DIRECTOR’S ORDER

Re: Director’s Updated and Revised Order for Business Guidance and Social Distancing

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. **Business and operations.** All 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 when possible, including, but not limited to, when any customers are standing in line.

3. **Prohibited activities.** All public and private gatherings of greater than 10 people occurring outside a single household and connected property, or living unit and connected property are prohibited, except for the limited purposes permitted by Orders of the Director of Health. This is in accordance with President Trump’s coronavirus guidelines issued March 16, 2020. Nothing in this Order prohibits the gathering at a household, family or residence. When people need to leave their places of residence to perform or to otherwise facilitate authorized activities necessary for continuity of social and commercial life, they should at all times and as much as reasonably possible comply with Social Distancing Requirements. This Section does not apply to weddings and funerals, although wedding receptions are subject to the Restaurants, Bars, and Banquet & Catering Guidance and limited to 300 persons. This Section does not apply to religious facilities, entities and groups and religious gatherings. This Section does not apply to First Amendment protected speech, including petition or referendum circulators and any activity by the Media, which includes newspapers, television, radio and other media services.

4. **Prohibited and permitted travel.** Persons who have tested positive for COVID-19, are presumptively diagnosed with COVID-19, or are exhibiting the symptoms identified in the screening guidance available from the U.S. Centers for Disease Control and Prevention and the
Ohio Department of Health, unless they have recovered, shall not enter the State, unless they are doing so under medical orders for the purposes of medical care, are being transported by Emergency Medical Services (EMS), are driving or being driven directly to a medical provider for purposes of initial care, or are a permanent resident of the State.

5. **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.

6. **Businesses covered by this Order.** For the purposes of this Order, covered businesses include any for-profit, non-profit, educational entities, or governmental entities (other than federal) regardless of the nature of the service, the function it performs, or its corporate or entity structure. Nothing in this Order is intended to encroach on or interfere with the separation of powers under the Ohio Constitution.

7. **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.

8. **Medical Care.** The Director of Health Order signed March 17, 2020, for the management of non-essential surgeries and procedures throughout Ohio, is rescinded effective at 11:59 p.m. on April 30, 2020. Governor DeWine asked hospitals and other providers to reassess all surgeries and procedures that were delayed consistent with the March 17 Order. Surgeries and procedures were to be prioritized and performed if there is a:
a. Threat to the patient’s life if the surgery or procedure is delayed;
b. Threat of permanent dysfunction of an extremity or organ system if delayed;
c. Risk of metastasis or progression of staging if delayed;
d. Risk of rapidly worsening to severe symptoms if delayed, or
e. Presence of severe symptoms causing an inability to perform activities of daily living.

Effective at 11:59 p.m. on April 30, 2020, medical providers, including dentists, in the State may resume non-essential surgeries and procedures. This type of health care typically does not require an inpatient or overnight stay. These surgeries, procedures and other health care services, that utilize minimal personal protective equipment (PPE) have a minimal impact on inpatient hospital bed capacity, may resume only if the provider meets the following conditions:

a. The provider follows infection control and other environmental practices in accordance with the ODH and CDC guidelines;
b. The provider maintains adequate inventories of PPE, supplies, equipment, and medicine in their facility for each patient, considering all phases of care the patient may require,
c. The provider creates a plan for conservation and monitoring that may include decontamination and reuse protocols to preserve PPE, supplies, equipment, and medicine to be prepared for an influx of patients, including those who do not have COVID-19;
d. The provider evaluates access to a reliable supply chain to support continued operations for non-COVID-19 cases, and to respond to an unexpected surge in COVID-19 cases in a timely manner;
e. The provider frequently counts PPE inventory. For hospitals, this information will continue to be reported to the State’s COVID-19 resource management system on a daily basis;
f. The provider defines processes for timely COVID-19 testing of patients and staff in accordance with the ODH guidelines;
g. The provider continues to use telehealth modalities whenever possible; and
h. The provider develops an actionable plan for communication, outreach, and equitable delivery of services that:
   i. Recognizes the underlying social determinants of health and the disproportionate impact of COVID-19 on minority populations;
   ii. Engages patients in discussion regarding the risk of contracting COVID-19; and
   iii. Engages patients in shared decision making regarding the need for and timing of health care services. Surgeries and other procedures could still be delayed based upon mutual decisions made by patients and their clinicians.

As a provider prepares to restart non-essential health care services, hospitals and other providers should review the following types of considerations:

a. Pre-restart considerations;
b. Prioritizing patient outreach and scheduling;
c. Patient Communication;
d. Patient Screening for COVID-19;
e. Facility Considerations;
f. Workforce/Staffing;
g. Sanitation Procedures;
h. Personnel Protective Equipment;
i. Supplies;
j. Patient and Staff Testing; and
k. Consultation of additional Resources.

These restrictions will be lifted during the next phase of reopening. Providers should continue to use telehealth modalities, whenever possible, and create or use existing internal strategies to prioritize cases based on the medical staff’s governance and resolution structure. Providers should also follow the Responsible Restart Ohio Guide for Health Care distributed by ODH.

9. **Closed Businesses and Operations.** For the purposes of this Order, the following businesses and operations are to remain closed until this Order is amended or rescinded:

   a. **Schools.** The Third Amended Director of Health Order signed May 22, 2020, or as it may be subsequently amended, that closed all K-12 schools in the State remains in effect;

   b. **Adult Day Support or Vocational Habilitation Services in a Congregate Setting.** The Amended Director of Health Order signed March 21, 2020, or as it may be subsequently amended, that prohibited adult day support or vocational habilitation services in a congregate setting in the State remains in effect;

   c. **Older Adult Day Care Services and Senior Centers.** The Director of Health Order signed March 24, 2020, or as it may be subsequently amended, that prohibited older adult day care services and closed senior centers in the State remains in effect;

   d. **Entertainment/Recreation.** The Director of Health Order to Cease Operations and Close Venues signed March 21, 2020, or as it may be subsequently amended, that closed all indoor family entertainment businesses and venues such as laser tag facilities, roller skating rinks, ice skating rinks, arcades and indoor miniature golf facilities, as well as, adult and child skill or chance game facilities in the State remains in effect, except that roller skating rinks, ice skating rinks and indoor miniature golf facilities are now permitted to be open in the State so long as they comply with the non-contact sports, skills training and golf guidance contained in separate Director’s orders. The Director of Health Amended Order to Limit and/or Prohibit Mass Gatherings and the Closure of Venues in the State of Ohio signed March 17, 2020, or as it may be subsequently amended, that closed auditoriums, stadiums, arenas, parades, fairs, festivals, bowling alleys, health clubs, fitness centers, workout facilities, gyms, yoga studios, indoor trampoline parks, indoor water parks, movie and other theatres (excluding drive-in theatres), performance theatres, all public recreation centers, and indoor sports facilities in the State remains in effect, except that bowling alleys, health clubs/fitness centers/workout facilities/gyms/yoga studios, fitness-based public recreation centers and indoor sports facilities are now permitted to be open pursuant to separate Director’s orders and the mass gathering definition is now any number greater than 10 persons pursuant to Section 3 of this Order. All places of public amusement, whether indoors or outdoors, including, but not limited to, locations with amusement rides, carnivals, amusement parks, water parks, aquariums, zoos, museums, arcades, fairs, children's play centers, playgrounds, funplexes, theme parks, concert and music halls, and country clubs or social clubs shall be closed. Recreational sports tournaments and organized recreational sports leagues, except as specifically permitted by separate Director’s order shall be prohibited.
10. Minimum Basic Operations. Any activity, business or operation, if ordered closed, is still permitted to engage in Minimum Basic Operations. For the purposes of this Order, Minimum Basic Operations include the following, provided that employees comply with Social Distancing Requirements, to the extent possible, while carrying out such operations:

a. The minimum necessary activities to maintain the value of the business's inventory, preserve the condition of the business's physical plant and equipment, ensure security, process payroll and employee benefits, or for related functions; and

b. The minimum necessary activities to facilitate employees of the business being able to continue to work remotely from their residences.

11. 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. Essential Businesses and Operations and businesses engaged in Minimum Basic Operations 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.

12. 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; and

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).

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.

13. Sector Specific COVID-19 Information and Checklist for Manufacturing, Distribution & Construction. Businesses and employers, whether currently open or reopening, are to take the following actions:

a. Employees, Distributors, & Guests

   i. Ensure minimum 6 feet between people, if not possible, install barriers.

   ii. 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. Practical reasons include but are not limited to high temperatures in manufacturing facilities, or manufacturing employees separated by more than six feet or by a barrier when performing their jobs on the manufacturing floor.

          Businesses must provide written justification to local health officials, 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.

iii. Employees must perform daily symptom assessment, including for cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell.

iv. Require employees to stay home if symptomatic.

v. Require regular handwashing.
vi. Stagger or limit arrivals of employees and guests.

vii. Have employees work from home whenever possible.

viii. It is recommended that, if possible, consider having distributors and guests wear face coverings at all times.

ix. It is recommended that, if possible, provide stipend to employees for transportation.

b. Shift Pattern

i. Daily disinfection of desks and workstations.

ii. Change shift patterns (e.g. fewer shifts).

iii. Stagger lunch and break times.

iv. It is recommended that, if possible, split into sub-teams, limit contact across sub-teams.

v. It is recommended that, if possible, reduce pace to allow less FTEs per line.

c. Physical Spaces/Workstations

i. Ensure minimum 6 ft between people, if not possible, install barriers.

ii. Daily deep disinfection of high-contact surfaces.

iii. Space factory floor to allow for distancing.

iv. Regulate max number of people in cafeterias/common spaces.

v. Establish maximum capacity.

vi. It is recommended that, if possible, close cafeteria and gathering spaces or conduct regular cleanings.

vii. It is recommended that, if possible, daily deep disinfection of entire facility.

d. Confirmed Cases

i. Immediately isolate and seek medical care for any individual who develops symptoms while at work.

ii. Contact the local health district about suspected cases or exposures.

iii. Shutdown shop/floor for deep sanitation if possible.

iv. It is recommended that, if possible, work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications.

v. It is recommended that, if possible, once testing is readily available, test all suspected infections or exposures.

vi. It is recommended that, if possible, following testing, contact local health department to initiate appropriate care and tracing.


Businesses and employers, whether currently open or reopening, are to take the following actions:

a. Employees

i. Ensure minimum 6 feet between people, if not possible, install barriers.
ii. 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.

iii. 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 to local health officials, 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.

iv. Employees must perform daily symptom assessment, including for cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell.

v. Require employees to stay home if symptomatic.

vi. Require regular handwashing by employees.

vii. Place hand sanitizers in high-contact locations.

viii. Clean high-touch items after each use (e.g. carts, baskets, and other items and equipment).

ix. It is recommended that, if possible, group employees by shift to reduce exposure.

b. Customers & Guests

i. Ensure minimum 6 feet between customers.

ii. Specify hours for at-risk populations, as appropriate (e.g. elderly).

iii. Place hand sanitizers in high-contact locations.

iv. Ask customers and guests not to enter if symptomatic.

v. Stagger entry of customers and guests.

vi. Businesses that offer permitted sports activities and sports leagues must follow guidance for General Non-Contact Sports.

vii. It is recommended that, if possible, consider having customers wear face coverings at all times.

viii. It is recommended that, if possible, health questionnaire for symptoms at entry point.

ix. It is recommended that, if possible, provide face coverings upon entry.

x. It is recommended that, if possible, accept customers by appointment only.

xi. It is recommended that, if possible, increase availability for curb-side pickup.

xii. It is recommended that, if possible, consider suspending return policies.
c. Physical Spaces

i. Ensure minimum 6 ft between people, if not possible, install barriers.
ii. Post social distancing signage and disinfect high-contact surfaces hourly.
iii. Clean merchandise before stocking if possible.
iv. Establish maximum capacity.
v. Discontinue self-service buffets and product samples, but self-service beverage is permitted.
vi. Food courts must follow Restaurants, Bars, and Banquet & Catering Facilities/Services Guidance.

vii. Businesses with food service operations must also follow Restaurants, Bars, and Banquet & Catering Facilities/Services Guidance.

viii. It is recommended that, if possible, close once a week for deep cleaning.
ix. It is recommended that, if possible, maximize available checkout space to promote social distancing (e.g., space customer lines with floor markers, use alternate registers).
x. It is recommended that, if possible, use contact-less payments.

xi. It is recommended that, if possible, increase capacity for delivery and curb-side pickup.

d. Confirmed Cases

i. Immediately isolate and seek medical care for any individual who develops symptoms while at work.
ii. Contact the local health district about suspected cases or exposures.

iii. Shutdown shop/floor for deep sanitation if possible.
iv. It is recommended that, if possible, work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications.

v. It is recommended that, if possible, once testing is readily available, test all suspected infections or exposures.
vi. It is recommended that, if possible, following testing, contact local health department to initiate appropriate care and tracing.


Businesses and employers, whether currently open or reopening, are to take the following actions:

a. Employees & Guests

i. Ensure minimum 6 feet between people, if not possible, install barriers.

ii. Personnel should work from home when possible and feasible with business operations.

iii. Stagger arrival of all employees and guests.

iv. 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 to local health officials, 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. Employees must perform daily symptom assessment, including for cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell.
vi. Require employees to stay home if symptomatic.
vii. Require regular handwashing by employees.
viii. Place hand sanitizers in high-contact locations.
ix. It is recommended that, if possible, ensure seating distance of minimum of 6 feet or more.
x. It is recommended that, if possible, consider having customers wear face coverings at all times.
xii. It is recommended that, if possible, enable natural workplace ventilation.
xiii. It is recommended that, if possible, health questionnaire for symptoms at entry.

b. Physical Spaces

i. Frequent disinfection of desks, workstations, and high-contact surfaces.
ii. Daily disinfection of common areas.
iii. Cancel/postpone in person events when social distancing guidelines cannot be met.
iv. No self-service buffet in cafeteria.
v. Utilize disposable tableware and other materials.
vi. Establish maximum capacity.
vii. Reduce sharing of work materials.
viii. Post signage on health safety guidelines in common areas.
ix. It is recommended that, if possible, redesign/space workstations for 6 feet or more of distance.
x. It is recommended that, if possible, close cafeteria and gathering or conduct regular cleanings.
xi. It is recommended that, if possible, limit congregation in office spaces.
xii. It is recommended that, if possible, divide essential staff into groups and establish rotating shifts.
xiii. It is recommended that, if possible, have available at least 3 weeks of cleaning supplies.

c. Confirmed Cases
i. Immediately isolate and seek medical care for any individual who develops symptoms while at work.

ii. Contact the local health district about suspected cases or exposures.

iii. Shutdown shop/floor for deep sanitation if possible.

iv. It is recommended that, if possible, work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications.

v. It is recommended that, if possible, once testing is readily available, test all suspected infections or exposures.

vi. It is recommended that, if possible, following testing, contact local health department to initiate appropriate care and tracing.

16. Previous Orders superseded. This Order supersedes, only to the extent that it conflicts, and amends any previous Order which conflicts with the provisions of this Order.

17. Duration. This Order shall be effective at 11:59 p.m. on May 29, 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 Social Distancing requirements and business sector checklists as set forth in this Order are to continue. 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 the effect of 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 29, 2020
Amy Acton, MD, MPH
Director of Health