Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt.Governor

Lance D. Himes, Interim Director

DIRECTOR'S ORDER

Re: Director's Order that Provides Guidance for Contact Sport Practices and Non-Contact Sport Competitions, with Exceptions

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 throughout 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. **Contact Sport Practices and Non-Contact Sport Competitions to reopen.** Contact practice and training may resume for all sports; provided, however, only intra-club/team scrimmages are permitted for contact sports and scrimmages, practices, and/or open gyms with another team or club are not permitted for contact sports so as to minimize the spread of COVID-19. Competitive games and tournaments are permitted for non-contact sports only. This Order applies to both public and private activities and facilities. These activities, 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. **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.

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 apply exceptions to wearing a mask equally to all persons and post the exceptions at all entrances. 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. **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.

6. **Questions.** 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.

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

   i. 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;

ii. 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;

iii. 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);

iv. 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;

v. 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;

vi. 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;

vii. 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

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

8. **Sector Specific COVID-19 Information and Checklist for Contact Sport Practices and Non-Contact Sport Competitions.** Activities, leagues, organizations, businesses or employers, whether currently open or reopening, are to take the following actions:

a. Players, Coaches, Athletic Trainers, and Officials

i. Players, coaches, athletic trainers, and officials must conduct daily symptom assessments. Anyone experiencing symptoms, including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea, must stay home.

ii. Athletic trainers must wear a face covering when attending to an injured player, preferably a medical-grade mask, 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's documented safety policies; or
5. Facial coverings are not required when the employee works alone in an assigned work area.
6. There is a functional (practical) reason for an employee not to wear a facial covering in the workplace.

Written justification must be provided to local health officials, upon request, explaining why an athletic trainer is not required to wear a facial covering when attending to an injured player. At minimum, facial coverings (masks) should be cloth/fabric and cover an individual's nose, mouth, and chin.

iii. It is recommended that, if possible, Coaches, athletic trainers and officials should wear face coverings at all times and players should wear face coverings when not on the field or court of play except for one of the following reasons:
   1. Facial coverings in the 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 documented safety policies; or
   5. There is a functional (practical) reason not to wear a facial covering.

iv. It is recommended that, if possible, promote good hand hygiene and respiratory etiquette. Flyers and signs are available at coronavirus.ohio.gov.

v. It is recommended that, if possible, ask a parent/volunteer to help monitor/ensure social distancing on teams of young children.

vi. It is recommended that, if possible, identify players at higher risk of developing serious complications from COVID-19, such as those with asthma diabetes or other health problems and take extra precautions to protect them.

b. Spectators

i. Spectators must conduct daily symptom assessments. Anyone experiencing symptoms, including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea, must stay home.

ii. Six-feet social distancing must be maintained between individuals.

iii. No congregating before or after practices or games is permitted.

vii. It is recommended that, if possible, spectators should wear face coverings at all times except for one of the following reasons:
   1. Facial coverings in the 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 documented safety policies; or
   5. There is a functional (practical) reason not to wear a facial covering.

c. Practices, Games, and Tournaments

i. Six-feet social distance must be maintained between individuals except when on the field or court of play.
ii. Physical contact is only permitted within the rules of the game during competitive practice. Players, coaches, and officials are not to physically contact each other before or after competitive practice (i.e. greetings, team huddles, high-fives, congregating, etc.)
iii. Limit time spent on activities where players are in close proximity for extended periods of time (e.g. repeatedly practicing corner or penalty kicks in soccer or rebounding drills in basketball).
iv. Facilities/clubs/teams must ensure that facilities have adequate space for social distancing for players, coaches, officials, athletic trainers, parents/guardians, and spectators off the field or court of play.
v. No congregating before or after practices or games is permitted.
vi. Prior to competitive tournaments for non-contact sports, tournament organizers must alert the local health department.
vii. It is recommended that, if possible, during practices, consider putting players into small groups that remain together through practice stations rather than mixing groups for station to station.

d. Equipment

i. Whenever possible, equipment and personal items (such as water bottles) should have proper separation and should not be shared. If equipment must be shared, proper sanitation should be performed between users. Water bottles, food, and drinks should not be shared.
ii. It is recommended that, if possible, competing players/teams should not use the same equipment.
iii. It is recommended that, if possible, make sure there are adequate supplies of items and equipment to the extent possible to minimize the need for sharing (e.g. bats, protective gear, etc.)

e. Facilities and Venues

i. Time should be allotted between practice sessions to allow teams to exit fields/facilities prior to new teams arriving and for proper sanitizing for shared spaces (benches, equipment, etc.)
ii. Organizers of non-contact sports tournaments must follow applicable guidance for venues (including grandstands) in which the tournament is held.
iii. It is recommended that, if possible, promote good hand hygiene and respiratory etiquette. Flyers and signs are available at coronavirus.ohio.gov.
iv. It is recommended that, if possible, make hand sanitizer available at convenient locations.
v. It is recommended that, if possible, if playing inside, ensure ventilation systems or fans operate properly. Increase circulation of outdoor air as much as possible, such as opening windows and doors unless doing so poses a safety or health risk.

f. Non-Contact Travel Teams

i. It is recommended that, if possible, consider competing only against teams in your local area. Traveling outside the local community may increase the changes of exposing players, coaches, and fans to COVID-19, or unknowingly spreading it to others.
ii. It is recommended that, if possible, limit use of carpools. Encourage players to only ride with others in their household if possible.

ix. Confirmed Case

i. Immediately isolate and seek medical care for any individual who develops symptoms.
ii. Contact the local health district about suspected cases or exposure.
iii. It is recommended that, if possible, work with local health department to identify potentially infected or exposed individuals to help facilitate effective exposure notification.
iv. It is recommended that, if possible, test all suspected infections or exposures.
v. It is recommended that, if possible, following testing, contact local health department to initiate appropriate care and exposure notification.

9. **Duration.** This remainder of this Order shall be effective immediately and remains in full force and effect until 11:59 p.m. on July 10, 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.

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 contact practice and training may resume for all sports. Only intra-club/team scrimmages are permitted for contact sports and practices/open gyms should be limited in the same way wherever possible. Competitive games and tournaments are permitted for non-contact sports only. as set forth in this Order. This Order shall remain in full force and effect until 11:59 p.m. on July 10, 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.

Lance D. Himes
Interim Director of Health

June 30, 2020