

Friday, July 10, 2020  
9:00 a.m.

**DOOR COUNTY BOARD  
OF SUPERVISORS**

Door County Government Center  
County Board Room (C101), 1st floor  
421 Nebraska Street, Sturgeon Bay, WI

**AGENDA**

1. Call Meeting to Order
2. Pledge of Allegiance to the Flag
3. Roll Call by County Clerk
4. Presentation of Agenda
5. Correspondence
6. Public Comment
7. Supervisors Response
8. New Business
  - "Face Coverings"
    - a. Recommend or Mandate?
    - b. Considerations
      - Does it Fall Within the Powers and Duties of Local Health Officer or County Board?
      - Does it Protect Public Health?
      - Can it be Implemented (is it practical)?
      - Is the Order or Ordinance Enforceable?
      - Will the Public Find it Reasonable and Largely Engage in Voluntary Compliance?
      - Other?
  - Litigation Update - Local Health Officer / Local Government Authority to Address Covid-19
9. Announcements
  - Next Regular County Board Meeting – July 28, 2020 – 9:00 a.m.
10. Meeting Per Diem Code
11. Adjourn

To mitigate the impact of COVID-19 this meeting will be conducted by teleconference or video conference. Members of the public may join the meeting remotely or in-person in the Peninsula Room (C121) 1<sup>st</sup> Floor Government Center (*please note public in-person has limited capacity and is on a first come, first served basis*).

**To attend the meeting via computer:**

Go to:

<https://doorcounty.webex.com/doorcounty/onstage/g.php?MTID=e4cceb a104e31a982edb024d6efc1a0a2>

Enter the password: July10cb2020

**To connect via phone:**

Call 1-408-418-9388

Access Code: 146 666 6605



DOOR COUNTY

## Ordinance No. 2020-06

Page 1 of 3

**Chapter 38 Door County Code  
Emergency Declaration by County Board and  
Authority & Duties of Local Health Officer**

The Door County Board of Supervisors does hereby create Chapter 38 Door County Code as follows:

**I. Declared State of Emergency [Ch. 323, Wis. Stats.]**

**A. Declaration by County Board of Supervisors**

1. Sec. 323.11, Wis. Stats. (as it currently exists or is hereafter revised) is incorporated herein by reference as if fully set forth.
  - a. The Door County Board of Supervisors ("County Board") may declare, by ordinance or resolution, an emergency (including a public health emergency per Sec. 323.02(16), Wis. Stats.) existing within Door County whenever conditions arise by reason of a riot or civil commotion, a disaster, or an imminent threat of a disaster, that impairs transportation, food or fuel supplies, medical care, fire, health or police protection, or other critical systems of the local unit of government.
  - b. The period of the emergency shall be limited by the ordinance or resolution to the time during which the emergency conditions exist or are likely to exist.
2. If, because of the emergency conditions, the County Board is unable to meet promptly, the County Administrator and the County Board Chairperson will exercise by proclamation all of the powers conferred upon the County Board under § A. above that appear necessary and expedient.
  - a. The proclamation shall be subject to ratification, alteration, modification, or repeal by the County Board as soon as that body can meet.
  - b. The subsequent action taken by the County Board shall not affect the prior validity of the proclamation.

**B. Sec. 323.14 (4), Wis. Stats. (as it currently exists or is hereafter revised) is incorporated herein by reference as if fully set forth.**

1. The emergency power of the County Board conferred under § I.A. 1. above includes the general authority to order, by ordinance or resolution, whatever is necessary and expedient for the health, safety, protection, and welfare of persons and property within the local unit of government in the emergency.
2. This includes the power to bar, restrict, or remove all unnecessary traffic, both vehicular and pedestrian, from the highways, notwithstanding any provision of Ch.'s 341 to 349, Wis. Stats.

**C. The County Board may review and acknowledge an order from the local health officer, issued under § II.A.2. or 4. below, and affirm application of this ordinance to that order.**

**II. Local Health Officer's Duties and Authority [Sec. 252.03, Wis. Stats.]**

- A. Sec. 252.03, Wis. Stats. and § DHS 145.06, Wis. Adm. Code (as each currently exists or is hereafter revised) are incorporated herein by reference as if fully set forth.**



DOOR COUNTY

Ordinance No. 2020-06

Chapter 38 Door County Code  
Emergency Declaration by County Board and  
Authority & Duties of Local Health Officer

- 1            1. The Door County health officer, upon the appearance of any communicable
- 2            disease in Door County, will immediately investigate all the circumstances and
- 3            make a full report to the County Board and Wisconsin Department of Health
- 4            Services.
- 5            2. The Door County health officer will promptly take all measures necessary to
- 6            prevent, suppress and control communicable diseases, and will report to the
- 7            County Board the progress of the communicable diseases and the measures
- 8            used against them, as needed to keep the County Board fully informed, or at
- 9            such intervals as the Wisconsin Department of Health Services Secretary may
- 10           direct.
- 11           3. The Door County health officer may inspect schools and other public buildings
- 12           within his or her jurisdiction as needed to determine whether the buildings are
- 13           kept in a sanitary condition.
- 14           4. The Door County health officer may do what is reasonable and necessary for
- 15           the prevention and suppression of disease; may forbid public gatherings when
- 16           deemed necessary to control outbreaks or epidemics and shall advise the
- 17           Wisconsin Department of Health Services of measures taken.
- 18           5. No person may interfere with the investigation under this ordinance of any place
- 19           or its occupants by the Door County health officer or her or his assistants.
- 20

21    **III. Violation, Penalty and Enforcement Procedures**

- 22           A. Any person who violates or obstructs this ordinance, an order of the County Board
- 23           under § I.B. above, or an order of the Door County Health Officer under § II.A.2 or 4.
- 24           above is subject to:
- 25              1. The issuance of a citation pursuant to Ch. 35 Door County Code and Sec.
- 26              66.0113, Wis. Stats. A citation hereunder may be issued by the local health
- 27              officer or county law enforcement officers.
- 28              2. A minimum forfeiture of \$100 to a maximum forfeiture of \$500 for each violation.
- 29              3. The issuance of a summons and complaint, and entry of a civil judgment for a
- 30              forfeiture and (temporary or permanent) injunctive relief.
- 31           B. A separate offense shall be deemed committed each day during or on which a
- 32           violation occurs or continues.
- 33           C. Proceeding under any other ordinance or law relating to the same or any other
- 34           matter shall not preclude enforcement under this ordinance.
- 35

36    **IV. Severability.**

- 37           A. Should any portion of this ordinance be declared unconstitutional or invalid by a
- 38           court of competent jurisdiction, the remainder of this ordinance shall not be affected.
- 39
- 40



**DOOR COUNTY**

**Ordinance No. 2020-06**  
**Chapter 38 Door County Code**  
**Emergency Declaration by County Board and**  
**Authority & Duties of Local Health Officer**

ROLL CALL Board Members	Aye	Nay	Exc.
AUSTAD	X		
BULTMAN	X		
CHOMEAU	X		
COUNARD	X		
D. ENGLEBERT	X		
R. ENGLEBERT	X		
ENIGL	X		
FISHER	X		
GAUGER	X		
GUNNLAUGSSON	X		
HEIM PETER	X		
KOHOUT	X		
LIENAU	X		
LUNDAHL	X		
NORTON	X		
ROBILLARD	X		
TAUSCHER	X		
THAYSE	X		
VIRLEE	X		
VLIES WOTACHEK	X		
VOGEL	X		

- 1 **V. Purpose.**
- 2 A. The dominant aim of this ordinance is to promote the
- 3 public health, safety, convenience, and general welfare.
- 4
- 5 **VI. Effective Date:**
- 6 A. This ordinance shall take effect after enactment and on
- 7 the day following the date of publication
- 8
- 9

**BOARD ACTION**  
 Vote Required: Majority Vote of a Quorum

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Motion to Approve Adopted  Defeated

1st Kohout Defeated

2nd Norton

Yes: 21 No: 0 Exc: 0

Reviewed by: \_\_\_\_\_, Corp. Counsel

Reviewed by: \_\_\_\_\_, Administrator

**Certification:**  
 I, Jill M. Lau, Clerk of Door County, hereby certify that the above is a true and correct copy of an ordinance that was enacted on the 26th day of May, 2020 by the Door County Board of Supervisors.

Jill M. Lau  
 Jill M. Lau  
 County Clerk, Door County

**SUBMITTED BY:**  
**Administrative Committee**

<u>David Lienau</u> David Lienau, Chairperson	<u>Joel Gunnlaugsson</u> Joel Gunnlaugsson
<u>Susan Kohout</u> Susan Kohout	<u>Nancy Robillard</u> Nancy Robillard
<u>Daniel Austad</u> Daniel Austad	<u>Richard Virlee</u> Richard Virlee
<u>Ken Fisher</u> Ken Fisher	

**COUNTERSIGNED**

David Lienau  
 Chairman, David Lienau  
 Door County Board of Supervisors

## Coronavirus Disease 2019 (COVID-19)

# Considerations for Wearing Cloth Face Coverings

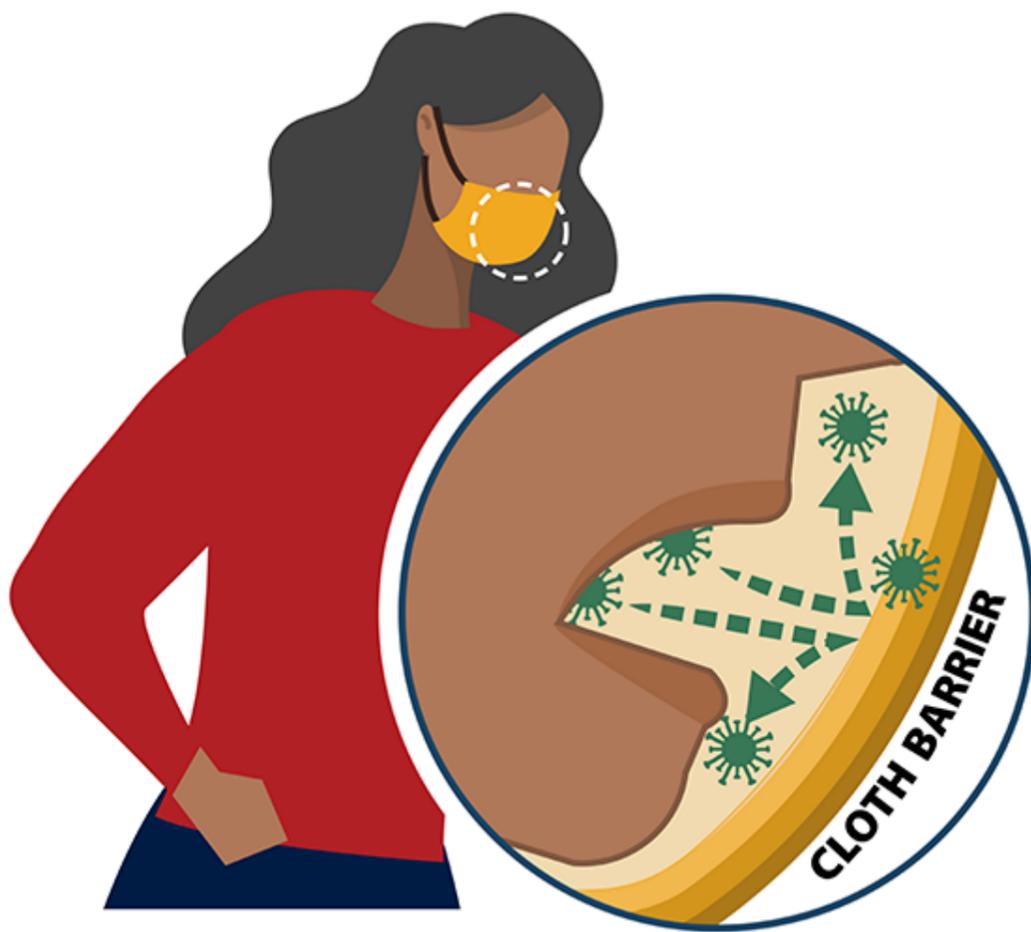
Help Slow the Spread of COVID-19

Updated June 28, 2020

[Print](#)

- CDC recommends that people wear cloth face coverings in public settings and when around people who don't live in your household, especially when other [social distancing](#) measures are difficult to maintain.
- Cloth face coverings may help prevent people who have COVID-19 from spreading the virus to others.
- Cloth face coverings are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings.
- Cloth face coverings should NOT be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

## Evidence for Effectiveness of Cloth Face Coverings



Cloth face coverings are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or raises their voice. This is called source control. This recommendation is based on what we know about the role respiratory droplets play in the spread of the virus that causes COVID-19, paired with [emerging evidence](#) from clinical and laboratory studies that shows cloth face coverings reduce the spray of droplets when worn over the nose and mouth. COVID-19 spreads mainly among people who are in close contact with one another (within about 6 feet), so the use of cloth face coverings is particularly important in settings where people are close to each other or where social distancing is difficult to maintain.

## Who Should Wear A

## Cloth Face Covering?

### General public

- CDC recommends all people 2 years of age and older wear a cloth face covering in public settings and when around people who don't live in your household, especially when other [social distancing](#) measures are difficult to maintain.
- COVID-19 can be spread by people who do not have symptoms and do not know that they are infected. That's why it's important for everyone to wear cloth face coverings in public settings and practice [social distancing](#) (staying at least 6 feet away from other people).
- While cloth face coverings are strongly encouraged to reduce the spread of COVID-19, CDC recognizes there are specific instances when wearing a cloth face covering may not be feasible. In these instances, [adaptations and](#)

[alternatives](#) should be considered whenever possible (see below for examples).

## People who know or think they might have COVID-19

- [If you are sick](#) with COVID-19 or think you might have COVID-19, do not visit public areas. Stay home except to get medical care. As much as possible stay in a specific room and away from other people and [pets](#) in your home. If you need to be around other people or animals, wear a cloth face covering (including in your home).
- The cloth face covering helps prevent a person who is sick from spreading the virus to others. It helps keep respiratory droplets contained and from reaching other people.

## Caregivers of people with COVID-19

- [Those caring for someone who is sick with COVID-19 at home or in a non-healthcare setting](#) may also wear a cloth face covering. However, the protective effects—how well the cloth face covering protects healthy people from breathing in the virus—are unknown. To prevent getting sick, caregivers should also continue to practice [everyday preventive actions](#): avoid close contact as much as possible, clean hands often; avoid touching your eyes, nose, and mouth with unwashed hands; and frequently clean and disinfect surfaces.

## Who Should Not Wear a Cloth Face Covering

Cloth face coverings should **not** be worn by:

- Children younger than 2 years old
- Anyone who has trouble breathing
- Anyone who is unconscious, incapacitated, or otherwise unable to remove the cloth face covering without assistance

## Feasibility and Adaptations

CDC recognizes that wearing cloth face coverings may not be possible in every situation or for some people. In some situations, wearing a cloth face covering may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading if it is not possible to wear one.

For example,

- People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear cloth face coverings if they rely on lipreading to communicate. In this situation, consider using a clear face covering. If a clear face covering isn't available, consider whether you can use written communication, use closed captioning, or decrease background noise to make communication possible while wearing a cloth face covering that blocks your lips.
- Some people, such as people with intellectual and developmental disabilities, mental health conditions or other sensory sensitivities, may have challenges wearing a cloth face covering. They should consult with their healthcare provider for advice about wearing cloth face coverings.
- Younger children (e.g., preschool or early elementary aged) may be unable to wear a cloth face covering properly, particularly for an extended period of time. Wearing of cloth face coverings may be prioritized at times when it is difficult to maintain a distance of 6 feet from others (e.g., during carpool drop off or pick up, or when standing in line at school). Ensuring proper cloth face covering size and fit and providing children with frequent reminders and education on the importance and proper wear of cloth face coverings may help address these issues.
- People should not wear cloth face coverings while engaged in activities that may cause the cloth face covering to become wet, like when [swimming at the beach or pool](#). A wet cloth face covering may make it difficult to breathe. For activities like swimming, it is particularly important to maintain physical distance from others when in the water.
- People who are engaged in high intensity activities, like running, may not be able to wear a cloth face covering if it causes difficulty breathing. If unable to wear a cloth face covering, consider conducting the activity in a location with greater ventilation and air exchange (for instance, outdoors versus indoors) and where it is possible to maintain physical distance from others.

- People who work in a setting where cloth face coverings may increase the risk of [heat-related illness](#) or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery) may consult with an occupational safety and health professional to determine the appropriate face covering for their setting. Outdoor workers may prioritize use of cloth face coverings when in close contact with other people, like during group travel or shift meetings, and remove face coverings when social distancing is possible. [Find more information here](#) and below.

Cloth face coverings are a critical preventive measure and are **most** essential in times when social distancing is difficult. If cloth face coverings cannot be used, make sure to take other measures to reduce the risk of COVID-19 spread, including social distancing, frequent hand washing, and cleaning and disinfecting frequently touched surfaces.

## Face Shields

It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use. **Plastic face shields for newborns and infants are NOT recommended.**

## Surgical Masks

Cloth face coverings are not surgical masks or respirators. Currently, those are critical supplies that should continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. Cloth face coverings also are not appropriate substitutes for them in workplaces where masks or respirators are recommended or required and available.

## Recent Studies:

- 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. [PMID: 32003551](#) [↗](#)
- 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. [PMID: 32074444](#) [↗](#)
- Pan X, Chen D, Xia Y, et al. Asymptomatic cases in a family cluster with SARS-CoV-2 infection. *The Lancet Infectious diseases*. 2020. [PMID: 32087116](#) [↗](#)
- Bai Y, Yao L, Wei T, et al. Presumed Asymptomatic Carrier Transmission of COVID-19. *Jama*. 2020. [PMID: 32083643](#) [↗](#)
- 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. [PMID: 32240128](#) [↗](#)
- 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. [PMID: 32271722](#) [↗](#)
- Li R, Pei S, Chen B, et al. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). *Science (New York, NY)*. 2020. [PMID: 32179701](#) [↗](#)
- 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. [PMID: 32491919](#) [↗](#)
- 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. [PMID: 32392504](#) [↗](#)
- Anfinrud P, Stadnytskyi V, Bax CE, Bax A. Visualizing Speech-Generated Oral Fluid Droplets with Laser Light Scattering. *N Engl J Med*. 2020 Apr 15. doi:10.1056/NEJMc2007800. [PMID: 32294341](#) [↗](#)

- Davies A, Thompson KA, Giri K, Kafatos G, Walker J, Bennett A. Testing the efficacy of homemade masks: would they protect in an influenza pandemic? *Disaster Med Public Health Prep.* 2013;7(4):413-8. [PMID: 24229526](#) 
- 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. [PMID: 32329337](#) 
- 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. [PMID: 32232986](#) 
- 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.* 2020. [PMID: 32371934](#) 
- Johnson DF, Druce JD, Birch C, Grayson ML. A quantitative assessment of the efficacy of surgical and N95 masks to filter influenza virus in patients with acute influenza infection. *Clin Infect Dis.* 2009 Jul 15;49(2):275-7. [PMID: 19522650](#) 
- Green CF, Davidson CS, Panlilio AL, et al. Effectiveness of selected surgical masks in arresting vegetative cells and endospores when worn by simulated contagious patients. *Infect Control Hosp Epidemiol.* 2012;33(5):487-494. [PMID: 22476275](#) 

Page last reviewed: June 28, 2020

## COVID-2019 Menu

-  Coronavirus Home
-  Your Health
-  Community, Work & School
-  Healthcare Workers
-  Laboratories
-  Health Departments
-  Cases, Data & Surveillance
-  More Resources

## ORDER OF PUBLIC HEALTH MADISON & DANE COUNTY

**DATE OF ORDER:** JULY 7, 2020

Goes into effect on July 13, 2020 at 8:00 a.m.

### EMERGENCY ORDER #8

This is a critical time for Dane County to minimize the spread of COVID-19, keep people healthy, and maintain a level of transmission that is manageable by healthcare and public health systems. Public Health Madison & Dane County (PHMDC) is using data and science to determine what actions are necessary across Dane County to slow the spread of the disease. From June 27, 2020 to July 3, 2020, 780 individuals tested positive for COVID-19 (7-day average of 111), which was the highest of any seven (7) day period. Our seven (7) day average as of July 6, 2020 was 100. COVID-19 spreads mainly from person to person through respiratory droplets when a person with a COVID-19 infection coughs, sneezes, or talks. Many people with a COVID-19 infection do not have any symptoms, but can still transmit the virus to others. Evidence suggests that wearing a cloth face covering reduces the risk of a person with a COVID-19 infection spreading the infection to others. Cloth face coverings can also protect people without a COVID-19 infection from exposure to droplets that may contain the virus. The Centers for Disease Control and Prevention and the World Health Organization recommend that individuals wear cloth face coverings when they are in public settings where they cannot reliably maintain six feet of distance from others at all times. Given the substantial increase in the numbers of cases of COVID-19 infection in Dane County, this precaution must now become mandatory.

While the majority of people are able to wear cloth face coverings, some people may not be able to due to a medical condition, mental condition, or disability. Additionally, some people of color in the U.S. have experienced harassment and racism due to wearing a face covering in public. The following Order should not be used as justification to harass or harm another person who is either wearing or not wearing a face covering. People should assume others have valid reasons for wearing or not wearing a face covering.

July 7, 2020

Page 2

Data indicates that in Dane County, bars and mass gatherings create particularly challenging environments for the COVID-19 pandemic. Physical movement within the establishment, duration of time spent in the establishment, and the degree of social mixing within individuals and groups are all greater in bars than in other businesses. Maintaining six feet of distance from people outside of one's own household is challenging in bar settings and mass gatherings. Louder environments and the cacophony of conversation that are typical in bar settings and mass gatherings often require raised voices and greater projection of oral emitted viral droplets. In their totality, these factors present a higher likelihood of transmission of the coronavirus within groups, between groups, and among the workforce. Beyond higher risk of transmission in bar settings and mass gatherings, contact tracing, a key measure needed to control spread, is also more challenging in these settings. Undertaking contact tracing of a droplet-spread communicable disease based on exposure at a bar or mass gathering is extremely difficult because of the constant mixing among persons, including unknowing prolonged and close contact.

Based upon the foregoing, I, Janel Heinrich, Public Health Officer of Madison and Dane County, by the authority vested in me by the Laws of the State, including, but not limited to, Wis. Stats. Secs. 252.03(1), (2) and (4), order the following as necessary to prevent, suppress, and control the spread of COVID-19:

- 1. Safety of individuals.** All individuals should take precautions when leaving their homes to ensure their safety, the safety of the members of their household, and the safety of the public.
  - a. All individuals.** For individual safety and the safety of the community, all individuals should:
    - i.** Maintain physical distancing of six (6) feet between individuals who are not members of the same living unit or household, to the greatest extent possible.
    - ii.** Wash hands with soap and water for at least twenty (20) seconds as frequently as possible or use hand sanitizer.
    - iii.** Cover coughs or sneezes (into the sleeve or elbow, not hands).
    - iv.** Frequently clean high touch surfaces and objects.
    - v.** Not shake hands.
    - vi.** Follow all PHMDC requirements.
    - vii.** Consider wearing a face covering when outside.

- b. Vulnerable individuals.** Vulnerable individuals include people over sixty-five (65) years of age, people that are pregnant, people in long-term care facilities, people with compromised or weakened immune systems, and people with serious underlying health conditions including high blood pressure, chronic lung disease, serious heart conditions, liver disease, kidney disease requiring dialysis, diabetes, obesity, or asthma.
- c. Individuals experiencing homelessness.** Individuals experiencing homelessness are strongly urged to obtain shelter.
- d. Unsafe homes.** Individuals whose homes or residences are unsafe or become unsafe, such as victims of domestic violence, are urged to leave their home and stay at a safe alternative location.
- e. Face Coverings.**

  - i.** Every individual, age five (5) and older, in Dane County must wear a face covering that covers their nose and mouth when:

    - 1.** In any enclosed building where other people, except for members of the person's own household or living unit, could be present.
    - 2.** In line to enter any indoor space.
    - 3.** Driving or riding on public transportation or in a paratransit vehicle, a taxi, a private car service vehicle, a ride-sharing vehicle, or any other for hire vehicle.
  - ii.** Individuals may remove their face coverings under the following circumstances:

    - 1.** While they are eating or drinking.
    - 2.** When communicating with an individual who is deaf or hard of hearing and communication cannot be achieved through other means.
    - 3.** While obtaining a service that requires the temporary removal of the face covering.
    - 4.** When necessary to confirm the individual's identity.
    - 5.** When federal or state law prohibits wearing a face covering.
  - iii.** The following individuals are exempt from the requirement to wear a face covering:

    - 1.** Individuals for whom wearing a face covering would create a risk to the person related to their work, as determined by government safety guidelines.



- c. Courts, Fields, and Sports.**
  - i. All courts and fields are open.
  - ii. Physical distancing between individuals not from the same household or living unit must be maintained at all times.
  - iii. Games and competitions are allowed for low risk sports with physical distancing maintained at all times. Low-risk sports are sports that can be done individually, or with physical distancing, or no to minimal sharing of equipment or the ability to clean the equipment between use.
  - iv. Games and competitions are not allowed between teams for medium and high-risk sports. Games and competitions within teams are allowed for medium and high-risk sports if the games and competitions are modified to ensure physical distancing is maintained at all times. Medium risk sports are sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants or intermittent close contact or group sports or sports that use equipment that can't be cleaned between participants. High risk sports are sports that involve close, sustained contact between individuals, lack significant protective barriers, and have a high probability that respiratory particles will be transmitted between individuals.
  - v. All activities in this section for all individuals must abide by the Mass Gathering requirements in Section 2.
  
- d. Schools.** Public and private K-12 schools are open for pupil instruction and extracurricular activities as of July 1, 2020. These schools must abide by the following:
  - i. Develop and implement a written hygiene policy and procedure that includes:
    1. Establishing expectations that employees and students who have a fever or other symptoms of COVID-19 do not come or remain at school.
    2. Establishing hand-washing expectations and ensuring supplies are available to employees and students.
    3. Describing proper cough and sneeze etiquette.

- ii. Develop and implement a written cleaning policy and procedure that includes:
  - 1. Guidelines for cleaning and disinfecting frequently touched surfaces multiple times a day.
  - 2. Guidelines for cleaning common areas between use.
  - 3. Protocols for cleaning and disinfecting in the event of a positive COVID-19 case on site.
  
- iii. Develop and implement a written protective measure policy and procedure that includes:
  - 1. Ensuring students are at least six (6) feet from other students and wear face coverings.
  - 2. Ensuring employees are provided with and wear face coverings.
  - 3. Ensuring that student and staff groupings are as static as possible by having the same group of students stay with the same staff as much as possible. Restrict mixing between groups as much as possible.
  
- iv. Develop and implement a written action plan for a COVID-19 outbreak at the school. This plan must include a strategy to communicate school closures, return to virtual learning, or other time sensitive issues.
  
- v. Document staff receipt, acknowledgement, or training on the policies in Sections 3.d.i-3.d.iv.
  
- vi. Individual groups or classrooms cannot contain more than fifteen (15) students if the students are age 12 or under.
  
- vii. Individual groups or classrooms cannot contain more than twenty-five (25) students if age 13 or older.
  
- viii. Sections 3.d.vi and vii are in effect during summer school.
  
- e. **Continuing education and higher education institutions.** Continuing education and higher education institutions may determine policies and practices for safe operations. However, these institutions may not open congregate living situations including dormitories without strict policies that ensure safe living conditions. These institutions must maintain physical

distancing to the greatest extent possible. These institutions must comply with Section 1.e. of this Order.

- f. Libraries and community centers.** Libraries and community centers shall comply with the requirements in Sections 1.e. and 4 of this Order.

**4. Businesses.** All businesses are subject to the following requirements:

- a.** Limit capacity to 50% of approved capacity levels.
- b.** Develop and implement a written hygiene policy and procedure that includes:
- i.** Ensuring employees who have a fever or other symptoms of COVID-19 will not be allowed to work.
  - ii.** Establishing hand-washing expectations and ensuring supplies are available to employees.
  - iii.** Describing proper cough and sneeze etiquette.
- c.** Develop and implement a written cleaning policy and procedure that includes:
- i.** Guidelines for cleaning and disinfecting frequently touched surfaces multiple times a day.
  - ii.** Guidelines for frequently wiping down any shared equipment, such as work spaces, credit card machines, lunchroom items, carts, and baskets.
  - iii.** Guidelines for cleaning common areas and equipment between use or shift changes.
  - iv.** Protocols for cleaning and disinfecting in the event of a positive COVID-19 case on site.
- d.** Develop and implement a written protective measure policy and procedure that includes:
- i.** Ensuring individuals are at least six (6) feet from others whenever possible.

- ii. Ensuring employees are provided with and wear face coverings at all times when indoors
- e. Document staff receipt, acknowledgement, or training on the policies in Sections 4b.-4.d.
- f. **Limit staff and customers in offices, facilities, and stores.** All businesses should, to the greatest extent possible, facilitate remote work and other measures that limit the number of individuals present at an office, facility, or store. Businesses to the greatest extent feasible should:
  - i. Offer online or virtual services, including for, meeting with clients, providing counsel, or other professional services.
  - ii. Hold meetings and collaborate online or by phone.
  - iii. Alternate work teams or stagger shifts.
- g. **Safe business requirements when remote work is not possible.** All businesses are required to take the following measures to limit exposure to COVID-19 to staff, customers, and the public when remote work is not possible:
  - i. Where possible, offer curbside pick-up, curbside drop-off, and delivery of goods and services.
  - ii. Where possible, offer online or phone payments, appointments, and reservations.
  - iii. Door-to-door solicitation is allowed with physical distancing.
  - iv. Ensure spacing of chairs in waiting rooms to ensure physical distancing is maintained between individuals.
- h. Meetings, trainings, and conferences are considered Mass Gatherings and must comply with Section 2 of this Order.
- i. Adhere to PHMDC requirements and strongly consider implementing the PHMDC recommendations and guidelines.
- j. Businesses must establish lines outside to regulate entry, with markings indicating where customers should stand to remain six (6) feet apart from

one another while waiting to enter. Businesses should also offer alternatives to lines, including allowing customers to wait in their cars for a text message or phone call and scheduling pick-ups or entries to stores.

- k. Post PHMDC's "Workplace Requirements for Employers and Workers" guidance document in a prominent location where all employees may access and view (Available at <https://publichealthmdc.com/coronavirus/forward-dane/requirements>).
- l. Follow all Equal Employment Opportunity Commission guidelines with regards to face coverings.

5. **Industry-specific requirements.** In addition to complying with Section 4, the following businesses have additional requirements:

- a. **Stores that sell food or groceries**, including grocery stores, bakeries, farm and produce stands, supermarkets, food banks and food pantries, convenience stores, and other establishments engaged in the retail sale of groceries, prepared food, alcoholic and non-alcoholic beverages. Such establishments shall:
  - i. Encourage pickup and delivery options.
  - ii. Prohibit customer self-dispensing of bulk food items and condiments. Beverage stations are exempt from this requirement.
  - iii. Except for produce areas, cease any customer self-service operations of all unpackaged food, such as salad bars, and buffets.
  - iv. Limit indoor dine-in capacity to 25% of approved seating capacity levels. Space tables and chairs to ensure at least six (6) feet physical distancing between customers who are not members of the same household or living unit. Limit each table to six (6) customers who are members of the same household or living unit.
  - v. Outdoor seating is allowed. Space tables and chairs to ensure at least six (6) feet physical distancing between customers who are not members of the same household or living unit. Limit each table to six (6) customers who are members of the same household or living unit.
  - vi. Sampling of food is prohibited.
- b. **Restaurants and bars. Restaurants and bars shall:**



- d. Salons and spas.** Facilities including hair salons, barber shops, nail salons, day spas, electrolysis providers, waxing salons, eyebrow-care establishments, tattoo and piercing parlors, body art establishments, tanning facilities and similar facilities shall:

  - i.** Limit the number of customers or clients to 50% of approved capacity levels. If capacity level is four (4) or less, one (1) client or customer is permitted.
  - ii.** Space customer or client chairs, tables, or stations at least six (6) feet apart from each other.
  
- e. Gyms and fitness centers.** Gyms, fitness centers, and similar facilities shall:

  - i.** Provide materials for members to disinfect equipment before and after exercise at each piece of equipment or station.
  - ii.** Limit the number of individuals in the business (excluding employees) to 50% of the approved capacity limit.
  - iii.** Increase frequency of cleaning of all equipment, common areas, locker rooms, and restrooms.
  - iv.** To the extent possible, space equipment at least six (6) feet apart, especially for treadmills and other high-exertion aerobic fitness equipment.
  - v.** Use floor markings to indicate spacing of individuals, particularly in areas where individuals congregate or cluster including drinking fountains, the front desk or reception area, and cleaning stations.
  - vi.** Group exercise classes may only be offered if physical distancing can be maintained at all times and there is no person-to-person contact. Group exercises classes must comply with Section 2 of this Order.
  - vii.** Activities where physical distancing cannot be maintained are not allowed unless they are between individuals from the same household or living unit.
  - viii.** Saunas and steam rooms are closed.
  
- f. Places of amusement and activity.** Places of amusement and activity including water parks, licensed public or private swimming pools,

aquariums, zoos, museums, bowling alleys, amusement parks, outdoor miniature golf, movie theaters, theaters, concert and music halls, golf courses and similar places shall:

- i. To the extent possible, all reservations and payments must be made in advance online or by phone.
  - ii. Businesses shall limit the number of individuals on the premises (excluding employees) to 50% of approved capacity limits. Events such as, but not limited to, concerts, festivals, carnivals, fairs, parades, movies, performances, and shows are subject to Section 2 of this Order.
  - iii. Tee times, appointments, performances, shows, or other scheduled events must be scheduled to ensure that physical distancing can be maintained between all individuals, not within the same household or living unit, at all times.
  - iv. Seating, stations, or recreational areas must be spaced to ensure at least six (6) feet of physical distancing between individuals not within the same household or living unit.
  - v. All equipment provided or rented should be cleaned in between each customers use.
- g. Lodging**, including hotels, motels, campgrounds, B&B, and vacation rentals.
- i. Prohibit guests from congregating in lobbies or other common areas, including providing adequate space to adhere to physical distancing while queuing for front desk services.
  - ii. Adopt cleaning protocols for guest rooms and common areas based on PHMDC guidelines. Provide training for housekeeping associates for proper handling of linens and cleaning/disinfecting supplies and provide appropriate personal protective equipment.
  - iii. Follow all requirements in Section 5 of this Order.
- h. Drive-in Activities.** Drive-in movie theaters and other drive-in activities may occur, with the following restrictions:
- i. Drive-in activities may not offer outdoor seating.

- ii. Individuals may leave their vehicles to purchase or pick up food or drink or to use the restroom. Individuals must remain in their vehicles at all other times.
  - iii. Any food or drink sales must comply with Sections 5.b. ii., iii., iv. and x.
  - iv. Food may be delivered to individuals patrons waiting in their vehicles.
  - v. To the extent possible, reservations and payments should be made in advance online or over the phone.
  - vi. Drive-in activities are exempt from Section 2 of this Order.
- 6. Health care operations, public health operations, human services operations, infrastructure operations, manufacturing and government functions.** These operations, as defined in Emergency Health Order #2, are required to only follow Sections 1.e, 4.b thru 4.g. and 4.i. thru 4.l. of this Order. Long-term care and assisted living facilities must follow all applicable Wisconsin Department of Health Services recommendations, all applicable U.S. Centers for Disease Control and Prevention recommendations, and all applicable Centers for Medicare and Medicaid Services recommendations for prevention of COVID-19 in these facilities.
- 7. Religious Entities and Groups.** Religious entities and groups are entities that are organized and operated for a religious purpose. Examples include, but are not limited to mosques, synagogues, temples, religious studies, churches and nondenominational ministries. Religious entities and groups shall comply with Sections 1.e., 4.a. thru 4.g. and 4.i thru 4.l. of this Order.
- 8. Leased Premises.** Landlords or rental property managers may enter leased residential premises and show properties if all individuals are wearing face coverings and maintaining physical distancing.
- 9.** Businesses must follow all regulatory and licensing requirements. If this Order contains provisions that are more restrictive than otherwise permitted in any regulatory or licensing requirement, the provisions of this Order shall control.

## ENFORCEMENT AND APPLICABILITY

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- 10. Enforcement.** Violation or obstruction of this Order is a violation of Madison Municipal Ordinance Sec. 7.05(6), Dane County Ordinance Sec. 46.40(2) and any subsequent or similar ordinance adopted by a local municipality in conformity therein.
- 11. Severability.** If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.
- 12. Duration.** This Order shall become effective Monday, July 13, 2020 at 8:00 a.m. This Order shall remain in effect until further notice.

IT IS SO ORDERED.



Janel Heinrich  
Health Officer, Public Health Madison & Dane County

**§ 323.11, Wis. Stats.**

Declaration by local government.

The governing body of any local unit of government may declare, by ordinance or resolution, an emergency existing within the local unit of government whenever conditions arise by reason of a riot or civil commotion, a disaster, or an imminent threat of a disaster, that impairs transportation, food or fuel supplies, medical care, fire, health or police protection, or other critical systems of the local unit of government. The period of the emergency shall be limited by the ordinance or resolution to the time during which the emergency conditions exist or are likely to exist. [History: 2009 a. 42 s. 233; Stats. 2009 s. 323.11.]

**§ 323.14, Wis. Stats.**

Local government; duties and powers.

**(1) ONGOING DUTIES.**

**(a) 1.** Subject to subd. 3., each county board shall develop and adopt an emergency management plan and program that is compatible with the state plan of emergency management under s. 323.13 (1) (b).

**2.** Each county board shall designate a head of emergency management. In counties having a county executive under s. 59.17, the county board shall designate the county executive or confirm his or her appointee as county head of emergency management. Notwithstanding sub. (2) (b), an individual may not simultaneously serve as the head of emergency management for 2 or more counties.

**3.** Each county board shall designate a committee of the board as a county emergency management committee. The chairperson of the county board shall designate the chairperson of the committee. In counties having a county executive under s. 59.17, the committee shall retain policy-making and rule-making powers in the establishment and development of county emergency management plans and programs. **(b) 1.** The governing body of each city, village, or town shall develop and adopt an emergency management plan and program that is compatible with the state plan of emergency management adopted under s. 323.13 (1) (b). **2.** The governing body of each city, village, or town shall designate a head of emergency management services.

**(2) ONGOING POWERS.**

**(a)** The governing body of a local unit of government may appropriate funds and levy taxes for its emergency management program under sub. (1).

**(b)** Local units of government may cooperate under s. 66.0301 to furnish services, combine offices, and finance emergency management programs.

**(c)** Local units of government may contract for emergency management services with political subdivisions, agencies, and federally recognized American Indian tribes and bands of this state, and, upon prior approval of the adjutant general, with such entities in bordering states. A copy of each agreement shall be filed with the adjutant general within 10 days after execution of that agreement.

**(3) DUTIES DURING AN EMERGENCY.**

(a) If the governing body of a local unit of government declares an emergency under s. 323.11 and intends to make use of volunteer health care practitioners, as specified in s. 257.03, the governing body or its agent shall, as soon as possible, notify the department of health services of this intent.

(b) During a state of emergency declared by the governor, a local unit of government situated within the area to which the governor's executive order applies may employ personnel, facilities, and other resources consistent with the plan adopted under sub. (1) (a) 1. or (b) 1. to cope with the problems that resulted in the governor declaring the emergency. Nothing in this chapter prohibits local units of government from employing their personnel, facilities, and resources consistent with the plan adopted under sub. (1) (a) 1. or (b) 1. to cope with the problems of local disasters except where restrictions are imposed by federal regulations on property donated by the federal government.

#### (4) POWERS DURING AN EMERGENCY.

(a) The emergency power of the governing body conferred under s. 323.11 includes the general authority to order, by ordinance or resolution, whatever is necessary and expedient for the health, safety, protection, and welfare of persons and property within the local unit of government in the emergency and includes the power to bar, restrict, or remove all unnecessary traffic, both vehicular and pedestrian, from the highways, notwithstanding any provision of chs. 341 to 349.

(b) If, because of the emergency conditions, the governing body of the local unit of government is unable to meet promptly, the chief executive officer or acting chief executive officer of any local unit of government shall exercise by proclamation all of the powers conferred upon the governing body under par. (a) or s. 323.11 that appear necessary and expedient. The proclamation shall be subject to ratification, alteration, modification, or repeal by the governing body as soon as that body can meet, but the subsequent action taken by the governing body shall not affect the prior validity of the proclamation. History: 2009 a. 42 ss. 98 to 102, 111, 112, 234 to 236, 294 to 299; Stats. 2009 s. 323.14.

#### § 323.02, Wis. Stats.

Definitions.

In this chapter, unless the context clearly indicates otherwise:

(3) "Biological agent" means any of the following: (a) A select agent that is a virus, bacterium, rickettsia, fungus, or toxin that is specified under 42 CFR 72, Appendix A. (b) A genetically modified microorganism or genetic element from an organism under par. (a) that is shown to produce or encode for a factor associated with a disease. (c) A genetically modified microorganism or genetic element that contains nucleic acid sequences coding for a toxin under par. (a) or its toxic subunit. (d) An agent specified by the department of health services by rule.

(6) "Disaster" means a severe or prolonged, natural or human-caused, occurrence that threatens or negatively impacts life, health, property, infrastructure, the environment, the security of this state or a portion of this state, or critical systems, including computer, telecommunications, or agricultural systems.

(13) "Local emergency response team" means a team that the local emergency planning committee identifies under s. 323.61 (2m) (e).

(14) “Local health department” has the meaning given in s. 250.01 (4).

(15) “Local unit of government” means a county, city, village, or town.

(16) “Public health emergency” means the occurrence or imminent threat of an illness or health condition that meets all of the following criteria: (a) Is believed to be caused by bioterrorism or a novel or previously controlled or eradicated biological agent. (b) Poses a high probability of any of the following: 1. A large number of deaths or serious or long-term disabilities among humans. 2. A high probability of widespread exposure to a biological, chemical, or radiological agent that creates a significant risk of substantial future harm to a large number of people.

(17) “Public works” means the physical structures and facilities developed or acquired by a local unit of government or a federally recognized American Indian tribe or band in this state to provide services and functions for the benefit and use of the public, including water, sewerage, waste disposal, utilities, and transportation.

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**§ 252.03, Wis. Stats.**

Duties of local health officers.

(1) Every local health officer, upon the appearance of any communicable disease in his or her territory, shall immediately investigate all the circumstances and make a full report to the appropriate governing body and also to the department. The local health officer shall promptly take all measures necessary to prevent, suppress and control communicable diseases, and shall report to the appropriate governing body the progress of the communicable diseases and the measures used against them, as needed to keep the appropriate governing body fully informed, or at such intervals as the secretary may direct. The local health officer may inspect schools and other public buildings within his or her jurisdiction as needed to determine whether the buildings are kept in a sanitary condition.

(2) Local health officers may do what is reasonable and necessary for the prevention and suppression of disease; may forbid public gatherings when deemed necessary to control outbreaks or epidemics and shall advise the department of measures taken.

(3) If the local authorities fail to enforce the communicable disease statutes and rules, the department shall take charge, and expenses thus incurred shall be paid by the county or municipality.

(4) No person may interfere with the investigation under this chapter of any place or its occupants by local health officers or their assistants. [History: 1981 c. 291; 1993 a. 27 s. 285; Stats. 1993 s. 252.03]

**DHS § 145.06 Wis. Adm. Code Stats.**

General statement of powers for control of communicable disease.

**(1) APPLICABILITY.** The general powers under this section apply to all communicable diseases listed in Appendix A of this chapter and any other infectious disease which the chief medical officer deems poses a threat to the citizens of the state.

**(2) PERSONS WHOSE SUBSTANTIATED CONDITION POSES A THREAT TO OTHERS.** A person may be considered to have a contagious medical condition which poses a threat to others if that person has been medically diagnosed as having any communicable disease and exhibits any of the following: (a) A behavior which has been demonstrated epidemiologically to transmit the disease to others or which evidences a careless disregard for the transmission of the disease to others. (b) Past behavior that evidences a substantial likelihood that the person will transmit the disease to others or statements of the person that are credible indicators of the person's intent to transmit the disease to others. (c) Refusal to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious. (d) A demonstrated inability to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious, as evidenced by any of the following: 1. A diminished capacity by reason of use of mood-altering chemicals, including alcohol. 2. A diagnosis as having significantly below average intellectual functioning. 3. An organic disorder of the brain or a psychiatric disorder of thought, mood, perception, orientation or memory. 4. Being a minor, or having a guardian appointed under ch. 54, Stats., following documentation by a court that the person is incompetent. (e) Misrepresentation by the person of substantial facts regarding the person's medical history or behavior, which can be demonstrated epidemiologically to increase the threat of transmission of disease. (f) Any other willful act or pattern of acts or omission or course of conduct by the person which can be demonstrated epidemiologically to increase the threat of transmission of disease to others.

**(3) PERSONS WHOSE SUSPECTED CONDITION POSES A THREAT TO OTHERS.** A person may be suspected of harboring a contagious medical condition which poses a threat to others if that person exhibits any of the factors noted in sub. (2) and, in addition, demonstrates any of the following without medical evidence which refutes it: (a) Has been linked epidemiologically to exposure to a known case of communicable disease. (b) Has clinical laboratory findings indicative of a communicable disease. (c) Exhibits symptoms that are medically consistent with the presence of a communicable disease.

**(4) AUTHORITY TO CONTROL COMMUNICABLE DISEASES.** When it comes to the attention of an official empowered under s. 250.02 (1), 250.04 (1) or 252.02 (4) and (6), Stats., or under s. 252.03 (1) and (2), Stats., that a person is known to have or is suspected of having a contagious medical condition which poses a threat to others, the official may direct that person to comply with any of the following, singly or in combination, as appropriate: (a) Participate in a designated program of education or counseling. (b) Participate in a defined program of treatment for the known or suspected condition. (c) Undergo examination and tests necessary to identify a disease, monitor its status or evaluate the effects of treatment on it. (d) Notify or appear before designated health officials for verification of status, testing or direct observation of treatment. (e) Cease and desist in conduct or employment which constitutes a threat to others. (f) Reside part-time or full-time in an isolated or segregated setting which decreases the danger of transmission of the communicable disease. (g) Be placed in an appropriate institutional treatment facility until the person has become noninfectious.

(5) FAILURE TO COMPLY WITH DIRECTIVE. When a person fails to comply with a directive under sub. (4), the official who issued the directive may petition a court of record to order the person to comply. In petitioning a court under this subsection, the petitioner shall ensure all of the following: (a) That the petition is supported by clear and convincing evidence of the allegation. (b) That the respondent has been given the directive in writing, including the evidence that supports the allegation, and has been afforded the opportunity to seek counsel. (c) That the remedy proposed is the least restrictive on the respondent which would serve to correct the situation and to protect the public's health.

(6) HAZARDS TO HEALTH. Officials empowered under ss. 250.02 (1), 250.04 (1) and 252.02 (4) and (6), Stats., or under s. 252.03 (1) and (2), Stats., may direct persons who own or supervise real or physical property or animals and their environs, which present a threat of transmission of any communicable disease under sub. (1), to do what is reasonable and necessary to abate the threat of transmission. Persons failing or refusing to comply with a directive shall come under the provisions of sub. (5) and this subsection. [History: Cr. Register, March, 2000, No. 531, eff. 4-1-00; correction in (2) (d) 4. made under s. 13.92 (4) (b) 7., Stats., Register February 2008 No. 626]

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**§ 252.19, Wis. Stats.**

Communicable diseases; suspected cases; protection of public. No person who is knowingly infected with a communicable disease may willfully violate the recommendations of the local health officer or subject others to danger of contracting the disease. No person may knowingly and willfully take, aid in taking, advise or cause to be taken, a person who is infected or is suspected of being infected with a communicable disease into any public place or conveyance where the infected person would expose any other person to danger of contracting the disease. [History: 1981 c. 291; 1993 a. 27 s. 299; Stats. 1993 s. 252.19.]