Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt.Governor

Lance D. Himes, Interim Director

DIRECTOR'S ORDER

Re: Director's Order for Facial Coverings in Butler, Cuyahoga, Franklin, Hamilton, Huron, Montgomery, and Trumbull Counties in Level 3 Public Health Advisory

I, Lance D. Himes, Interim 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:** As the spread of COVID-19 accelerates in Ohio, the Department of Health supplemented existing statewide Orders with a system of further guidance to protect Ohioans. The counties of Butler, Cuyahoga, Franklin, Hamilton, Huron, Montgomery, and Trumbull have each triggered four or more of the key indicators in the Ohio Public Health Advisory System. Each of the counties has a Level 3 advisory. This reveals that each county is experiencing a very high exposure and spread of COVID-19. Immediate action is necessary to mitigate the danger that this presents to the residents of these counties. Therefore, to mitigate the spread of COVID-19 in these counties, I Order all residents to wear facial coverings (masks) in accordance with the requirements set forth in Section 7 of this order.

2. **Public Health Advisory System.** The Ohio Public Health Advisory System was established to increase the information available to Ohioans about their COVID-19 risk at the county level. Ten key indicators across five data categories will be used to assess a community's COVID-19 risk. These key indicators are to be analyzed regularly by the Ohio Department of Health to look for changes. The five data categories and ten key indicators are:

Data Category	Key Indicators
Cases	• New cases per capita • Sustained increases in new cases • Proportion of cases not in congregate setting
Symptoms	• Sustained increase in Emergency Department (ED) visits for COVID-like illness • Sustained increase in outpatient visits for COVID-like illness
Hospitalizations	• Sustained increase in new COVID hospital admissions • Intensive Care Unit (ICU) bed occupancy
Contact Tracing	• Rate of new cases from contacts of known cases (still under development)
Testing	• Tests per capita (still under development)

	• Percent positivity (still under development)

Additional analyses are performed to augment these key indicators with more qualitative information that will not only give context to the data, but will also be used in response efforts. For example, scope and control of local outbreaks, proximity to other communities at higher risk levels, and other relevant criteria will be reviewed. While this information may reflect localized or isolated surges, it is not intended to replace real-time epidemiologic investigation and clinical response by local health officials and healthcare providers.

Each risk level includes enhanced guidance and strong recommendations for individuals and businesses. Individuals and communities should have the ability to take appropriate steps to protect their health if the recommendations are followed. We are all living with COVID-19. The Public Health Advisory System will remain in place until COVID-19 is no longer a threat to the health and well-being of Ohioans. The risk levels and the corresponding enhanced guidance and recommendations, as they may hereafter be amended, are located at coronavirus.ohio.gov and incorporated herein by reference.

3. **Public Health Advisory indicators.** The triggers for the ten indicators of the Public Health Advisory System are as follows:

    1. New Cases Per Capita: this measure considers how many new cases have occurred in the last 14 days relative to the population of a county. More cases mean a greater potential for spread among individuals living in that county, and contributes to a county's overall risk level. The threshold for concern is set at 50 cases per 100,000 residents over the last two weeks, which follows CDC guidance for categorizing incidence. Triggered if greater than 50 cases per 100,000 residents over the last two weeks. Allows for counties with different population sizes to be appropriately compared.
    2. Sustained Increase in New Cases: if the number of daily new cases continually increases day over day, then that means the virus is spreading more in a county. However, we don't want to flag a county that may have experienced just a one-day increase. Therefore, for this measure we look at the increase using smoothed analysis (or 7-day moving average) of new cases and see if there is at least a 5-day period of sustained growth. The CDC and Resolve to Save Lives both use 5 days as the minimum for determining a trajectory. Triggered if increasing trend of at least 5 days in overall cases by onset date. Reflects disease spread in the population.
    3. Proportion of Cases Not Congregate Cases: congregate settings for this indicator are defined as long-term care facilities (including nursing homes) and prisons. Individuals who reside in congregate settings or are incarcerated are generally not viewed as a transmission risk to the broader community. As such, people with COVID-19 not residing in a congregate setting should carry greater weight in a county's risk analysis since they are more likely to interact with others in the broader community. A county is flagged on this measure if at least one week, of the last three weeks, sees more than 50% of new cases in non-congregate settings. Triggered if proportion of cases that are not in a congregate setting goes over 50% in at least one of the last 3 weeks. Used as indicator of greater risk of community spread.

4. Sustained Increase in Emergency Room Visits: we look at those going to emergency departments for COVID-19 symptoms as an early warning sign of COVID activity that may impact hospitals down the road. This measures the trend in the number of people with symptoms consistent with COVID-19 that visit the emergency department (e.g., fever, cough, shortness of breath, difficulty breathing) and not diagnosed with another respiratory illness. In addition, patients with a COVID-19 diagnosis code are included in this metric. A county is flagged when there is an increase over a 5-day period using a smoothed analysis (7-day moving average), which follows CDC criteria for assessing increases or rebounds of COVID-like illness. Triggered if increasing trend of at least 5 days in the number of visits to the emergency department with COVID-like illness or a diagnosis. Provides information on the health care seeking behavior of the population and a sense of how concerned residents are about their current health status and the virus.
5. Sustained Increase in Outpatient Visits: the number of people visiting outpatient settings with suspected and confirmed COVID-19 diagnosis codes is important to understand how many people are sick enough to go to the doctor's office. Like with emergency visits, this can be an early warning indicator. A county is flagged when the there is an increase over a 5-day period using a smoothed analysis (7-day moving average), per CDC criteria for assessing increases or rebounds. Triggered if increasing trend of at least 5 days in the number of people going to a health care provider with COVID symptoms who then receive a COVID confirmed or suspected diagnosis. Provides information on the health care seeking behavior of the population and a sense of how concerned residents are about their current health status and the virus.
6. Sustained Increase in New COVID-19 Hospital Admissions: the number of county residents who are admitted to hospitals with COVID is an indicator of the burden of illness in the community. This measure looks at the county of residence (rather than the county of hospitalization) since residents of rural counties may seek care at hospitals in neighboring counties. In addition, CDC recommends looking at hospital admissions in addition to COVID-like illness for a more complete picture of disease activity in an area. A county is flagged when there is at least a 5-day period of sustained growth with a 7-day moving average (or smoothed analysis) of new hospital admissions. Triggered if increasing trend of at least 5 days in the number of new hospitalizations due to COVID. Important indicator of hospital burden and disease severity.
7. Intensive Care Unit (ICU) Bed Occupancy: one of the challenges of treating COVID patients is the long period of hospital or ICU care required per patient. While new hospital admissions tell us the new burden of illness on individuals in a county, it does not tell us the resource burden on the hospitals in the broader region. This measure considers both COVID and non-COVID use of intensive care unit beds, as COVID cases are just one portion of what hospitals must handle in their communities. A county is flagged on this measure when the regional ICU occupancy goes above 80% for at least three of the last seven days. The CDC has set ICU occupancy at 80% as an indicator of hospital capacity to treat all patients without resorting to crisis standards of care. Triggered if percentage of the occupied ICU beds in each region goes above 80% for at least three days in the last week. Provides an indication of the capacity available to manage a possible surge of severely ill patients.
8. Contact Tracing: this measure helps us understand what portion of cases are coming from transmission chains that we are already aware of, versus how many cases are coming from

community spread that we are just learning about. Triggered if the proportion is low. The measure details and data source for this is still being finalized.

9. Tests Per Capita: this measure gives an indication of how much testing is going on, and is it enough given the number of people who live in the county. If a county has less than 150 tests per 100,000 people per day, there may not be enough testing to reliably detect cases. Triggered if the rate of testing is low. The measure details and data source for this metric is still being finalized.
10. Percent Positivity: in addition to the sheer number of tests done, it's also important to consider how many tests are positive. Counties that have a higher percent positivity rate may have more undetected cases. For instance, if there's only enough testing to target high-risk settings—the high positivity rate would indicate a need for more testing resources. This measure can also be used to determine whether additional testing is impacting the trajectory of new cases or whether an increase in cases is indicating broader spread of the disease in the population. Triggered if the positivity rate is high. The measure details and data source for this metric is still being finalized.

4. **Public Health Advisory alerts.** The Public Health Advisory System announces alerts as to the level of the Public Emergency that is based upon the indicators triggered. The alert levels are as follows:

    a. Level 1 (Yellow): 0-1 Public Health Advisory indicators triggered.
    b. Level 2 (Orange): 2-3 Public Health Advisory indicators triggered.
    c. Level 3 (Red): 4-5 Public Health Advisory indicators triggered; however, a county in this category cannot improve its risk level unless it also drops below the CDC's threshold for high incidence (100 cases per 100,000 over the last 2 weeks).
    d. Level 4 (Purple): 6 or more Public Health Advisory indicators triggered during two reporting periods in a row. However, a county in this category cannot improve its risk level until it has not triggered 6 or more indicators for two consecutive reporting periods.

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, the risk of severe illness from COVID-19 increases as people grow older and those at high-risk for severe illness from COVID-19 also include people and people of all ages with underlying medical conditions, particularly if not well controlled, including:

    a. Women who are pregnant;
    b. People with chronic lung disease or moderate to severe asthma;
    c. People who have serious heart conditions;
    d. People who are immune compromised;
    e. People with severe obesity (body mass index [BMI] of 30 or higher);
    f. People with diabetes;
    g. People with Sickle Cell disease;
    h. People with chronic kidney disease undergoing dialysis; and
    i. 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).** Except as provided herein, all individuals, in Butler, Cuyahoga, Franklin, Hamilton, Huron, Montgomery, and Trumbull Counties shall wear facial coverings at all times when:

    a. In any indoor location that is not a residence;
    b. Outdoors and unable to consistently maintain a distance of six feet or more from individuals who are not members of their household; or
    c. Waiting for, riding, driving, or operating public transportation, a taxi, a private care service, or a ride sharing vehicle. This does not apply to private or rental vehicles where members of a family are sharing a vehicle. This does not apply to vehicles engaged in direct travel through a county that does not stop in that county.

    The requirement to wear a facial covering shall continue for a county identified in this Order until that county no longer is designated at level 3 or level 4 in the Public Health Advisory System pursuant to Section 4 above. The requirement to wear a facial covering does not apply when:

    a. The individual is under ten years of age;
    b. A medical condition, including those with respiratory conditions that restrict breathing, mental health conditions, or disability contraindicates the wearing of a facial covering;
    c. The individual is communicating or seeking to communicate with someone who is hearing-impaired or has another disability, where the ability to see the mouth is essential for communication;
    d. The individual is alone in an enclosed space, such as an office, and which space is not intended for use or access by the public;
    e. The individual is actively engaged in exercise in a gym or indoor facility so long as six or more feet of separation between individuals exists;
    f. The individual is actively participating in athletic practice, scrimmage, or competition that is permitted under a separate Department of Health order;
    g. The individual is actively engaged in a public safety capacity, including but not limited to law enforcement, firefighters or emergency medical personnel;
    h. The individual is seated and actively consuming food or beverage in a restaurant or bar;
    i. Facial coverings are prohibited by law or regulation;
    j. Facial coverings are in violation of documented industry standards;
    k. Facial coverings are in violation of a business's documented safety policies;
    l. Individual is actively participating in broadcast communications; or
    m. Individual is an officiant of a religious services.

    Schools that offer kindergarten through grade twelve instruction should follow the guidelines set forth by the Ohio Department of Education and the Ohio Department of Health. Nothing in this order is intended to interfere with the separation of powers under the Ohio Constitution. This Order does not apply to jails or prison facilities. This Order is not intended to supersede, supplant or preempt any order or law of a local jurisdiction that is more restrictive than this Order. For the

purposes of this Order, a facial covering (mask) is any material cover an individual's nose, mouth, and chin.

8. **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.

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; 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.

10. **Duration.** This Order shall be effective at 6:00 p.m. on July 8, 2020 and remains in full force and effect until each of the counties listed herein no longer is designated as red or purple pursuant to Section 4, above, or the State of Emergency declared by the Governor no longer exists, or the Director of the Ohio Department of Health rescinds or modifies this Order, whichever occurs sooner.

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.

SARS-CoV-2, the virus that causes COVID-19, has been demonstrated to transmit infection from infected persons when symptomatic, asymptomatic, and pre-symptomatic.

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

Accordingly, I hereby **ORDER** that the all persons wear facial coverings in Butler, Cuyahoga, Franklin, Hamilton, Huron, Montgomery, and Trumbull Counties, except as set forth in this Order. This Order shall remain in full force and effect until the State of Emergency declared by the Governor no longer exists, or the Director of the Ohio Department of Health rescinds or modifies this Order. 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.

July 8, 2020

Lance D. Himes
Interim Director of Health