

RESOLUTION 2020-208

A RESOLUTION REQUIRING FACE COVERINGS IN PUBLIC PLACES WITHIN THE CITY OF WALLACE, SHOSHONE COUNTY, STATE OF IDAHO

WHEREAS, COVID-19 was first detected in Wuhan, China in 2019, and since then has spread to over 216 countries including the United States; and

WHEREAS, there were 6,117 confirmed cases of COVID-19 in Idaho as of June 30, 2020, and multiple confirmed cases of COVID-19 in the county of Shoshone. 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, Idaho Governor Brad Little declared a State of Emergency and Public Health Emergency in the State of Idaho, stating that with no confirmed cases in Idaho at that time, Idaho was in the best position to be proactive and get ahead of the impact coronavirus could have in Idaho; and

WHEREAS, on March 16, 2020 the Shoshone County Commissioners declared a State of Emergency concerning the COVID-19 outbreak; and

WHEREAS, on March 16, 2020 the Mayor for the City of Wallace declared a State of Emergency Concerning the COVID-19 outbreak, which was later confirmed by the Wallace City Council; and

WHEREAS, a significant number of Idaho 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 Shoshone County to deliver necessary healthcare to the public; and

WHEREAS, Shoshone County, Idaho is a tourist destination and other mountain resort communities in the Rocky Mountain region have been the 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, Shoshone 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, there are vulnerable populations in the Wallace area, including but not limited to, long-term care facilities in Shoshone County with residents at high risk for exposure to COVID-19 and Senior Community Centers that serve vulnerable and at-risk senior citizens; 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 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 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 also 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 from 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%; 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 statewide in many 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

WHEREAS, pursuant to the authority vested in the City Council for the City of Wallace, the City Council does declare and issue a Public Health Emergency Order.

NOW THEREFORE BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF WALLACE, SHOSHONE COUNTY, IDAHO, having duly met on July 24, 2020, at a Special City Council Meeting, which was properly noticed and open to the public, and having fully considered the matter at hand, that:

SECTION 1. FACE COVERINGS

Every person, shall, when in any indoor or outdoor public place, completely cover their nose and mouth, when members of the public are physically present for otherwise unprotected social interaction.

1. **DEFINITIONS:** For purposes of this Public Health Emergency Order "public place" shall mean any place open to all members of public without specific invitation, including but not necessarily limited to, retail business establishments, government offices, medical, educational, arts and recreational institutions, public transportation, including taxi cabs and ridesharing vehicles. "Members of the public" shall mean persons not therein employed, present without invitation.
2. **EXEMPTIONS:**
 - a. Children under the age of 5.
 - b. Persons who cannot medically tolerate wearing a face covering. A person is not required to provide documentation demonstrating that the person cannot medically tolerate wearing a face covering.
 - c. Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
 - d. Persons, including on-duty law-enforcement officers, for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.
 - e. Persons who are obtaining a service involving the nose, face, or head for which temporary removal of the face covering is necessary to perform the service.
 - f. Persons who are eating or drinking at a restaurant or other establishment that offers food or beverage service, so long as the person is able to maintain a distance of 6 feet away from persons who are not members of the same household or party as the person.
 - g. Outdoor public places where a person can employ social distancing as recommended by CDC where the person is able to maintain a distance of 6 feet away from persons who are not members of the same household or party as the person.
 - h. Persons who are engaged in indoor exercise, so long as they engage in social distancing.

SECTION 2. EFFECTIVE DATE and DURATION

This Emergency Order shall take effect immediately and shall remain in effect until rescinded by the Mayor for the City of Wallace.

Adopted unanimously in open session by the City Council of the City of Wallace, this 24th day of July, 2020.


Lynn Mogensen, Mayor

Attest:

I certify that the above Resolution was duly adopted by the City Council of the City of Wallace on July 24, 2020, by the following vote:

	<u>Aye:</u>	<u>No:</u>	<u>Absent:</u>
Bisconer:	X		
Branstetter:	X		
Cooper:	X		
DeRoos:	X		
Mattila:	X		
Shaffer:			X


Kristina Larson, City Clerk

