

DIRECTOR'S ORDER

Re: Fourth Amended Director's Order to Limit Access to Ohio's Nursing Homes and Similar Facilities, with Exceptions.

I, Lance Himes, Interim Director of the Ohio Department of Health (ODH) pursuant to the authority granted to me in R.C. 3701.13 and R.C. Chapter 3721, to prevent the spread of contagious or infectious diseases, hereby order all "Homes" as that term is defined in R.C. 3721.01 and to include Intermediate Care Facilities for Individuals with Intellectual Disorders licensed by the Ohio Department of Developmental Disabilities (ICF/IID) **ORDER** the following:

1. This Order shall replace the prior Orders issued on March 13, 2020 and June 5, 2020 regarding Ohio's Nursing Homes and Similar Facilities. Homes must continue to restrict access only to those personnel who are necessary to the operation of the Homes, except as permitted in limited circumstances set forth below. Personnel who are necessary for the operations of the Homes include, but may not be limited to, staff, contracted and emergency healthcare providers, contractors conducting critical on-site maintenance, and governmental representatives and regulators and their contractors. No visitors of residents shall be admitted to any Home, except for end of life situations as explained below.
2. All individuals and personnel must be screened for COVID-19 each time they enter the facility. Screening guidance is available from the U.S. Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services as well as from ODH. Screening should include questions about exposure to COVID-19 and assessing the visitors and personnel for cough, shortness of breath, and body temperature of 100.4 degrees or higher. This Order does not apply to exigent circumstances, to emergency medical services, first responders and similarly situated individuals.
3. The Home should attempt to have as few of points of entry as possible. ODH recommends that Homes, where possible, have a designated entry point. This does not apply to emergency ingress or egress of the facilities.
4. Individuals granted access to a Home must produce legal federal or state identification or other satisfactory forms of identification, or be a person known to the Home. The individuals should provide the Home with business telephone number and address. It is the responsibility of the Homes to log each visitor including telephone number and address. The log shall be maintained for at least six months.
5. Residents must be allowed to discharge from Homes at any time and in accordance with applicable state and federal law, understanding that residents that then return to the Homes while this Order is in effect are subject to the directives above.
6. Nursing Homes and Residential Care Facilities shall comply with infection control precautions located in Ohio Administrative Code 3701-17-11(D) and 3701-16-12(C).

7. Visitors shall be admitted for end of life situations. For purposes of this Order, end of life situations are defined as a substantial change of condition indicating end of life is approaching. Providers shall notify family several days and up to one week in advance and shall not wait until active dying. Some indications of end of life include the following: loss of appetite (no eating or drinking), increased sleeping, delirium, unexplained agitation, mottling of skin, significant decline in cognition, or an increase in depression accompanying other indications.
8. Homes, as that term is defined in R.C. 3721.01, including Nursing Homes, Residential Care Facilities (RCFs), and ICF/IIDs may permit residents to have visitors in outdoor settings in accordance with the guidelines and exceptions set forth below. Homes shall do the following as they prepare for and assess their readiness to commence outside visits:
 - a. The following requirements apply to all Homes:
 - i. Homes should consider all the following as a part of developing a comprehensive plan to commence outdoor visitation:
 1. Case status in surrounding community;
 2. Case status in the home(s);
 3. Staffing levels;
 4. Access to adequate testing for residents and staff;
 5. Personal protective equipment supplies; and
 6. Local hospital capacity.
 - ii. Carefully consider all implications for resident physical and mental well-being when determining how to allow facility and personal visitation decisions.
 - iii. Develop visitation policies that include screening visitors consistent with the requirements in Paragraph 2 of this Order and maintaining a log of visitors that includes name and contact information. The log shall be retained for at least six months. Policies and logs shall be made available upon request to residents, visitors, the Department of Health, Department of Aging, Department of Developmental Disabilities, and any representative of the Office of the State Long-Term Care Ombudsman.
 - iv. Require visitors to wear a mask during the visit and residents, where possible, should also wear a mask during the visit.
 1. All visitors should be an age of such maturity as to facilitate social distancing as required in this Order and so as not to be a distraction to other residents, visitors, or staff.
 - v. Residents should be reminded about the risks of the spread of COVID-19 and the appropriate safety measures to take to protect themselves and their visitors.

- vi. Homes need to have adequate staff on site to screen visitors as required by this Order.
- vii. If more than one resident has a visitor, or a resident has multiple visitors, the Home shall provide enough outdoor space to permit all visitors and residents to maintain appropriate distance from each other.
- viii. Encourage residents and visitors to have a contact-free visit. If contact does occur, the resident shall wash hands thoroughly upon returning indoors and, if possible, change clothes upon returning indoors. Items such as wheelchairs or other touched items shall be cleaned and disinfected.
- ix. Hand sanitizer shall be made available to visitors and residents for use before, after, and during the visit.
- x. On-site visits must be scheduled with the Home. Visitors will be provided a time for the visit as well as the length of the visit.
- xi. Contingency plans should be made to address adverse weather as well as accommodations to provide for outdoor visit areas that provide shade for residents that may have sun-sensitivity.
- xii. Communal Activities: to the extent possible and so long as all safety protocols and safe distancing is adhered to, facilities are encouraged to continue offering communal activities for residents who have fully recovered from COVID-19, and for those not in isolation for observation, suspected or confirmed COVID-19 status, as follows:
 - 1. Individuals may eat in the same room with social distancing (limited number of people at tables and spaced by at least six feet).
 - 2. Group activities may also be facilitated with social distancing among individuals, appropriate hand hygiene, and use of a cloth face covering or facemask.
 - 3. Facilities may offer a variety of activities such as book clubs, crafts, movies, and Bingo facilitated with precautions consistent with this Order.
- xiii. Hair salons located within Homes are permitted to reopen for full service so long as all workplace safety standards are met. Homes shall do the following as they arrange for reopening of hair salons:
 - 1. Follow COVID-19 protocols and all sector specific COVID-19 information and checklists as established by the state for hair salons in "Director's Order that Reopens Hair Salons, Nail Salons, Barber Shops, Tattoo Parlors, Body Piercing Locations and Tanning Facilities, with Exceptions."

- b. The following additional requirements apply to Nursing Homes and RCFs only:
- i. Nursing Homes shall be in substantial compliance with testing requirements for all staff as established by the May 27, 2020 Director's Order for the Testing of the Residents and Staff of all Nursing Homes.
 - ii. Due to CDC guidance discouraging use of masks on children under the age of two, all visitors shall be over the age of two.
 - iii. No more than three visitors shall be permitted per resident per visit.
 - iv. Visits shall not exceed one hour in length.
9. This Order shall be effective July 20, 2020 at 12:01 a.m. and remain in full force and effect until 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 (PU) 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 cause 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 this Order shall replace all prior Orders regarding Ohio’s Nursing Homes and Similar Facilities.

This Order shall be effective July 20, 2020 at 12:01 a.m. and remain in full force and effect unless the Director of the Ohio Department of Health rescinds or modifies this Order at a sooner time and date.



Lance Himes
Interim Director of Health

July 2, 2020

