

## **Resolution #20-21**

### **A RESOLUTION SUPPORTING A REQUIREMENT TO WEAR FACE COVERINGS IN PUBLIC PLACES**

**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 1,021 confirmed cases of COVID-19 in Wyoming as of June 28, 2020, and 95 confirmed cases of COVID-19 in Teton County as of June 29, 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, 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”; 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; 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; 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; Park City, UT and Sun Valley/Ketchum, ID); and

**WHEREAS**, as previous public health orders expire or are replaced with less restrictive orders, Teton County will likely see increasing numbers of visitors from outside the 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; 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. In a study carried out in an isolated village of approximately 3,000 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 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-CoV-2 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 presymptomatic 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. 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 the 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 in countries that did not wear masks."; 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; 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**, 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; and

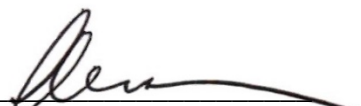
**WHEREAS**, decreased transmissibility due to face covering use could substantially reduce the death toll and economic impact while the cost of the intervention is low; and

**NOW THEREFORE BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF JACKSON, WYOMING**, having duly met on June 29, 2020, at a Special Town Council Meeting, which was properly noticed and open to the public, and having fully considered the matter at hand, that:

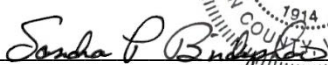
1. A requirement that individuals wear a face covering, combined with practicing social distancing and washing hands often, protects the public, including residents, visitors and guests of the community, to the highest degree possible; and
2. A requirement that individuals wear a face covering will slow the spread of COVID-19 in the community and ensure the ability of the healthcare system in Teton County to deliver the necessary healthcare to the public; and
3. A requirement that individuals wear a face covering will protect the long-term economic health of the community by slowing the spread of COVID-19, ensuring the best possible opportunity for our local businesses to continue welcoming and serving tourists and visitors to our Town and region throughout the summer and fall months; and
4. The Jackson Town Council supports the Teton County Health Department and Dr. Travis Riddell, MD, MPH, the Teton District Health Officer, with regard to the public health order(s) currently in effect and their efforts to enact order(s) requiring the wearing of face coverings in public, including any exceptions they deem necessary, and strongly urge compliance therewith.

**PASSED, APPROVED, AND ADOPTED** this 29th day of June 2020.

**TOWN OF JACKSON**

  
Pete Muldoon, Mayor

ATTEST:

  
Sandra P. Birdyshaw, Town Clerk

