DIRECTOR’S ORDER

Re: Director’s Order that Reopens Gyms, Dance Instruction Studios, and Other Personal Fitness Venues, with Exceptions

I, Amy Acton, MD, MPH, Director of the Ohio Department of Health (ODH), pursuant to the authority granted to me in R.C. 3701.13 to “make special orders…for preventing the spread of contagious or infectious diseases” Order the following to prevent the spread of COVID-19 into the State of Ohio:

1. Preamble: The sacrifices and incredible efforts that Ohioans have undertaken, make it possible to begin to lift the mandatory requirements and restrictions that were needed during the initial phase of the COVID-19 Pandemic. The Adjustment of these orders is able to proceed based upon the facts and the science existing at this time in Ohio, however if the situation continues to improve, then more restrictions will be lifted, and if the situation deteriorates additional targeted restrictions will need to be made. While government can set the baseline, it should be understood that these orders set forth the minimum acts that must be taken and if people do more than the minimum to act safely, it will benefit everyone.

2. Gyms, Dance Instruction Studios, and Other Personal Fitness Venues to reopen. All gyms, fitness-based recreation centers, dance instruction studios, and other personal fitness venues are permitted to reopen within the State so long as all safety standards are met. These businesses and operations are encouraged to reopen. Businesses and operations shall continue to comply with Social Distancing Requirements as defined in this Order, including by maintaining six-foot social distancing for both employees and members of the public at all times, including, but not limited to, when any customers are standing in line.

3. Elderly people and those who are vulnerable as a result of illness should take additional precautions. People at high risk of severe illness from COVID-19, including elderly people and those who are sick, are urged to stay in their residence to the extent possible except as necessary to seek medical care. According to CDC, those at high-risk for severe illness from COVID-19 include people who are sixty-five years or older and people of all ages with underlying medical conditions, particularly if not well controlled, including:
   a. People with chronic lung disease or moderate to severe asthma;
   b. People who have serious heart conditions;
   c. People who are immune compromised;
   d. People with severe obesity (body mass index [BMI] of 40 or higher);
   e. People with diabetes;
   f. People with chronic kidney disease undergoing dialysis; and
   g. People with liver disease.

4. Facial Coverings (Masks). Businesses must allow all customers, patrons, visitors, contractors, vendors and similar individuals to use facial coverings, except for specifically documented legal,
life, health or safety considerations and limited documented security considerations. Businesses must require all employees to wear facial coverings, except for one of the following reasons:

a. Facial coverings in the work setting are prohibited by law or regulation;
 b. Facial coverings are in violation of documented industry standards;
 c. Facial coverings are not advisable for health reasons;
 d. Facial coverings are in violation of the business’s documented safety policies;
 e. Facial coverings are not required when the employee works alone in an assigned work area;

or

f. There is a functional (practical) reason for an employee not to wear a facial covering in the workplace.

Businesses must provide written justification, upon request, explaining why an employee is not required to wear a facial covering in the workplace. At a minimum, facial coverings (masks) should be cloth/fabric and cover an individual’s nose, mouth, and chin.

5. Prior Director of Health Order. The Amended Director of Health Order signed March 17, 2020, or as it may be subsequently amended, that closed auditoriums, stadiums, arenas, parades, fairs, festivals, indoor trampoline parks, indoor water parks, movie and other theatres (excluding drive-in theatres), and performance theatres, in the State remains in effect, with the exception that gyms, dance instruction studios, and other personal fitness venues are permitted to reopen as set forth in this order.

6. Social Distancing Requirements. For purposes of this Order, Social Distancing Requirements includes maintaining at least six-foot social distancing from other individuals, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.

a. Required measures. Businesses and Operations and businesses must take proactive measures to ensure compliance with Social Distancing Requirements, including where possible:

i. Designate six-foot distances. Designating with signage, tape, or by other means six-foot spacing for employees and customers in line to maintain appropriate distance;

ii. Hand sanitizer and sanitizing products. Having hand sanitizer and sanitizing products readily available for employees and customers; and

iii. Online and remote access. Posting online whether a facility is open and how best to reach the facility and continue services by phone or remotely.

7. Enforcement. This Order may be enforced by State and local law enforcement to the extent set forth in Ohio law. Specifically, pursuant to R.C 3701.352 “[n]o person shall violate any rule the director of health or department of health adopts or any order the director or department of health issues under this chapter to prevent a threat to the public caused by a pandemic, epidemic, or bioterrorism event.” R.C. 3701.56 provides that “[b]oard[s] of health of a general or city health district, health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and other officers and employees of the state or any county, city, or township, shall enforce quarantine and isolation orders, and the rules the department of health adopts.” To the extent any public official enforcing this Order has questions regarding what services are prohibited
under this Order, the Director of Health hereby delegates to local health departments the authority to answer questions in writing and consistent with this Order, but does not require local health departments to provide advisory opinions to nongovernmental entities.

8. **Penalty.** A violation of R.C. 3701.352 is guilty of a misdemeanor of the second degree, which can include a fine of not more than $750 or not more than 90 days in jail, or both.

9. **General COVID-19 Information and Checklist for Businesses/Employers.** Business and employers are to take the following actions:

   a. Strongly encourage as many employees as possible to work from home by implementing policies in areas such as teleworking and video conferencing, subject to the discretion of the employer;

   b. Actively encourage sick employees to stay home until they are free of fever (without the use of medication) for at least 72 hours (three full days) AND symptoms have improved for at least 72 hours AND at least seven days have passed since symptoms first began. Do not require a healthcare provider’s note to validate the illness or return to work of employees sick with acute respiratory illness; healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way;

   c. Ensure that your sick leave policies are up to date, flexible, and non-punitive to allow sick employees to stay home to care for themselves, children, or other family members. Consider encouraging employees to do a self-assessment each day to check if they have any COVID-19 symptoms (fever, cough, or shortness of breath);

   d. Separate employees who appear to have acute respiratory illness symptoms from other employees and send them home immediately. Restrict their access to the business until they have recovered;

   e. Reinforce key messages — stay home when sick, use cough and sneeze etiquette, and practice hand hygiene — to all employees, and place posters in areas where they are most likely to be seen. Provide protection supplies such as soap and water, hand sanitizer, tissues, and no-touch disposal receptacles for use by employees;

   f. Frequently perform enhanced environmental cleaning of commonly touched surfaces, such as workstations, countertops, railings, door handles, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. Provide disposable wipes so that commonly used surfaces can be wiped down by employees before each use;

   g. Be prepared to change business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations); and

   h. Comply with all applicable guidance from the U.S. Centers for Disease Control and Prevention and the Ohio Department of Health regarding social distancing.

10. **Sector Specific COVID-19 Information and Checklist for Businesses/Employers Covered by this Order.** Businesses and employers, whether currently open or reopening, are to take the following actions:

   a. Facilities
i. **Spacing, Capacity, Numbers**

1. Limit capacity (employees and members/clients) based on available space and ability to social distance with six feet between members/clients, except in facilities where instructor/student must be in close proximity (i.e. dance instruction, swimming, personal training, etc.).
2. Set facility up for social distancing by spacing equipment to provide a six foot radius (as measured from the center of the main operation of the specific piece of equipment) or by disabling equipment (bike, treadmill, elliptical, etc.) to provide a six foot radius.
3. For class settings, set up work areas before arrival of students, allowing at least a six foot radius around users.
4. Reinforce spacing through training with employees, and reinforcement with members/clients.
5. Remove excess seating throughout the facility to discourage lingering.
6. Reduce class sizes, if necessary, to accommodate the required six feet of social distancing.
7. Eliminate lost and founds.
8. Establish log-in procedures for members/clients, and maintain that information for potential contact tracing.
9. It is recommended that, if possible and when applicable, set aside specific hours for vulnerable populations.
10. It is recommended that, if possible, provide space at entrance or in lobby area to allow spacing for coat racks and when used, kiosks for check-ins.

ii. **Sanitation**

1. Hand washing or sanitization upon entry to facility.
2. Use sanitizer products that meet the CDC guidelines.
3. Have sanitizer available throughout the facility for employees and members/clients.
4. Provide cleaning products, EPA-approved disinfectants or disinfecting wipes for sanitizing equipment before and after use by clients, with equipment cleaning backed up by employees.
5. Routine disinfection of high-contact surfaces, desk workstations, restrooms, pool ladders, as well as, equipment.
6. Deep cleaning after hours or during low-use times for 24-hour facilities.
7. It is recommended that, if possible, provide foot pedals to open doors, or prop doors open to avoid contact.

iii. **Signage**

1. In entry, post signs requiring social distancing and recommending face coverings.
2. Post reminder signage for hand-washing, sanitization of equipment, distancing, etc.
3. It is recommended that, if possible, post sign with COVID-19 screening questions.
4. It is recommended that, if possible, post directional signage to encourage separation of entrances and exits.
iv. Air Circulation
   1. It is recommended that, if possible, limit use of fans.
      a. If fan use is necessary, place fans to blow away from members/clients.
   2. It is recommended that, if possible, open exterior doors.
   3. It is recommended that, if possible, available, and owner has access, open fresh air handlers.

b. Locker Rooms and Public Restrooms
   i. Disable, or mark every other or every third locker for non-use to enforce six-foot social distancing requirement. Facilities where lockers are assigned to members are not required to disable lockers but must enforce social distancing requirement.
   ii. Remove any casual seating other than benches by lockers as necessary.
   iii. Clean and disinfect public areas and restrooms every two hours using EPA-registered disinfectants, particularly on high-touch surfaces such as faucets, toilets, doorknobs and light switches.
   iv. If independent showers are available and used, they must be attended and sanitized between each use.
   v. Disable or close-off communal style showers except for rinsing before and after any pool activity.
   vi. Make sure supplies for handwashing, including soap and materials for drying hands are fully stocked every time the bathroom is cleaned.
   vii. Disable or close-off steam rooms and saunas.
   viii. If towels are provided, they are to be stored in covered, sanitized containers that are clearly delineated clean versus soiled. Appropriate temperatures are to be used when washing and drying towels to ensure sanitation (hot water for washing, ensure they are completely dried). Employees handling towels must wear gloves and face covering.
   ix. Restroom facilities should limit the number of users at any one time based on the facility size current social distancing guidelines. These facilities should be cleaned/sanitized per CDC recommended protocol along with established restroom cleaning schedules.
   x. It is recommended that, if possible, discourage use of locker rooms – encourage members/clients to arrive dressed for a workout and clean up at home.

c. Employees
   i. Provide instruction/education on COVID-19 prevention.
   ii. Encourage employees to take their temperature and perform a self-assessment and not report to work if they are ill or exhibiting symptoms of COVID-19.
   iii. Businesses must require all employees to wear facial coverings, except for one of the following reasons:
      1. Facial coverings in the work setting are prohibited by law or regulation;
      2. Facial coverings are in violation of documented industry standards;
      3. Facial coverings are not advisable for health reasons;
4. Facial coverings are in violation of the business’ documented safety policies; or
5. Facial coverings are not required when the employee works alone in an assigned work area.

iv. Businesses must provide written justification, upon request, explaining why an employee is not required to wear a facial covering in the workplace. At minimum, facial coverings (masks) should be cloth/fabric and cover an individual’s nose, mouth, and chin.

v. Maintain at least six feet from other employees and members/clients unless instruction makes it impractical.

vi. It is recommended that, if possible, businesses screen for temperature, history, exposure in accordance with CDC recommendations every work period (if symptomatic for illness, do not allow to work).

vii. It is recommended, if possible, businesses stagger shifts, breaks, and lunches to avoid mass entry/exit.

viii. It is recommended that, if possible, employees wear gloves when appropriate and possible. Dispose of gloves between interactions with members/clients.

d. Members/Clients

i. Check-in upon arrival at facility.

ii. Members/clients must conduct self-assessment and not enter a facility if they are exhibiting symptoms or have been exposed to COVID-19.

iii. When participating in class training, do not arrive more than 10 minutes prior to class.

iv. No socializing or extra-curricular activities.

v. Maintain six foot social distancing, except when instruction requires close interaction with instructor/coach.

vi. Partners exercising together and sharing equipment must maintain group segmentation from others exercising.

vii. At child-centric training/instruction, limit parents/guardians to one individual.

viii. It is recommended that, if possible, provide option to screen for temperature, history, and exposure.

ix. It is recommended that, if possible, wear face coverings, based on activity.

x. It is recommended that, if possible, provide training/instruction by appointment.

xi. It is recommended that, if possible and when appropriate, encourage members/clients to bring their own mats, bands, and/or equipment.

xii. It is recommended that, if possible, in martial arts training, consider elimination of drills done with a partner.

xiii. It is recommended that, if possible, at child-centric training/instruction, request parent/guardian wait in parking lot.

e. Indoor Sports

i. Social distancing of six feet will be adhered to unless drills and personal instruction require less separation.
ii. Members/Clients will use their own balls/racquets/paddles/equipment.
iii. If balls are passed, they must be disinfected after the training session.
iv. See other guidance documents for game play and contact competition sports.

f. Pools

i. Follow COVID-19 protocols as established by the state for local pools and aquatic centers.

g. Restaurants, Smoothie Bars, Vending, Drink Station

i. Follow COVID-19 protocols as established by the state for restaurants.
ii. Remove or disable water fountains, but allow bottle filling stations, if they are no-touch stations. If the station requires pushing a button or lever, or pushing the bottle against the dispenser, they must be disabled or sanitized after each use.
iii. It is recommended that, if possible, encourage members/clients to bring their own water bottles.
iv. It is recommended that, if possible, limit or eliminate grab-and-go stations/vending machines. If vending machines are available, they must be sanitized after each use.

h. Child Care

i. Follow COVID-19 protocols established by the state for child care facilities.

i. Confirmed Case

i. Immediately isolate and seek medical care for any individual who develops symptoms while at the facility.
ii. Shutdown space for deep sanitation, if possible.
iii. It is recommended that, if possible, businesses work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications.
iv. It is recommended that, if possible, once testing is readily available, test all suspected infections or exposures.
v. It is recommended that, if possible, following testing, contact local health department to initiate appropriate care and tracing.

11. Duration. This Order shall be effective at 12:01 a.m. on May 26, 2020 and remains in full force and effect until 11:59 p.m. on July 1, 2020, unless the Director of the Ohio Department of Health rescinds or modifies this Order at a sooner time and date.

COVID-19 is a respiratory disease that can result in serious illness or death, is caused by the SARS-CoV-2 virus, which is a new strain of coronavirus that had not been previously identified in humans and can easily spread from person to person. The virus is spread between individuals who are in close contact with each other (within about six feet) through respiratory droplets produced when an infected person coughs or sneezes. It may be possible that individuals can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.
On January 23, 2020, the Ohio Department of Health issued a Director’s Journal Entry making COVID-19 a Class A reportable disease in Ohio.

On January 28, 2020, the Ohio Department of Health hosted the first statewide call with local health departments and healthcare providers regarding COVID-19.

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak of COVID-19 a public health emergency of international concern.

On January 31, 2020, Health and Human Services Secretary, Alex M. Azar II, declared a public health emergency for the United States to aid the nation’s healthcare community in responding to COVID-19.

On February 1, 2020, the Ohio Department of Health issued a statewide Health Alert Network to provide local health departments and healthcare providers with updated guidance for COVID-19 and revised Person Under Investigation (PUI) criteria.

On February 3, 2020, the Ohio Department of Health trained over 140 personnel to staff a call center for COVID-19, in the event it was needed.

On February 5, 2020, the Ohio Department of Health began updating and notifying the media of the number of PUIs in Ohio every Tuesday and Thursday.

On February 6, 2020, the Ohio Department of Health updated all agency assistant directors and chiefs of staff on COVID-19 preparedness and status during the Governor’s cabinet meeting.

On February 7, 2020, the Ohio Department of Health and the Ohio Emergency Management Agency met to conduct advance planning for COVID-19.

On February 13, 2020, the Ohio Department of Health conducted a Pandemic Tabletop Exercise with State agencies to review responsive actions should there be a pandemic in Ohio.

On February 14, 2020, the Ohio Department of Health held a conference call with health professionals across the state. The purpose of the call was to inform and engage the healthcare community in Ohio. Presentations were provided by the Department of Health, Hamilton County Public Health, and the Ohio State University.

On February 27, 2020, the Ohio Department of Health and the Ohio Emergency Management Agency briefed the directors of State agencies during the Governor’s cabinet meeting regarding preparedness and the potential activation of the Emergency Operations Center.

On February 28, 2020, the "Governor DeWine, Health Director Update COVID-19 Prevention and Preparedness Plan" was sent to a broad range of associations representing healthcare, dental, long-term care, K-12 schools, colleges and universities, business, public transit, faith-based organizations, non-profit organizations, and local governments.
On March 2, 2020, the Ohio Department of Health activated a Joint Information Center to coordinate COVID-19 communications.

On March 5, 2020, the Ohio Department of Health hosted the Governor’s Summit on COVID-19 Preparedness, a meeting with the Governor, cabinet agency directors, local health department commissioners, and their staff.

On March 6, 2020, the Ohio Department of Health opened a call center to answer questions from the public regarding COVID-19.

On March 9, 2020, testing by the Department of Health confirmed that three (3) patients were positive for COVID-19 in the State of Ohio. This confirms the presence of a potentially dangerous condition which may affect the health, safety and welfare of citizens of Ohio.

On March 9, 2020, the Ohio Emergency Management Agency activated the Emergency Operations Center.

On March 9, 2020, the Governor Declared a State of Emergency in Executive Order 2020-01D.

On March 11, 2020, the head of the World Health Organization declared COVID-19 a pandemic.

On March 11, 2020, testing by the Ohio Department of Health confirmed that one (1) more patient was positive for COVID-19 in the State of Ohio.

On March 11, 2020, the Ohio Departments of Health and Veterans Services issued a Joint Directors’ Order to limit access to Ohio nursing homes and similar facilities.

On March 15, 2020, the Ohio Department of Health issued a Director’s Order to limit access to Ohio’s jails and detention facilities.

On March 15, 2020, the Ohio Department of Health issued a Director’s Order to limit the sale of food and beverages, liquor, beer and wine to carry-out and delivery only.

On March 15, 2020, the CDC issued Interim Guidance for mass gatherings or large community events, stating that such events that consist of 50 or more people should be cancelled or postponed.

On March 16, 2020 the Ohio Department of Health issued a Director’s Order closing polling locations for the March 17, 2020 primary election.

On March 17, 2020 the Ohio Department of Health issued a Director’s Order for the management of non-essential surgeries and procedures throughout Ohio.

On March 17, 2020 the Ohio Department of Health issued an Amended Director’s Order to limit and/or prohibit mass gatherings and the closure of venues in the State of Ohio.
On March 19, 2020, the Ohio Department of Health issued a Director’s Order closing hair salons, nail salons, barber shops, tattoo parlors, body piercing locations, and massage therapy locations.

On March 21, 2020, the Ohio Department of Health issued a Director’s Order closing older adult day care services and senior centers.

On March 21, 2020, the Ohio Department of Health issued a Director’s Order closing family entertainment centers and internet cafes.

On March 22, 2020, the Ohio Department of Health issued a Director’s Order that all persons are to stay at home unless engaged in essential work or activity.

On March 24, 2020, the Ohio Department of Health issued a Director’s Order that closed facilities providing child care services.

On March 30, 2020, the Ohio Department of Health issued an Amended Director’s Order that closed all K-12 schools in the State of Ohio.

On April 2, 2020, the Ohio Department of Health issued an Amended Director’s Order that all persons are to stay at home unless engaged in essential work or activity.

On April 30, 2020, the Ohio Department of Health issued the Stay Safe Ohio Order that reopened businesses, with exceptions, and continued a stay healthy and safe at home order.

Multiple areas of the United States are experiencing “community spread” of the virus that causes COVID-19. Community spread, defined as the transmission of an illness for which the source is unknown, means that isolation of known areas of infection is no longer enough to control spread.

The CDC reports that people are most contagious when they are most symptomatic (the sickest) however some spread might be possible before people show symptoms although that is not the main way the virus spreads.

Mass gatherings (10 or more persons) increase the risk of community transmission of the virus COVID-19.

Accordingly, I hereby ORDER that gyms, dance instruction studios, and other personal fitness venues may reopen as set forth in this Order. This Order shall remain in full force and effect until 11:59 p.m. on July 1, 2020, unless the Director of the Ohio Department of Health rescinds or modifies this Order at a sooner time and date. To the extent any public official enforcing this Order has questions regarding what services are prohibited under this Order, the Director of Health hereby delegates to local health departments the authority to answer questions in writing and consistent with this Order.

____________________________    May 22, 2020
Amy Acton, MD, MPH
Director of Health