



TOWN OF JACKSON

AGENDA DOCUMENTATION

SUBMITTING DEPARTMENT: Administration

PRESENTER: Roxanne Robinson

MEETING DATE: July 3, 2020

SUBJECT: Emergency Ordinance Requiring Face Coverings

STATEMENT/PURPOSE

The Town Council has the authority to adopt emergency ordinances as they deem necessary.

BACKGROUND/ALTERNATIVES

At the emergency Town Council meeting on July 2 at 5pm, the Town Council directed staff to prepare an emergency ordinance for consideration that would require face coverings. An emergency ordinance does not require 3 readings nor does it require 10 days to elapse between first and third readings.

Wyoming Statutes speak to emergency ordinances as follows:

15-1-115. Ordinances; form and style; presumption; manner of enactment; vote required.

(c) Every ordinance shall be publicly read on three (3) different days. Public reading may be by title only. At least ten (10) days shall elapse between the introduction and final passage of every ordinance. For an emergency ordinance, the requirements of this section may be suspended by the affirmative vote of three-fourths (3/4) of the qualified members of the governing body. No franchise may be granted by emergency ordinance.

(d) Passage of an ordinance requires the affirmative vote of the majority of the qualified members of the governing body. Passage of an emergency ordinance requires the affirmative vote of three-fourths (3/4) of the qualified members of the governing body.

15-1-116. Ordinances; publication required; exception; attestation; recodification or revision.

(a) Every ordinance before becoming effective shall be published at least once in a newspaper of general circulation, which maintains a physical office at which advertisements are accepted and which is open to the public during regularly set business hours within the boundaries of the city or town. The newspaper shall publish the ordinance within nine (9) days from the date of receipt. If there is no such newspaper, the ordinance shall be posted for at least ten (10) days in the city clerk's office and in such other places as the governing body determines. Emergency ordinances are effective upon proclamation of the mayor, and as soon thereafter as is practicable they shall be published and posted in the manner required of other ordinances.

The Town Council has several options available to them including:

1. Move to read the ordinance in short title, read the ordinance in short title, suspend the provisions of 15-1-115(c) of the Wyoming Statutes and adopt Emergency Ordinance 1255 as presented.
2. Discuss the ordinance and postpone action as an emergency ordinance until the July 6 regular meeting.
3. Take no action.
4. Other.

COMPREHENSIVE PLAN ALIGNMENT

In order to maintain our quality of life and provide quality community services, the safety of employees, the public, and the business community needs protection.

STAKEHOLDER ANALYSIS

The stakeholders include all residents and guests of the Jackson Hole Community, all businesses, employees, and those most vulnerable members of the population. Because of our visitation, a ripple effect for stakeholders across the United States must also be considered.

FISCAL IMPACT

The fiscal impact to the Town of Jackson of adoption and enforcement of an ordinance requiring face coverings is unknown. It could result in more or less tourism/guest visitation if travelers come and stay in Jackson because of the requirement or if they avoid Jackson because of the requirement. There may be fiscal impacts to enforcement based on challenges to the ordinance. There are known fiscal impacts related to ordinance passage including advertising, usually around \$300 - \$1000 depending on the length.

STAFF IMPACT

The staff impact is significant as it relates to law enforcement calls for service, compliance, and potential legal challenge. The Town Attorney has spent a notable amount of time drafting the potential ordinance and providing legal review. Staff has spent a notable amount of time preparing for a special meeting and attending a special meeting on an observed holiday. The staff impact of passage of an ordinance includes time spent by the Town Clerk codifying the ordinance, archiving for permanent record storage, updating the website, etc.

LEGAL REVIEW

Ongoing.

ATTACHMENTS

Emergency Ordinance 1255.

RECOMMENDATION

Staff makes no recommendation.

SUGGESTED MOTION

Should the Council wish to take action, *after a successful motion to read the ordinance in short title*, motions would include:

1. I move to suspend the requirements for three (3) public reading of ordinances under W.S. § 15-1-115(c).
2. I move to approve Emergency Ordinance 1255 attached hereto implementing a Face Covering requirement in limited places within the Town of Jackson for the immediate preservation of the public peace, health, safety or welfare to:
 - a. prevent and slow the potential spread of COVID-19;
 - b. significantly reduce likelihood of overwhelming the strain on the local health care and emergency service systems; and
 - c. declare an emergency, and provide for an effective date and time for termination.

ORDINANCE 1255

AN EMERGENCY ORDINANCE REQUIRING THE WEARING OF FACE COVERINGS IN LIMITED PLACES IN THE TOWN OF JACKSON, WITH EXCEPTIONS; DECLARING AN EMERGENCY, PROVIDING FOR AN EFFECTIVE DATE AND A TIME FOR TERMINATION.

BE IT ORDAINED BY THE TOWN COUNCIL OF THE TOWN OF JACKSON, WYOMING, IN REGULAR SESSION DULY ASSEMBLED, THAT:

WHEREAS, Wyo. Stat. Ann. §15-1-103(a)(xviii) empowers “[t]he governing bodies of all cities and towns [to]: . . . [r]egulate . . . conduct which disturbs or jeopardizes the public health, safety, peace or morality, in any public or private place” and the Town finds that the conduct regulated by this Ordinance severely jeopardizes the health, safety, welfare and lives of the residents of the Town of Jackson; and

WHEREAS, Wyo. Stat. Ann. §15-1-103(a)(xli) empowers “[t]he governing bodies of all cities and towns [to]: . . . [a]dopt ordinances, resolutions and regulations, including regulations not in conflict with this act and necessary for the health, safety and welfare of the city or town, necessary to give effect to the powers conferred by this act” and the Town finds that this Ordinance is not in conflict with state statute and that this Ordinance is necessary for and to preserve the health, safety, welfare and lives of the residents of the Town of Jackson; and

WHEREAS, Wyo. Stat. Ann. §15-1-103(xix) empowers “[t]he governing bodies of all cities and towns [to]: . . . declare and abate nuisances and impose fines upon parties who create, continue or permit nuisances to exist” and the Town finds that COVID-19 is an life-threatening public nuisance and that this Ordinance is necessary to abate the nuisance of COVID-19 to protect and preserve the health, safety, welfare and lives of the residents of the Town of Jackson; and

WHEREAS, COVID-19 was first detected in Wuhan, China in 2019, and since then has spread to over 216 countries including the United States. There are XXXX confirmed cases of COVID-19 in Wyoming as of July 3, 2020, and XXXX confirmed cases of COVID-19 in Teton County as of July 3, 2020, and XXXX number of individuals quarantined for COVID-19 in Teton County as of July 3, 2020, as well as the presence of community spread in Wyoming and Teton County. It is expected that more cases will be diagnosed; and

WHEREAS, the World Health Organization declared COVID-19 a worldwide pandemic as of March 11, 2020; and

WHEREAS, on March 13, 2020, the President of the United States declared a national emergency concerning the coronavirus, specifically stating that, “the spread of COVID-19 within our Nation’s communities threatens to strain our Nation’s healthcare

systems [...] Additional measures [...] are needed to successfully contain and combat the virus in the United States”; and

WHEREAS, on March 13, 2020, Wyoming Governor Mark Gordon declared a State of Emergency and Public Health Emergency in the State of Wyoming; and

WHEREAS, although most individuals who contract COVID-19 do not become seriously ill, people with mild symptoms, and even asymptomatic persons with COVID-19, place other vulnerable members of the public at significant risk; and

WHEREAS, a large number of persons with serious infections can compromise the ability of the healthcare system in Teton County to deliver the necessary healthcare to the public; and

WHEREAS, Teton County, Wyoming is a tourist destination and other mountain resort communities in the Rocky Mountain region have been nuclei of infection in their respective states, including Vail, CO; Park City, UT and Sun Valley/Ketchum, ID; and

WHEREAS, Teton County is experiencing increasing numbers of visitors from outside Teton County who can potentially transmit COVID-19 and at the same time will be more likely to interact with each other and with local residents as businesses, tourist destinations such as National Parks, and other services reopen; and

WHEREAS, Teton County Hospital District routinely serves patients not only from within Teton County but also many tourists and residents from Lincoln County, WY, Sublette County, WY, Fremont County, WY, and parts of Eastern Idaho who will further stress its capacity, making it critical that Teton County take steps to slow the spread of COVID-19 infection so as not to overwhelm the local healthcare system; and

WHEREAS, COVID-19 is a respiratory illness, transmitted through person-to-person contact or by contact with surfaces contaminated with the virus. Persons infected with COVID-19 may become symptomatic two to fourteen days after exposure; and

WHEREAS, asymptomatic (including pre-symptomatic) infected individuals are infectious and without mitigation, the current estimate is that 40%-80% of infections occur from individuals without symptoms. In a study carried out in an isolated village of approximately 3000 people in northern Italy, it was shown that 50–75% of people with positive pharyngeal molecular tests were totally asymptomatic. This finding was confirmed by a more recent evaluation carried out in China, where to avoid a new outbreak of new coronavirus disease 2019 (COVID-19), all the people arriving from overseas were rigorously tested. It was found that among patients with newly identified infections, 78% were asymptomatic. Universal screening of asymptomatic SARS-COV2 in women admitted for

delivery in New York City shows that 13.7% were infected, and that asymptomatic women accounted for 88% of infected individuals in the study. Of individuals who do become symptomatic, viral loads are the highest in the pre-symptomatic and early symptomatic phase, decreasing thereafter; and

WHEREAS, respiratory droplets from infected individuals are a major mode of SARS-CoV-2 transmission. This understanding is the basis of the recommendations for physical distancing, and of the PPE guidance for healthcare workers. Droplets do not only come from coughing or sneezing: in a-/pre-symptomatic individuals, droplets are generated via talking and breathing; and

WHEREAS, SARS-CoV-2, the virus that causes COVID-19, may be broadcast in respiratory droplets "from normal breathing," according to a letter by a committee of the National Academies of Sciences, Engineering, and Medicine. The letter, sent to the White House Office of Science and Technology Policy on April 1, cites numerous studies indicating the presence of coronavirus in aerosols. In one, air samples collected more than 6 feet from two patients in COVID-19 isolation rooms tested positive for SARS-CoV-2 RNA. Until some weeks ago, it was thought that the virus could be transmitted mainly by droplets that are coughed or sneezed out or by previously contaminated objects, with differences according to the initial load and surface characteristics. However, the results of some submitted but not yet peer-reviewed studies seem to indicate the opposite, i.e., the virus can be present in exhaled air produced by talking and breathing; and

WHEREAS, face coverings reduce droplet dispersal. Cloth-based coverings reduce emission of particles by variable amounts, for example one study showed that they are almost completely eliminated. Patients with seasonal coronaviruses (other than SARS-CoV-2) were randomized to exhale breath with or without surgical face masks on. Viral RNA was detected in 40% of aerosols and 30% of respiratory droplets collected from participants without a face mask — but in none collected from those wearing a mask (30). A second study showed that cloth coverings filtered viral particles during coughing at about 50 to 100% of the filtration efficiency of surgical masks, depending on fabric, with absolute filtration efficiencies of 50-70%. A third study showed 50% filtering efficiency for airborne particles; and

WHEREAS, evidence indicates that face covering wearing reduces the transmissibility per contact by reducing transmission of infected droplets in both laboratory and clinical contexts. Public face covering wearing is most effective at stopping spread of the virus when compliance is high. This evidence supports the conclusion that more widespread face covering adoption can help to control the Covid-19 epidemic by reducing the shedding of droplets into the environment from asymptomatic individuals.

This is also consistent with the experiences of other countries that have adopted this strategy. One ecological analysis found that, "in countries with cultural norms or government policies supporting public mask-wearing, per-capita coronavirus mortality increased on average by just 5.4% each week, as compared with 48% each week countries that did not wear masks."; and

WHEREAS, in the most comprehensive, systematic review and meta-analysis of face coverings published to date found that face masks could reduce risk of transmission of COVID-19 by an expected 85 percent; and

WHEREAS, guidelines published by the U.S. Centers for Disease Control (CDC) on April 3, 2020, recommend that all people wear cloth face coverings in public settings where other physical distancing measures may be difficult to maintain. CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others; and

WHEREAS, decreased transmissibility due to face covering use could substantially reduce the death toll and economic impact while the cost of the intervention is low.

SECTION I.

1. Definitions.
 - a. "Face Covering," as used in this Ordinance, means a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers the nose and mouth and surrounding areas of the lower face. A Face Covering may be factory-made or may be handmade and improvised from ordinary household materials. Face Coverings need to cover the nose and mouth in compliance with the Center for Disease Control and Prevention's guidance on wearing Face Coverings.
 - b. "Place(s) of Business," as used in this Ordinance, means any facility, building, or structure operated by or for a business engaged in the sale or other transaction of any kind for anything of value in exchange for goods, commodities, services, or temporary lodging and that is open to the general public or by appointment, and includes, but is not limited to, grocery stores, retail stores, restaurants and bars (including outdoor seating for such facilities), hotels and motels (excluding the rented room or suite), gyms and similar facilities; but not including religious or government facilities.
 - c. "School or School Districts" means any public, private, or charter school or institution that provides education ranging from daycare through college.
2. All persons within the Town of Jackson must wear a Face Covering in the following situations:
 - a. When they are inside or in line to enter any Place of Business; or
 - b. When they are obtaining services at healthcare operations, including, but not limited to, hospitals, clinics, and walk-in health facilities, dentists, pharmacies, other

- healthcare facilities, behavioral health providers, dental offices, and facilities providing veterinary and similar healthcare services for animals, unless directed otherwise by an owner or agent of the healthcare operation; or
- c. When riding on public transportation or paratransit, or while they are the driver of or a passenger in a taxi, private car service, shuttle, tour or ride-sharing vehicle.
3. A Face Covering is not required under the following circumstances:
- a. Any individual who cannot wear a face covering because of a medical condition, mental health condition or developmental disability, and any individual who should not wear face coverings under the CDC guidance. A person is not required to provide documentation demonstrating that the person cannot medically tolerate wearing a Face Covering. Persons with disabilities who are unable to wear a mask must be provided reasonable accommodations per the Americans with Disabilities Act.
 - b. Individuals under 6 years of age, provided that adults accompanying such children shall use reasonable efforts to cause those children to wear Face Coverings.
 - c. When a person is seated at a table or the bar of a restaurant or other food service venue.
 - d. When actively exercising in a gym in accordance with State Health Orders, as amended.
 - e. School individuals (including students, administrators, and teachers) on or in School or School District facilities.
 - f. When an individual is in his or her work office.
 - g. Individuals while acting in their official capacity as a public safety employee or emergency responder. These include peace officers, firefighters, and other public safety or emergency medical personnel that support public safety operations.
 - h. Individuals complying with the directions of public safety employees or emergency responders as described in Section 3(g).

SECTION II.

The provisions of this Ordinance are effective through 11:59 p.m. on **July 20**, 2020 unless sooner repealed, after which time they shall become null and void.

SECTION III.

If any section, sentence, clause, phrase or portion of this Ordinance is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed a separate distinct and independent provision and such holding shall not affect the validity of the remaining portions of the ordinance.

SECTION IV.

Adoption of this Ordinance shall be by emergency ordinance provisions under suspension of rules and approved by not less than three quarters (3/4) of the qualified members of the

governing body as required and set forth in Section § 15-1-115 of the Wyoming Statutes. This Ordinance shall take effect immediately upon proclamation by the Mayor.

PASSED the _____ day of July 2020.

TOWN OF JACKSON

BY: _____

Pete Muldoon, Mayor

ATTEST:

Roxanne DeVries Robinson, Deputy Town Clerk

ATTESTATION OF TOWN CLERK

STATE OF WYOMING)

) ss.

COUNTY OF TETON)

I hereby certify that the foregoing emergency Ordinance No. 1255 was duly published in the Jackson Hole News and Guide, a newspaper of general circulation published in the Town of Jackson, Wyoming on the _____ day of July 2020. I further certify that the foregoing ordinance was duly recorded on Page **XXX** of Book **XXX** of the Ordinances of the Town of Jackson, Wyoming.

Roxanne DeVries Robinson, Deputy Town Clerk

TETON DISTRICT HEALTH OFFICER PUBLIC HEALTH ORDER #20-6

**ORDER REQUIRING ALL PEOPLE WITHIN TETON COUNTY,
WYOMING, INCLUDING THE CITY OF JACKSON, WYOMING TO
WEAR FACE COVERINGS IN PUBLIC PLACES, WITH EXCEPTIONS**

WHEREAS, Dr. Travis Riddell, MD, MPH serves as the Teton District Health Officer pursuant to Wyoming Statute § 35-1-306(a); and

WHEREAS, Teton County and the City of Jackson have formed the Teton Health District which encompasses all of Teton County, Wyoming, including the City of Jackson, a Wyoming Municipality; and

WHEREAS, Wyoming Statute § 35-1-240(a)(i) and (iii) gives the power to the Wyoming Department of Health, through the State Health Officer, or under her direction and supervision, or through the other employees of the Wyoming Department of Health to establish, maintain and enforce isolation and quarantine, and in pursuance thereof, and for such purposes only, to exercise such physical control over property and over the persons of the people within this state as the State Health Officer may find necessary for the protection of the public health; and

WHEREAS, as evidenced by her signature below, Alexia Harrist, MD, Ph.D., the Wyoming State Health Officer, has reviewed and does hereby authorize the issuance of this Order by Dr. Travis Riddell, the Teton District Health Officer, and the State Health Officer, Dr. Alexia Harrist, also specifically makes the finding that this Order is necessary for the protection of the public health; and

WHEREAS, COVID-19 was first detected in Wuhan, China in 2019, and since then has spread to over 216 countries including the United States (1). There are 1,016 confirmed cases of COVID-19 in Wyoming as of June 24, 2020, and 76 confirmed cases of COVID-19 in Teton County as of June 24, 2020, as well as the presence of community spread in Wyoming and Teton County(2). It is expected that more cases will be diagnosed; and

WHEREAS, the World Health Organization declared COVID-19 a worldwide pandemic as of March 11, 2020(1); and

WHEREAS, on March 13, 2020, the President of the United States declared a national emergency concerning the coronavirus, specifically stating that, in “December 2019 a novel (new) coronavirus known as SARS-Co V-2 was first detected in Wuhan, Hubei Province, People’s Republic of China, causing outbreaks of the coronavirus disease (COVID-19) that has now spread globally [...] The spread of COVID-19 within our Nation’s communities threatens to strain our Nation’s healthcare systems [...] Additional measures [...] are needed to successfully contain and combat the virus in the United States” (3); and

WHEREAS, on March 13, 2020, Wyoming Governor Mark Gordon declared a State of Emergency and Public Health Emergency in the State of Wyoming, stating that on March 11, 2020, an individual within the State of Wyoming tested presumptive positive for COVID-19 (4); and

WHEREAS, Governor Gordon’s Declaration of a State of Emergency and Public Health Emergency directs the Wyoming Department of Health to take all appropriate and necessary actions, and that in the judgment of the Director of the Wyoming Department of Health, any actions necessary should be taken to provide aid to those locations where there is a threat or danger to public health, safety and welfare (4); and

WHEREAS, a significant number of Wyoming citizens are at risk of serious health complications, including death, from COVID-19. Although most individuals who contract COVID-19 do not become seriously ill, people with mild symptoms, and even asymptomatic persons with COVID-19, place other vulnerable members of the public at significant risk (5); and

WHEREAS, a large number of persons with serious infections can compromise the ability of the healthcare system in Teton County to deliver the necessary healthcare to the public; and

WHEREAS, Teton County, Wyoming is a tourist destination and other mountain resort communities in the Rocky Mountain region have been nuclei of infection in their respective states (Vail, CO [6]; Park City, UT [7] and Sun Valley/Ketchum, ID [8]); and

WHEREAS, as previous public health orders expire or are replaced with less restrictive orders, Teton County will see increasing numbers of visitors from outside Teton County who can potentially transmit COVID-19 and at the same time will be more likely to interact with each other and with local residents as businesses, tourist destinations such as National Parks, and other services reopen; and

WHEREAS, Teton County Hospital District routinely serves patients not only from within Teton County but also many tourists and residents from Lincoln County, WY, Sublette County, WY, Fremont County, WY, and parts of Eastern Idaho who will further stress its capacity, making it critical that Teton County take steps to slow the spread of COVID-19 infection so as not to overwhelm the local healthcare system in such a way that would result in many preventable deaths; and

WHEREAS, COVID-19 is a respiratory illness, transmitted through person-to-person contact or by contact with surfaces contaminated with the virus. Persons infected with COVID-19 may become symptomatic two to fourteen days after exposure (5); and

WHEREAS, asymptomatic (including presymptomatic) infected individuals are infectious and without mitigation, the current estimate is that 40%-80% of infections occur from individuals without symptoms (9,10,11,12). In a study carried out in an isolated village of approximately 3000 people in northern Italy, it was shown that 50–75% of people with positive pharyngeal molecular tests were totally asymptomatic (13). This finding was confirmed by a more recent evaluation carried out in China, where to avoid a new outbreak of new coronavirus disease 2019 (COVID-19), all the people arriving from overseas were rigorously tested (14). It was found that among patients with newly identified infections, 78% were asymptomatic. Universal screening of asymptomatic SARS-COV2 in women admitted for delivery in New York City shows that 13.7% were infected, and that asymptomatic women accounted for 88% of infected individuals in the study (15). Of individuals who do become symptomatic, viral loads are the highest in the presymptomatic and early symptomatic phase, decreasing thereafter (16,17,18,19,20,21,22); and

WHEREAS, respiratory droplets from infected individuals are a major mode of SARS-CoV-2 transmission (23). This understanding is the basis of the recommendations for physical distancing, and of the PPE guidance for healthcare workers (24). Droplets do not only come from coughing or sneezing: in a-/pre-symptomatic individuals, droplets are generated via talking and breathing (25); and

WHEREAS, SARS-CoV-2, the virus that causes novel coronavirus disease (COVID-19), may be broadcast in respiratory droplets "from normal breathing," according to a letter by a committee of the National Academies of Sciences, Engineering, and Medicine (26). The letter, sent to the White House Office of Science and Technology Policy on April 1, cites numerous studies indicating the presence of coronavirus in aerosols. In one, air samples collected more than 6 feet from two patients in COVID-19 isolation rooms tested positive for SARS-CoV-2 RNA (27). Until some weeks ago, it was thought that the virus could be transmitted mainly by droplets that are coughed or sneezed out or by previously contaminated objects, with differences according to the initial load and surface characteristics (28). However, the results of some submitted but not yet peer-reviewed studies seem to indicate the opposite, i.e., the virus can be present in exhaled air produced by talking and breathing (29); and

WHEREAS, face coverings reduce droplet dispersal. Cloth-based coverings reduce emission of particles by variable amounts, for example one study showed that they are almost completely eliminated. Patients with seasonal coronaviruses (other than SARS-CoV-2) were randomized to exhale breath with or without surgical face masks on. Viral RNA was detected in 40% of aerosols and 30% of respiratory droplets collected from participants without a face mask — but in none collected from those wearing a mask (30). A second study showed that cloth coverings filtered viral particles during coughing at about 50 to 100% of the filtration efficiency of surgical masks, depending on fabric, with absolute filtration efficiencies of 50-70% (31). A third study showed 50% filtering efficiency for airborne particles (32); and

WHEREAS, evidence indicates that face covering wearing reduces the transmissibility per contact by reducing transmission of infected droplets in both laboratory and clinical contexts (33). Public face covering wearing is most effective at stopping spread of the virus when compliance is high (34). This evidence supports the conclusion that more widespread face covering adoption can help to control the Covid-19 epidemic by reducing the shedding of droplets into the environment from asymptomatic individuals. This is also consistent with the experiences of other countries that have adopted this strategy (33). One ecological analysis found that, "In countries with cultural norms or government policies supporting public mask-wearing, per-capita coronavirus mortality increased on average by just 5.4% each week, as compared with 48% each week countries that did not wear masks. (35)"; and

WHEREAS, in the most comprehensive, systematic review and meta-analysis of face coverings published to date, Chu et al. found that face masks could reduce risk of transmission of COVID-19 by an expected 85 percent (36); and

WHEREAS, guidelines published by the U.S. Centers for Disease Control (CDC) on April 3, 2020, recommend that all people wear cloth face coverings in public settings where other physical distancing measures may be difficult to maintain. CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. (37); and

WHEREAS, orders requiring face coverings in total or in part; are already in place state-wide in most U.S. states and in many local areas in other U.S. states (38); and

WHEREAS, decreased transmissibility due to face covering use could substantially reduce the death toll and economic impact while the cost of the intervention is low (30); and

NOW, THEREFORE, IT IS HEREBY ORDERED, that persons within Teton County, Wyoming, including the City of Jackson, Wyoming, shall wear Face Coverings in certain public settings as further described below.

1. “Face Covering,” as used in this Order, means a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers the nose and mouth and surrounding areas of the lower face. A Face Covering may be factory-made or may be handmade and improvised from ordinary household materials. The Face Covering should fit snugly but comfortably against the side of the face, include multiple layers of fabric, allow for breathing without restriction, and be able to be laundered and machine-dried without damage or change to shape. Face Coverings need to cover the nose and mouth at all times. If a worker’s Face Covering moves during work, it needs to be replaced with one that does not need to be frequently adjusted to reduce touching of the face. Face Coverings should be replaced when it becomes dirty, wet, and/or difficult to breathe through.

Note that any mask that incorporates a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that is designed to facilitate easy exhaling is not a Face Covering under this Order and is not to be used to comply with this Order’s requirements. Valves of that type permit droplet release from the mask, putting others nearby at risk.

A video showing how to make a face covering and additional information about how to wear and clean Face Coverings may be found at the website of Centers for Disease Control and Prevention, at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

2. Except as specifically exempted below, all members of the public, except for children two (2) years of age and under, must wear a Face Covering outside their home or other place they reside in the following situations:
 - a. When they are inside, or in line to enter, any retail or commercial business; or
 - b. When they are inside, or in line to enter, any government location or facility to seek or receive services; or
 - c. When they are obtaining services at healthcare operations, including, but not limited to, hospitals, clinics, and walk-in health facilities, dentists, pharmacies, blood banks, other healthcare facilities, behavioral health providers, and facilities providing veterinary and similar healthcare services for animals – unless directed otherwise by an employee or worker at the healthcare operation; or
 - d. When they are waiting for or riding on public transportation or paratransit, or while they are riding in a taxi, private car service, shuttle, tour or ride-sharing vehicle.
3. Drivers or operators of any public transportation, paratransit vehicle, taxi, private car service, shuttle, tour, ride-sharing vehicle, or any other vehicle for hire must wear a Face Covering while driving or operating such vehicle, regardless of whether a member of the public is in the vehicle, to reduce the spread of respiratory droplets in the vehicle at all times. This Order does not require any person to wear a Face Covering while driving alone, or

exclusively with other members of the same family or household, in a motor vehicle.

4. All retail and commercial businesses, as well as entities and organizations with workers performing government functions, must:
 - a. Require their employees, contractors, owners, and volunteers to wear a Face Covering at the workplace and when performing work off-site any time the employee, contractor, owner, or volunteer is:
 1. interacting in person with any member of the public; or
 2. working in any space visited by members of the public, such as by way of example and without limitation, reception areas, grocery store or pharmacy aisles, service counters, public restrooms, cashier and checkout areas, waiting rooms, service areas, and other spaces used to interact with the public, regardless of whether anyone from the public is present at the time; or
 3. working in any space where food is prepared or packaged for sale or distribution to others; or
 4. working in or walking through common areas such as hallways, stairways, elevators, and parking facilities; or
 5. in any room or enclosed area when other people (except for members of the person's own household or residence) are present.
 - b. Must post notices stating that face coverings are required in a clearly visible location at or near the entrance of the establishment.
5. A Face Covering is not required under the following circumstances:
 - a. When a person is in a personal office (a single room) where others outside of that person's household are not present as long as the public does not regularly visit the room, but that individual must put on a Face Covering when being visited by a client/customer, and anywhere members of the public are regularly present; or
 - b. Individuals age two years or under should not wear a Face Covering; or
 - c. When a person is seated at a table of a restaurant or other food service venue, the person is separated by at least six (6) feet from other patrons at other tables and no more than six (6) people in total are seated at the table. The person should wear a mask while entering, exiting, or otherwise moving about the establishment; or
 - d. Childcare facilities should follow the following guidance for the use of Face Coverings on children:
 1. Children age two years or under within the child care should not wear Face Coverings.
 2. Face Coverings for children age 3 or over, who are not napping are recommended but not required.
 3. No child should wear a face covering while napping.
 4. Children between the age of 3 and 5 should be supervised if they are wearing a Face Covering. If the mask is creating discomfort or resulting in the child touching their face frequently, reconsider whether a mask is appropriate for that child.
 5. Parents dropping off and picking up children should be asked to wear Face Coverings while they are at the facility.
 6. Face Coverings are required for staff caring for children and interacting with parents; or
 - e. When a person is (1) inside or obtaining services at a business, government function, or healthcare operation, any of which are engaged primarily in providing congregate care, residential health

- care, or congregate shelter, and (2) the individual is engaged in activities not conducive to wearing a Face Covering, such as eating or sleeping, or the individual is in an area of the facility that is not designed for community gathering, such as a sleeping area; or
- f. If a person has a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
 - g. Individuals who are hearing impaired, or communicating with an individual who is hearing impaired, where the ability to see the mouth is essential for communication.
 - h. Individuals for whom wearing a face covering would create a risk to the individual related to their work, as determined by local, state, or federal workplace safety guidelines.
 - i. Individuals who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
 - j. Individuals who are purchasing a product or receiving a service that requires identification may briefly remove a face covering, as necessary, so that the retailer or service provider can verify identity.

IT IS FURTHER ORDERED, that the District Health Officer may grant exceptions to this Order on a case by case basis after evaluating the request; and

IT IS FURTHER ORDERED, that this Order shall remain in effect through July 15, 2020 or until such time as the Teton District Health Officer, with State Health Officer approval, issues an Order revoking or modifying this Order; and

IT IS FURTHER ORDERED, that any person that violates this Order may be subject to criminal prosecution under Wyoming Statutes § 35-1-105 and 35-1-106.

DATED THIS ____ DAY OF _____, 2020.

 Travis Riddell, MD, MPH
 Teton District Health Officer

Direction to Issue Order

I, Alexia Harrist, MD, Ph.D., the Wyoming State Health Officer, hereby state that I have reviewed the above Order and hereby direct, pursuant to Wyoming Statutes §§ 35-1-227 and 35-1-240(a)(i) and (iii), the Teton District Health Officer to issue the above Order, in Teton County, Wyoming, including the City of Jackson. As the State Health Officer, I specifically find that this Order is necessary for the protection of public health. I will reassess the necessity of this Order as appropriate to do so and according to accepted epidemiological and medical standards.

 Alexia Harrist, MD, PhD
 Wyoming State Health Officer

References:

1. World Health Organization. *Coronavirus Disease (COVID-19) Pandemic*. Available: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. (Accessed: 06/24/2020).
2. Wyoming Department of Health Infectious Disease and Epidemiology Unit. *COVID-19 Map and Statistics*. Available: <https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/covid-19-map-and-statistics/>. (Accessed: 06/24/2020).
3. Trump, Donald J. The White House. *Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak*. Available: <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>. (Accessed: 6/24/2020).
4. Gordon, Mark. Office of the Wyoming Governor. *State of Wyoming Executive Department Executive Order: Order 2020-2: Declaration of at State of Emergency and a Public Health Emergency*. Available: <https://drive.google.com/file/d/1FTEUxYXwwbIjcnwDl18w0pTLtM8ivTab/view> (Accessed: 6/24/2020).
5. United States Centers for Disease Control and Prevention. *Coronavirus Disease 2019 (COVID-19): How to Protect Yourself & Others*. Available: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html> (Accessed: 6/24/2020).
6. Miller, Scott. 11 March 2020. Vail Daily. *Colorado Gov. Polis: Coronavirus hitting mountain resort communities the hardest: Governor says virus outbreak will 'get worse before it gets better,' tells older travelers to avoid mountains*. Available <https://www.vaildaily.com/news/polis-older-people-those-with-health-issues-should-not-travel-to-mountain-resorts/>. (Accessed: 6/24/2020).
7. Imlay, Ashley. 24 March 2020. Deseret News. *As Utah COVID-19 cases near 300, how one hard-hit county is battling the virus*. Available: <https://www.deseret.com/utah/2020/3/24/21192604/coronavirus-covid-19-cases-summit-county-utah-cases-rising> (Accessed: 6/24/2020).
8. Barnhill, Frankie. 26 March 2020. Boise State Public Radio. *The Sun Valley Area Is Idaho's Coronavirus Hot Spot. Here's What's Been Going On*. Available: <https://www.boisestatepublicradio.org/post/sun-valley-area-idahos-coronavirus-hot-spot-heres-whats-been-going#stream/0> Accessed: 6/24/2020).
9. He X *et al.* 2020 *Temporal dynamics in viral shedding and transmissibility of COVID-19*. Nat Med (doi: [10.1038/s41591-020-0869-5](https://doi.org/10.1038/s41591-020-0869-5)).
10. Ferretti L *et al.* 2020 *Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing*. Science (doi: [10.1126/science.abb6936](https://doi.org/10.1126/science.abb6936)).
11. Ganyani, T *et al.* 2020 *Estimating the generation interval for COVID-19 based on symptom onset data*. medRxiv (doi: [10.1101/2020.03.05.20031815](https://doi.org/10.1101/2020.03.05.20031815)).
12. Li R *et al.* 2020 *Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2)*. Science (doi: [10.1126/science.abb3221](https://doi.org/10.1126/science.abb3221)).
13. Day M (2020) Covid-19: identifying and isolating asymptomatic people helped eliminate virus in Italian village. BMJ 368:m1165

14. Day M (2020) Covid-19: four fifths of cases are asymptomatic, China figures indicate. *BMJ* 369:m137
15. Sutton D, Fuchs K, D'Alton M, Goffman D. 2020 *Universal screening for SARS-COV2 in women admitted for delivery*. *NEJM* (doi: [10.1056/NEJMc2009316](https://doi.org/10.1056/NEJMc2009316)).
16. Pan X *et al.* 2020 *Asymptomatic cases in a family cluster with SARS-CoV-2 infection*. *The Lancet Infectious Diseases* (doi: [10.1016/S1473-3099\(20\)30114-6](https://doi.org/10.1016/S1473-3099(20)30114-6)).
17. Zou L *et al.* 2020. *SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients*. *NEJM* (doi:10.1056/NEJMc2001737).
18. Bai Y *et al.* 2020 *Presumed Asymptomatic Carrier Transmission of COVID-19*. *JAMA* (doi: 10.1001/jama.2020.2565).
19. Hodcroft EB. 2020 *Preliminary case report on the SARS-CoV-2 cluster in the UK, France, and Spain*. *Swiss Medical Weekly* (doi:[10.4414/smw.2020.20212](https://doi.org/10.4414/smw.2020.20212)).
20. He X *et al.* 2020 *Temporal dynamics in viral shedding and transmissibility of COVID-19*. *Nat Med* (doi: [10.1038/s41591-020-0869-5](https://doi.org/10.1038/s41591-020-0869-5)).
21. Tan W *et al.* 2020 *Viral Kinetics and Antibody Responses in Patients with COVID-19*. *MedRxiv* (doi: [10.1101/2020.03.24.20042382](https://doi.org/10.1101/2020.03.24.20042382)).
22. Wölfel, R. *et al.* (2020). *Virological assessment of hospitalized patients with COVID-2019*. *Nature* (doi: [10.1038/s41586-020-2196-x](https://doi.org/10.1038/s41586-020-2196-x)).
23. World Health Organization. 2020 *Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations*. Available: <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>. (Accessed: 05/21/2020)
24. Public Health England. 2020 *COVID-19: infection prevention and control guidance*. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf (Accessed: 05/21/2020)
25. Anfinrud P, Stadnytskyi V, Bax CE, Bax A. 2020 *Visualizing Speech-Generated Oral Fluid Droplets with Laser Light Scattering*. *New England Journal of Medicine* (doi: [10.1056/NEJMc2007800](https://doi.org/10.1056/NEJMc2007800)).
26. Fineberg, H. National Academies of Science, Engineering & Medicine. *Rapid Expert Consultation on the Possibility of Bioaerosol Spread of SARS-CoV-2 for the COVID-19 Pandemic (April 1, 2020)* Available: https://www.nap.edu/login.php?record_id=25769. (Accessed: 04/06/2020).
27. Santarpia *et al.* 2020. *Transmission potential of SARS-CoV-2 in viral shedding observed at the University of Nebraska Medical Center*. <https://www.medrxiv.org/content/10.1101/2020.03.23.20039446v2>.
28. World Health Organization. (2020) *Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations*. <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations> (Accessed: 27 May 2020)
29. van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN *et al* (2020) *Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1*. *N Engl J Med*. <https://doi.org/10.1056/NEJMc2004973>
30. Leung, N.H.L., Chu, D.K.W., Shiu, E.Y.C. *et al.* *Respiratory virus shedding in exhaled breath and efficacy of face masks*. *Nat Med* **26**, 676–680 (2020). <https://doi.org/10.1038/s41591-020-0843-2>.

31. Davies A *et al.* 2013 *Testing the efficacy of homemade masks: would they protect in an influenza pandemic?*. Disaster Medicine and Public Health Preparedness (doi: [10.1017/dmp.2013.43](https://doi.org/10.1017/dmp.2013.43)).
32. van der Sande M, Teunis P, Sabel, R. 2008 *Professional and home-made face masks reduce exposure to respiratory infections among the general population*. PLoS One (doi: [10.1371/journal.pone.0002618](https://doi.org/10.1371/journal.pone.0002618)).
33. Royal Society DELVE Initiative. 4 May 2020. *Face Masks for the General Public*. Available <https://rs-delve.github.io/reports/2020/05/04/face-masks-for-the-general-public.html>. (Accessed 6/26/2020).
34. Howard J *et al.* 2020 *Face Masks Against COVID-19: An Evidence Review*. Preprints. Available https://www.researchgate.net/publication/341539484_Association_of_countrywide_coronavirus_mortality_with_demographics_testing_lockdowns_and_public_wearing_of_masks. (Accessed: 6/26/2020).
35. Leffler C *et al.* (2020). Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks. Available: https://www.researchgate.net/publication/341539484_Association_of_countrywide_coronavirus_mortality_with_demographics_testing_lockdowns_and_public_wearing_of_masks (Accessed 6/26/2020)
36. Chu DK, Akl EA, Duda S, et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis [published online ahead of print, 2020 Jun 1]. *Lancet*. 2020;S0140-6736(20)31142-9. doi:10.1016/S0140-6736(20)31142-9
37. United States Centers for Disease Control and Prevention. *Coronavirus Disease 2019 (COVID-19): Use of Cloth Face Coverings to Help Slow the Spread of COVID-19*. Available: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html> (Accessed: 6/26/2020).
38. Mendelson, Littler. 21 May 2020. *Facing Your Face Mask Duties—A List of Statewide Orders, as of May 21, 2020*. Available: <https://www.littler.com/publication-press/publication/facing-your-face-mask-duties-list-statewide-orders>. (Accessed: 6/26/2020).

Additional Scientific Literature on Face Coverings Provided by the U.S. Centers for Disease Control:

Rothe C, Schunk M, Sothmann P, et al. Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany. *The New England journal of medicine*. 2020;382(10):970-971.

Zou L, Ruan F, Huang M, et al. SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients. *The New England journal of medicine*. 2020;382(12):1177-1179.

Kimball A HK, Arons M, et al. Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020. *MMWR Morbidity and mortality weekly report*. 2020; ePub: 27 March 2020.

Wei WE LZ, Chiew CJ, Yong SE, Toh MP, Lee VJ. Presymptomatic Transmission of SARS-CoV-2 — Singapore, January 23–March 16, 2020. *MMWR Morbidity and Mortality Weekly Report*. 2020; ePub: 1 April 2020.

Furukawa NW, Brooks JT, Sobel J. Evidence Supporting Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 While Presymptomatic or Asymptomatic [published online ahead of print, 2020 May 4]. *Emerg Infect Dis*. 2020;26(7):10.3201/eid2607.201595. Link

Oran DP, Topol Prevalence of Asymptomatic SARS-CoV-2 Infection: A Narrative Review [published online ahead of print, 2020 Jun 3]. *Ann Intern Med.* 2020;M20-3012.

National Academies of Sciences, Engineering, and Medicine. 2020. Rapid Expert Consultation on the Possibility of Bioaerosol Spread of SARS-CoV-2 for the COVID-19 Pandemic (April 1, 2020). Washington, DC: The National Academies Press. <https://doi.org/10.17226/25769>

Schwartz KL, Murti M, Finkelstein M, et al. Lack of COVID-19 transmission on an international flight. *CMAJ.* 2020;192(15):E410

Konda A, Prakash A, Moss GA, Schmoldt M, Grant GD, Guha S. Aerosol Filtration Efficiency of Common Fabrics Used in Respiratory Cloth Masks. *ACS Nano.* 2020 Apr 24.

Aydin O, Emon B, Saif MTA. Performance of fabrics for home-made masks against spread of respiratory infection through droplets: a quantitative mechanistic study. medRxiv preprint
doi: <https://doi.org/10.1101/2020.04.19.20071779>, posted April 24, 2020.

Ma QX, Shan H, Zhang HL, Li GM, Yang RM, Chen JM. Potential utilities of mask-wearing and instant hand hygiene for fighting SARS-CoV-2. *J Med Virol.* 2020.