mouth at all times, with a few exceptions. These exceptions included situations such as when undergoing medical procedure in that part of the body, eating/drinking, or communicating with someone who has/is suspected of having a communication disorder. Children under the age of 8 were not required to wear masks but those between the ages of 2 and 7 were strongly encouraged to do so. Patients and approved visitors meeting privately together in private room were not required to wear masks. This order superseded all previous SHO orders/notices regarding masks or face coverings.

Section 2 – Rationale

As of April 27, 2021, the 7-day average number of cases in Louisiana was 433 and the 7-day average number of deaths was 7.00. On this date, 307 people were hospitalized with COVID-19 and 50 people were on a ventilator due to complications related to COVID-19. Measures continued to be necessary to protect the health and safety of the public, especially in venues like healthcare facilities where many people congregate on a daily basis, and infections can spread rapidly between patients and healthcare workers. Masking has historically been considered critically important for preventing the spread of infectious diseases transmitted by respiratory droplets within healthcare settings. Healthcare facilities are also settings that are likely to have many people gathering who have underlying medical conditions that can put them at risk of severe disease and even death from COVID-19. Given these considerations, the SHO expressly found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19, as well as protect the health and safety of both healthcare professionals as well as their patients. This order was in line with most current infection control guidance from CDC at the time.

[20. Emergency Order: Nursing Facilities Visitation Update](#)

Section 1 – Description

The SHO signed and issued this emergency order on April 29, 2021, effective immediately. It mandated and directed all licensed nursing facilities to follow the revised provisions issued by the CMS on April 27, 2021 in QSO-20-39-NH.¹³ This

¹³ <https://cmscompliancegroup.com/wp-content/uploads/2021/04/QSO-20-39-NH-Visitation-REVISED-4-27-21.pdf>

order replaced and superseded any previously issued orders/notices to licensed nursing facilities regarding visitation. Per this order, facilities were to maintain a visitor's log that indicated, at a minimum, the following:

- (i) Name of the Resident receiving a visitor;
- (ii) Name of and contact number for Visitor(s);
- (iii) Date of the visit;
- (iv) Time of arrive and time of departure of the Visitor(s); and
- (v) Specific Location of the Visit on the facility's campus.

Section 2 – Rationale

As of April 29, 2021, the 7-day average number of cases in Louisiana was 437 and the 7-day average number of deaths was 6.86. On this date, 320 people were hospitalized with COVID-19 and 45 people were on a ventilator due to complications related to COVID-19. Thus, while the COVID-19 pandemic/public health emergency continued in Louisiana, measures were necessary to protect the health and safety of the public, especially the most vulnerable members of society who had suffered most number of deaths from COVID-19 (i.e., nursing home residents). Thus, the SHO found that the measures ordered herein were necessary to help control and prevent further spread of COVID-19. These measures were in line with the best guidance and direction from CMS. Indeed, the order was issued to align Louisiana's guidance to that issued by CMS. It should be noted that CMS provides federal guidance for nursing home safety and regulations.

[21. Release and Termination of Emergency Order: Commercial Body Art Facility Practice Restrictions – Phase III](#)

Section 1 – Description

The SHO signed and issued this emergency order on May 5, 2021, and it was effective at 8:00 a.m. on May 6, 2021. It ordered the release and termination of the emergency order concerning commercial body art facilities signed on March 23, 2022 and effective as of 12:01 a.m. on March 24, 2022.

Section 2 – Rationale

As of May 5, 2021, the 7-day average number of cases was 475 and the 7-day average number of deaths was 4.29. On this date, 340 people were hospitalized with COVID-19 and 37 people were on a ventilator due to complications related to COVID-19. With the expansion of vaccination across the state, the risk of severe illness from COVID-19 decreased, as did the risk of Louisiana hospitals becoming overwhelmed with COVID-19 patients. As of May 5, 2021, nearly 2.9 million doses of the COVID-19 vaccine had been administered to Louisiana residents. By this time, more effective treatments were available for COVID-19 patients, and the public was better aware of how to manage their individual risk from COVID-19. As a result, fewer COVID-19 restrictions needed to apply to businesses, even those that involved prolonged periods of close contact.

[22. Healthcare Facility Notice/Emergency Order: COVID19-ADC/ADHC/PACE](#)

Section 1 – Description

The SHO issued this emergency order on May 14, 2021, and it became effective at 7 a.m. on May 17, 2021. Per this order, all Adult Day Care (ADC) and Adult Day Health Care (ADHC) providers and Programs for All Inclusive Care for the Elderly (PACE) were eligible, but not mandated, to reopen at 100% capacity. Clients and staff who were fully vaccinated did not need to wear a mask or socially distance, but those not fully vaccinated still needed to wear a mask and socially distance. The same rules applied inside a vehicle if the provider offered transportation. Additionally, facilities were directed to follow local ordinance and/or COVID-19 restrictions if they were more stringent than this guidance.

Section 2 – Rationale

As of May 14, 2021, the 7-day average number of cases was 443 and the 7-day average number of deaths was 5.00. On this date, 299 people were hospitalized with COVID-19 and 26 people were on a ventilator due to complications related to COVID-19. With the increasing number of vaccinated individuals in Louisiana, the risk of severe illness from COVID-19

had decreased. By this time, 74% of the population older than 65 years of age were fully vaccinated, and 23% of the population under the age of 65 were fully vaccinated. Additionally, more effective treatments were available for COVID-19 patients, and the public was better aware of how to manage their individual risk from COVID-19. However, considering the number of deaths from COVID-19 that affected older individuals, it remained prudent that unvaccinated individuals continued to mask to minimize their risk of contracting the virus, as well as possibly spreading it if they were infected.

23. Release of Emergency Order/Notice: Medical and Surgical Procedures; Dental Visits, Procedures and Surgeries; and Other Healthcare Services

Section 1 – Description

The SHO issued this emergency order on May 21, 2021, and it became effective at 8 a.m. on May 24, 2021. It terminated all previous emergency orders pertaining to allowable medical procedures under Notice #2020-COVID19-ALL-010 and Notice #2020-COVID19-ALL-020.

Section 2 – Rationale

As of May 21, 2021, the 7-day average number of cases was 431 and the 7-day average number of deaths was 5.86. On this date, 299 people were hospitalized with COVID-19 and 26 people were on a ventilator due to complications related to COVID-19. With the increasing number of vaccinated individuals in Louisiana, the risk of severe illness from COVID-19 had decreased. By this time, more effective treatments were available for COVID-19 patient cases, and the public was better aware of how to manage their individual risk from COVID-19. At this stage of the pandemic, it was important that people's routine healthcare needs not related to COVID-19 were adequately met and that healthcare facilities could operate with the fewest possible restrictions from the state. Therefore, it was appropriate to lift the emergency order imposing COVID-19 restrictions on all licensed healthcare facilities.

24. Healthcare Facility Notice/Order RE: Visitation at ICF/DD and PRTFs

Section 1 – Description

The SHO issued this emergency order on June 7, 2021, and it became effective at 5:00 p.m. on June 8, 2021. It superseded all previous orders related to visitation at ICF/DD and PRTFs. This order updated Louisiana's guidance to align with the guidance issued by CMS via QSO-21-14-ICF/IID & PRTF¹⁴, as revised on June 3, 2021 and effective 5 p.m. on June 8, 2021, for ICF/DD and PRTFs that were not also licensed as nursing facilities. If the ICF/DD or PRTF were also licensed as a nursing facility, they were to follow the CMS guidance in QSO-20-39-NH, as revised April 27, 2021. Per this order, facilities were to maintain a visitor's log that indicated, at a minimum:

- (i) Name of the Resident receiving a visitor;
- (ii) Name of and contract number for Visitor(s);
- (iii) Date of the visit;
- (iv) Time of arrive and time of departure of the Visitor(s); and
- (v) Specific Location of the Visit on the facility's campus.

Section 2 – Rationale

As of June 7, 2021, the 7-day average number of cases was 338, and the 7-day average number of deaths 5.57. On this date, 295 people were hospitalized with COVID-19 and 36 were on a ventilator due to complications related to COVID-19. Louisiana was seeing declining case counts, but Louisiana's COVID-19 PHE remained in place. It was important to protect the health and safety of the public, especially vulnerable populations, while balancing their mental health and overall well-being. The measures ordered herein were in line with the best guidance and direction from CMS at the time. Indeed, the emergency order itself was issued to direct ICF/DDs and PRTFs to follow the latest guidance from CMS, as the SHO found that the measures ordered therein were necessary to help control and prevent further spread of COVID-19, especially

¹⁴ <https://www.cms.gov/files/document/qso-21-14-icfiid-prtf-revised-06032021.pdf>

among a vulnerable population group. It should be noted that CMS provides federal regulations for nursing home safety and regulations.

[25. Healthcare Facility Notice/Order RE: Masking at Nursing Facilities](#)

Section 1 – Description

The SHO issued this emergency order on July 26, 2021, and was effective immediately. It superseded all previous orders related to masking of staff, residents, and visitors at nursing facilities. This order mandated and directed all licensed nursing facilities in Louisiana to reinstate universal masking, regardless of COVID-19 vaccination status, in the facility for all staff, residents, and visitors. It noted that residents did not need to wear a mask when they were in their own room without visitors, while eating, or if the resident has a medical condition that precludes masking.

Section 2 – Rationale

In July 2021, Louisiana was experiencing its fourth surge in COVID-19 cases as a result of the spread of the Delta variant (hereafter, the “Delta surge”), which was more infectious and increased the risk of severe disease in patients. The highest number of deaths in Louisiana due to COVID-19 in a single day, as well as the highest number of COVID-related hospitalization cases in a single day were both recorded during the Delta surge. As of July 26, 2021, the 7-day average number of cases was 3,859, and the 7-day average number of deaths 16.70. On this date, 1,390 people were hospitalized with COVID-19 and 127 were on a ventilator due to complications related to COVID-19. The Delta surge resulted in a dramatic increase in COVID-19 cases, and the steep rise necessitated swift action to help reduce resulting hospitalizations and deaths. Universal masking on a temporary basis was the best way to protect the health and safety of the public during this surge, especially vulnerable populations, while also keeping healthcare facilities and other places of business open. This guidance was in line with the best guidance and direction from CDC as well as CMS at the time. Thus, the SHO found that the measures ordered herein were necessary to help control and prevent further spread of the Delta variant of the virus causing more severe cases of COVID-19 than prior variants.

[26. Healthcare Facility Notice/Order RE: Masking at ADC/ADHC/PACE Providers](#)

Section 1 – Description

The SHO issued this emergency order on July 27, 2021, effective immediately. It superseded all previous orders related to masking of staff, residents and visitors at ADC, ADHC and PACE provider facilities. This order mandated and directed all such facilities in Louisiana to reinstate universal masking, regardless of COVID-19 vaccination status, in the facility for all staff, residents and visitors. The same rule applied inside a vehicle if the facility provided transportation. It noted that clients/participants did not need to wear a mask when they were in their own room without visitors, while eating, or if the resident has a medical condition that precludes masking. It further noted that no facility was required to be open and clients/participants were not required to return. If local ordinance imposed stricter COVID-19 restrictions than the guidance in this order, the providers were to follow all such restrictions.

Section 2 – Rationale

In July 2021, Louisiana was experiencing the Delta surge, which increased the risk of severe disease in patients. As of July 27, 2021, the 7-day average number of cases was 4,179, and the 7-day average number of deaths 17.00. LDH reported 1,524 people hospitalized with COVID-19 and 144 were on a ventilator due to complications related to COVID-19. An exponential rise in cases necessitated swift action to help reduce resulting hospitalizations and deaths. Universal masking on a temporary basis was the best way to protect the health and safety of the public during this surge, especially vulnerable populations, while also keeping healthcare facilities and other places of business open. Thus, the SHO found that the measures ordered herein were necessary to help control and prevent further spread of the Delta variant of the virus causing more severe cases of COVID-19 than prior variants.

27. Healthcare Facility Notice/Order RE: Masking at Adult Residential Care Providers

Section 1 – Description

The SHO issued this emergency order on July 27, 2021, effective immediately. It superseded all previous orders related to masking of staff, residents and visitors at ARCPs. This order mandated and directed all licensed ARCPs in Louisiana to reinstate universal masking, regardless of COVID-19 vaccination status, in the facility for all staff, residents, and visitors. It noted that residents did not need to wear a mask when they were in their own room without visitors, while eating, or if the resident has a medical condition that precludes masking.

Section 2 – Rationale

In July 2021, Louisiana was experiencing the Delta surge, which raised the risk of severe disease in patients. As of July 27, 2021, the 7-day average number of cases was 4,179, and the 7-day average number of deaths 17.00. LDH reported 1,524 people hospitalized with COVID-19 and 144 were on a ventilator due to complications related to COVID-19. An exponential rise in cases necessitated swift action to help reduce resulting hospitalizations and deaths. Universal masking on a temporary basis was the best way to protect the health and safety of the public during this surge, especially vulnerable populations, while also keeping healthcare facilities and other places of business open. The SHO found that the measures ordered herein were necessary to help control and prevent further spread of the Delta variant of the virus causing more severe cases of COVID-19 than prior variants.

28. Healthcare Facility Notice/Order RE: Masking at ICF/DD and PRTFs

Section 1 – Description

The SHO issued this emergency order on July 27, 2021, effective immediately. It superseded all previous orders related to masking of staff, residents, and visitors at ICF/DD and PRTFs. This order mandated and directed all licensed ICF/DD (that are not also licensed as nursing facilities) and PRTFs in Louisiana to reinstate universal masking, regardless of COVID-19 vaccination status, in the facility for all staff, residents, and visitors. It noted that residents did not need to wear a mask when they were in their own room without visitors, while eating, or if the resident has a medical condition that precludes masking.

Section 2 – Rationale

In July 2021, Louisiana was experiencing the Delta surge, which raised the risk of severe disease in patients. As of July 27, 2021, the 7-day average number of cases was 4,179, and the 7-day average number of deaths 17.00. LDH reported 1,524 people hospitalized with COVID-19 and 144 were on a ventilator due to complications related to COVID-19. An exponential rise in cases necessitated swift action to help reduce resulting hospitalizations and deaths. Universal masking on a temporary basis was the best way to protect the health and safety of the public during this surge, especially vulnerable populations, while also keeping healthcare facilities and other places of business open. The SHO found that the measures ordered herein were necessary to help control and prevent further spread of the Delta variant of the virus causing more severe cases of COVID-19 than prior variants.

[29. Healthcare Facility Notice/Order RE: Masking at Licensed Therapeutic Group Homes](#)

Section 1 – Description

The SHO issued this emergency order on July 27, 2021, and was effective immediately. It superseded all previous orders related to masking of staff, residents, and visitors at licensed therapeutic group homes. This order mandated and directed all therapeutic group homes licensed in Louisiana to reinstate universal masking, regardless of COVID-19 vaccination status, in the facility for all staff, residents, and visitors. It noted that residents did not need to wear a mask when they were in their own room without visitors, while eating, or if the resident has a medical condition that precludes masking.

Section 2 – Rationale

In July 2021, Louisiana was experiencing the Delta surge, which raised the risk of severe disease in patients. As of July 27, 2021, the 7-day average number of cases was 4,179, and the 7-day average number of deaths 17.00. LDH reported 1,524 people hospitalized with COVID-19 and 144 were on a ventilator due to complications related to COVID-19. An exponential rise in cases necessitated swift action to help reduce resulting hospitalizations and deaths. Universal masking on a temporary basis was the best way to protect the health and safety of the public during this surge, especially vulnerable populations, while also keeping healthcare facilities and other places of business open. The SHO found that the measures ordered herein were necessary to help control and prevent further spread of the Delta variant of the virus causing more severe cases of COVID-19 than prior variants.

[30. Release and Termination of Emergency Orders RE: Universal Masking](#)

Section 1 – Description

The SHO issued this emergency order on November 18, 2021, and it was effective at 8 a.m. on November 19, 2021. It superseded all previous orders related to masking of staff, residents and visitors at healthcare facilities licensed by LDH. It released and terminated all outstanding emergency orders concerning face covering/masking requirements issued by the SHO at healthcare facilities licensed by LDH, including but not limited to those issued on April 27, 2021. It further stated that the said facilities should continue to adhere to any face covering/masking requirements and guidance of applicable federal authorities such as CMS, CDC, and the Occupational Health and Safety Administration (OSHA). Finally, it strongly recommended that universal masking be maintained in healthcare settings except those circumstances or situations where CDC guidance expressly states that masking is not necessary.

Section 2 – Rationale

By November 2021, the state was seeing reduced case counts after the Delta surge in the summer of 2021. As of November 18, the 7-day average number of cases was 420 and the 7-day average number of deaths was down to 7.29. On this date, 199 patients were hospitalized with COVID-19 and 31 were on a ventilator due to complications related to COVID-19. Thus, it was appropriate for the SHO to lift the universal masking requirement at LDH-licensed facilities. However, because the COVID-19 PHE remained in place, LDH continued to encourage universal masking at healthcare facilities, especially where the risk of nosocomial infections is high and where vulnerable patients are housed or where they would otherwise frequent. The order also stated explicitly that all facilities needed to follow all appropriate guidance and directions from relevant federal agencies, such as CDC, CMS, and OSHA.

[31. Release and Termination of Emergency Orders RE: Visitation](#)

Section 1 – Description

The SHO issued this emergency order on December 10, 2021, and it became effective at 8:00 a.m. on December 13, 2021. It superseded all previous orders related to visitation requirements/procedures issued to licensed nursing facilities, ARCPS, ICF/DD, and PRTFs, including those issued on April 29, June 6, and June 7, 2021. It further recommended all facilities continue to adhere to federal visitation requirements and guidance of appropriate federal authorities, including but not limited to CDC, CMS, and OSHA. Certified nursing facilities were required to continue to comply with CMS

guidance/requirements on visitation, pursuant to QSO-20-39-NH.¹⁵ LDH recommended that licensed-only nursing facilities and all ARCPs also adhere to the same CMS guidance. Certified ICF/DD and PRTFs were required to continue to comply with the CMS requirements on visitation pursuant to QSO-21-14-ICF/IID & PRTF.¹⁶ LDH recommended that licensed only ICF/DD and PRTFs also adhere to the same guidance.

Section 2 – Rationale

As of December 21, the 7-day average number of cases was 507 and the 7-day average number of deaths was down to 5.14. On this date, 218 patients were hospitalized with COVID-19 and 29 were on a ventilator due to complications related to COVID-19. With vaccines now widely available, the risk of severe illness from COVID-19 had decreased. By this time, 88% of the residents and 71% of the staff among reporting nursing homes were fully vaccinated. Additionally, more effective treatments were available for COVID-19 patients, and the public was better aware of how to manage their individual risk from COVID-19. This meant that fewer COVID-19 restrictions needed to apply as mandates from the SHO. Given these considerations, it was appropriate for the SHO to lift the universal masking requirement at LDH-licensed facilities. However, considering the number of deaths from COVID-19 that affected older individuals in residential care facilities, it remained prudent that people continue to take protective measures especially when working with vulnerable populations. The order explicitly stated that facilities needed to follow all appropriate guidance and directions from relevant federal agencies, including but not limited to CDC and CMS. It was also explicit in its recommendation that licensed-only facilities also follow the guidance from CMS that was primarily directed towards Medicare/Medicaid facilities.

Lessons Learned

1. Public Health Recommendations

The SHO Orders and EOs issued in Louisiana during the COVID-19 pandemic were typically directed toward specific settings or occupations. These orders were issued under the legal authority of the SHO and were informed by the White House’s Guidelines for Opening Up America Again¹⁷ as well as CDC and CMS guidelines and recommendations. Additional COVID-19 prevention and control guidance was disseminated through public health recommendations. These public health recommendations carried no regulatory authority, but rather, provided information to individuals, facilities, and communities about best practices for preventing transmission of COVID-19. These public health recommendations were updated according to closely monitored COVID-19 trends in Louisiana, developments in the scientific understanding of the newly emerging pathogen, and advancements in COVID-19 vaccines and therapeutics. In most instances, LDH public health recommendations, like the SHO orders and EOs, aligned with federal guidance and emerging scientific research. However, there were occasions when the specific Louisiana experience necessitated divergence from existing federal guidance. Examples of two such occurrences are detailed below.

A. Guidance following the Emergence of the Delta variant

In July 2021, Louisiana was one of several emerging Delta hotspots in the country. Cases and hospitalizations were surging among the unvaccinated, with a smaller number of breakthrough infections (COVID-19 infections among fully vaccinated individuals) also being identified. CDC guidance at the time stated that those who were fully vaccinated could safely resume most pre-COVID activities and need not mask, social distance, or get tested or quarantine should they be exposed to a positive case and they remain asymptomatic. In light of the sharply increasing COVID-19 cases and hospitalizations throughout Louisiana, and as we learned more about the dynamics of breakthrough cases, LDH issued the following public health recommendations regardless of vaccination status:

- All people should mask while indoors if six feet of physical distancing could not be maintained; and

¹⁵ <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

¹⁶ <https://www.cms.gov/files/document/qso-21-14-icfiid-prtf-revised-06032021.pdf>

¹⁷ <https://trumpwhitehouse.archives.gov/openingamerica>

- All people should test immediately after a known or suspected exposure to COVID-19. If positive, they should isolate immediately. If negative, they should retest again between five and seven days post-exposure.

CDC revised federal masking recommendations after LDH updated Louisiana’s public health recommendations in response to the Delta variant. CDC’s updated recommendations were similar to LDH’s, stating that fully vaccinated people should wear masks indoors when substantial or high levels of transmission were occurring. Despite the fact that an update from CDC was anticipated, conditions on the ground in Louisiana required issuing updated public health recommendations prior to CDC’s revision in order to safeguard the health and well-being of Louisianans.

B. Guidance related to K-12 and Early Childhood Settings

Throughout the COVID-19 pandemic, LDH worked closely with LDOE as well as schools and daycares throughout the state in order to provide best practices for preventing COVID-19 transmission in school settings. However, as Louisiana and the nation continued to experience surge after surge, it became important to address the burden that disruptions to school and daycare attendance presented for children, parents, and schools. LDH recognized the importance of in-person learning for academic growth, social and emotional health, and access to critical services utilized by many students. As a result, and with the approved use of COVID-19 vaccines for school-age children, LDH modified some K-12 and early childhood recommendations issued by CDC in order to provide schools with prevention options that would allow for prioritization of in-person attendance, including the following:

- During February 2022, LDH presented early childhood centers with the option to utilize a test-to-stay strategy following exposures rather than quarantine. At the time, CDC only recommended the test-to-stay strategy for K-12 settings. However, LDH recognized the burden that multiple quarantines posed for working parents of young children, so it was important to offer an option that extended protection through early detection but also allowed children to continue to attend daycare as long as they tested negative.
- Also during February 2022, LDH updated public health guidance for K-12 schools that provided an option for discontinuation of contact tracing and quarantine practices for schools utilizing universal indoor masking. At the time LDH issued this update, CDC was still recommending universal masking in addition to contact tracing and quarantine activities in all K-12 schools. LDH recognized the enormous amount of work that was required for school officials to conduct contact tracing for each case of COVID-19 that was reported. Because COVID-19 vaccines were available to prevent severe illness and death among school age children and because universal masking offered an important layer of protection against transmission, LDH updated Louisiana-specific recommendations in order to strike the best balance between preventing transmission and supporting the important work of K-12 schools.

2. Addressing Health Disparities

The COVID-19 pandemic shined a national spotlight on long-standing health disparities, and it was critically important to accurately measure health disparities related to COVID-19. Unfortunately, LDH informatics and data teams encountered some important challenges related to the incompleteness of race data. Improving race data related to COVID-19 tests and vaccines required immense efforts to: 1) conduct outreach to providers and laboratories to encourage accurate reporting of address, sex, and race/ethnicity data for COVID-19 tests and vaccinations; and 2) collaborate with partners to perform data matches to augment race and address data when incomplete. As a result of these efforts, LDH was able to achieve a level of completeness for race data that few other jurisdictions within the US were able to attain. These efforts reduced the percentage of Louisiana cases with unknown race to less than 5%, compared to 36% at the national level.

Much progress was made throughout the course of the pandemic to address initial COVID-19 racial disparities that were identified among Louisianans. However, the COVID-19 racial disparities that were identified early in the pandemic underscored the impact of the long-standing societal inequities that result in health disparities. They also highlighted the importance of working strategically and cooperatively across multiple fronts in efforts to improve health equity.

LDH applied these important lessons in the response to the global mpox (formerly referred to as “monkeypox”) outbreak beginning in May 2022. Louisiana’s first case was identified July 6, 2022, and LDH quickly identified racial disparities related to mpox upon investigation of the state’s initial cases. In the early days of the outbreak, approximately 60% of mpox diagnoses in Louisiana were among Black residents (who make up approximately 32% of the overall population). In response, LDH employed a two-pronged strategy with regard to public health messaging and vaccination efforts as soon as vaccines became available for higher-risk individuals in mid to late July 2022. This model aimed to “meet people where they are” and offer vaccine to as many higher-risk Louisianans as possible through 1) large-volume vaccination events in convenient locations, and 2) smaller, strategic vaccination events aimed at removing barriers and reducing disparities.

Louisiana mpox cases peaked in August and only small numbers of sporadic cases have been reported since December 2022. LDH’s swift actions and robust public health response were recognized by national public health officials; LDH’s mpox response activities were largely supported by federal COVID-19 funding streams that were approved for use in the mpox response.

3. Public Health Preparedness

Overarching lessons learned from the COVID-19 pandemic have highlighted important components of public health preparedness. While it is beyond the scope of this report to detail all such elements, the following are among the most important:

- Consistently maintain a sufficient public health workforce that is cross-trained to respond to emerging infectious disease threats;
- Engage in data modernization efforts related to data quality, interoperability of data systems, and enhanced data competencies among public health staff; and
- Prioritize efforts to reduce health disparities across all health conditions.

Systematically applying these lessons learned and maintaining a robust preparedness posture requires significant financial investment in the public health infrastructure. Federal funding that has been provided for COVID-19 efforts is time-limited and can only be directed toward non-COVID public health efforts in limited circumstances. Continued financial support for public health at all levels—local, state, and federal—is critical to protecting and promoting the health and well-being of all Louisianans.

Conclusion

This report has provided an overview of the unique experiences related to COVID-19 in the state of Louisiana, including detailed explanatory narratives of all SHO Orders and EOs issued through LDH during the timeframe of December 2019 to April 2022 and critical lessons learned and how they were applied to subsequent infectious disease outbreaks. All orders can be reviewed in full in Appendix A. A quick reference guide can be found in Appendix B that includes dates the orders were issued and effective, as well as the following data points on the dates of the issued order: 7-day average number of COVID-19 cases, number of deaths associated with COVID-19, number of hospitalizations, and the number of patients on respiratory ventilator support as a result of complications from COVID-19.

According to the CDC, as of January 2023, almost 1.1 million United States citizens have died as a result of COVID-19,¹⁸ and more than 18,000 of those were Louisiana residents.¹⁹ With a population of 4.6 million, these deaths account for almost 0.5% of Louisiana residents. As a frame of reference, the leading cause of death in the United States is cardiovascular disease, which led to the death of 11,095 Louisiana residents in 2019.²⁰

¹⁸ <https://covid.cdc.gov/COVID-data-tracker/#datatracker-home>

¹⁹ <https://ldh.la.gov/Coronavirus/>

²⁰ https://ldh.la.gov/assets/oph/Center-PHI/2020_Health_Report_Card.pdf

A review of the impact of COVID-19 vaccination on Medicare beneficiaries by the U.S. Department of Health and Human Services (HHS) found that COVID-19 vaccines are estimated to have prevented 3,600 deaths and 8,800 hospitalizations just among Louisiana's Medicare population in 2021 (which is approximately 19% of the state's overall population).²¹ This speaks to the immense impact of LDH's efforts during the pandemic to improve access to vaccines and increase vaccine uptake among Louisianans. Indeed, the COVID-19 pandemic has brought to light the importance of public health and the need for a robust preparedness network to fight against emerging infectious diseases. LDH's response to the COVID-19 pandemic and the lessons learned from it highlights how seriously the department takes its responsibility to remain vigilant, primed, equipped, and ready.

²¹ <https://aspe.hhs.gov/sites/default/files/documents/21a637373ccaf4c66f934bdbbb23ad5c/covid-19-medicare-2021-lives-saved.pdf>