

Lincoln County
City-County Board of Health Agenda
July 11, 2018 @ 6 PM
Lincoln County Courthouse

1. Call to Order

2. Approval of Minutes

- 06/13/18 meeting minutes

3. New Business

- Abatement Order

4. Program Reports:

- **Public Health**
 - Snapshot
 - Changes in Personnel
 - Emergency Medical Countermeasure Plan
- **Air**
- **Animal Control**
 - Shelter Contracts
 - Regulation Update
- **Solid Waste and Recycling**
 - Landfill Expansion Application
- **ARP**

5. Focus Area Liaisons:

- **Superfund Sites**
 - IC Steering Committee:
 - ATSDR Update
 - Liaison Position update
 - O&M Advisory Team meeting update (timeline comparisons EPA v DEQ)
 - Next ICSC meeting OCT 1st
 - Groundwater Site:
 - Controlled Ground Water Area
 - BOH Letter to DEQ Update and Response

6. Health Officer Report

7. Old Business

8. Public comment

**Lincoln County
Emergency Medical Countermeasures**

July 2018

This is a hazard-specific annex to the Lincoln County All-Hazards Emergency Operations Plan that covers medical countermeasures to be enacted in certain events. Should an actual event occur, the response may vary depending on the type of emergency situation. This plan will be reviewed and updated annually or as necessary by the Health Director, Public Health Emergency Preparedness Coordinator, or designee. This version supersedes all previous versions of this document.

APPROVAL AND IMPLEMENTATION
LCHD Emergency Medical Countermeasure Annex

This document is hereby approved for implementation and supersedes all previous editions.

Signature
Dr. Brad Black, MD
Health Officer

Date

Signature
Janet Ivers, Chair
Board of Health

Date

Signature
Kathi Hooper, Director
Health Department

Date

Record of Distribution

Plan Holder Name	Agency/Department	Form of Plan	Date of Distribution

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
6/2018	Updated POD location to Asa Wood, 700 Idaho Avenue, Libby, MT 59923	Jenn McCully	7/2018

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Introduction

Public health emergencies may require rapid intervention to protect residents of Lincoln County that are exposed to a communicable illness, toxin or when stock medical equipment and supplies are exhausted on a local or state level. In order to protect public health in such an emergency event, this plan has been developed to provide medication, supplies and equipment for Lincoln County in case of a large-scale medical emergency. The Emergency Medical Countermeasure (EMC) system is in place to assist local emergency responders in the event of an emergency/disaster that rapidly depletes pharmaceutical and/or medical supplies.

Purpose

The purpose of this document is to describe how resources may be obtained and distributed to treat a large number of individuals within Lincoln County. This may include mass vaccination or mass prophylaxis of the population of this county. These mass clinics can be conducted with or without Strategic National Stockpile (SNS) assets (SNS should only be used when all other supply chains are exhausted). Should the need arise to obtain pharmaceuticals for the treatment of acute illness, this plan also describes this request and equipment, may also be obtained through the processes laid out in this plan.

Scope

This EMC annex is limited in scope to the events that affect or potentially affect public health and well-being. All parts of this plan may be enacted primarily by the Board of Health, the Health Officer or the Health Director along with other local authorities.

Roles and Responsibilities

Department of Public Health and Human Services

- Assist in obtaining pharmaceuticals, medical equipment and supplies
- Alert other counties and states as appropriate
- Develop or assist in development of fact sheets and necessary forms
- Assist the Health Department in the delivery of pharmaceuticals to the clinic site(s)
- Assure that unused pharmaceuticals are properly stored and transported back to DPHHS
- Provide resource apportionment and incident facilitation across single and multi-jurisdictional public health events
- Work closely with local EOCs and Disaster and Emergency Services State Emergency Coordination Center in order to maintain the accuracy of available resources statewide
- Assist in requesting SNS, EMAC and other assets
- Coordinate requests for re-supply
- Coordinate distribution of supplies and allocate supplies to each jurisdiction
- Coordinate transportation of supplies to each jurisdiction

- Deliver SNS materials from the state Receiving, Staging, and Storage (RSS) site to a single drop point in each local health jurisdiction
- Ensure that a certified DEA registrant will sign for all controlled substances
- If necessary, repackage inventory for use at the local level
- The Health Officer will normally serve as the prescribing physician with the State Health Officer serving as a secondary choice

Lincoln County Health Department (LCHD)

- Estimate the number of persons to receive prophylaxis and communicate that information to DPHHS
- Obtain standing orders
- Locate and secure clinic sites
- Maintain cold chain storage and controlled storage conditions for supplies
- Alert local health care providers
- Alert local media
- Arrange alternate media as needed (hearing impaired, vision impaired, shut-ins)
- Obtain authorization for dispensing pharmaceuticals
- Obtain additional clinic staff and supplies
- Obtain assistance of law enforcement for security if needed
- Assign duties of clinic staff
- Transport supplies to clinic site(s)
- Arrange for proper storage of pharmaceuticals
- Facilitate clinic flow
- Compile final report

Emergency Management (EMA)

- Activate the County EOC based on real or perceived need. Activities include:
 - Notifying tasked agencies.
 - Coordinating with public health to determine appropriate PODs location(s)
 - Activating the County EOP and appropriate annexes.
 - Coordinate communications activity between PODs and Emergency Operations Center.
 - Coordinate resource requests from PODs.
- Provide for alert and warning of persons located in the affected area.
- Serve as liaison between local jurisdictions and response agencies and the State for requesting resources when the capabilities of local response agencies are exceeded.
- Provide for information and resource management support as needed.
- Arrange security of site(s) and supply transportation through local law enforcement.
- Designate Public Information Officer (PIO).
- Collaborate on information dissemination.
- Construct statements for press conferences.
- Ensure frequent contact with the press through the designated PIO.
- Be responsible for real time communication with State and Federal agencies

Law Enforcement

- If available and necessary, provide security escorts for distribution vehicles
- Assist with security throughout event, if available and necessary
- Provide security support for EMC materials in transit from Flathead County to Lincoln County
- Provide security and traffic control at POD and clinic sites
- Assure orderly intake operations for persons arriving at the PODs, insuring that everyone follows intake and triage procedures

Plan Activation and Authority to Activate

The Health Officer(s) or designee is notified of reportable or unusual cases. This will take place through normal reporting procedures and through informal and ongoing communication between health department personnel and local medical facilities. Local health officials, with the assistance of the MT DPHHS, will conduct an epidemiological investigation to determine the etiology and patterns in the population and will recommend appropriate action. Active/highly active surveillance will be initiated by local public health officials when necessary.

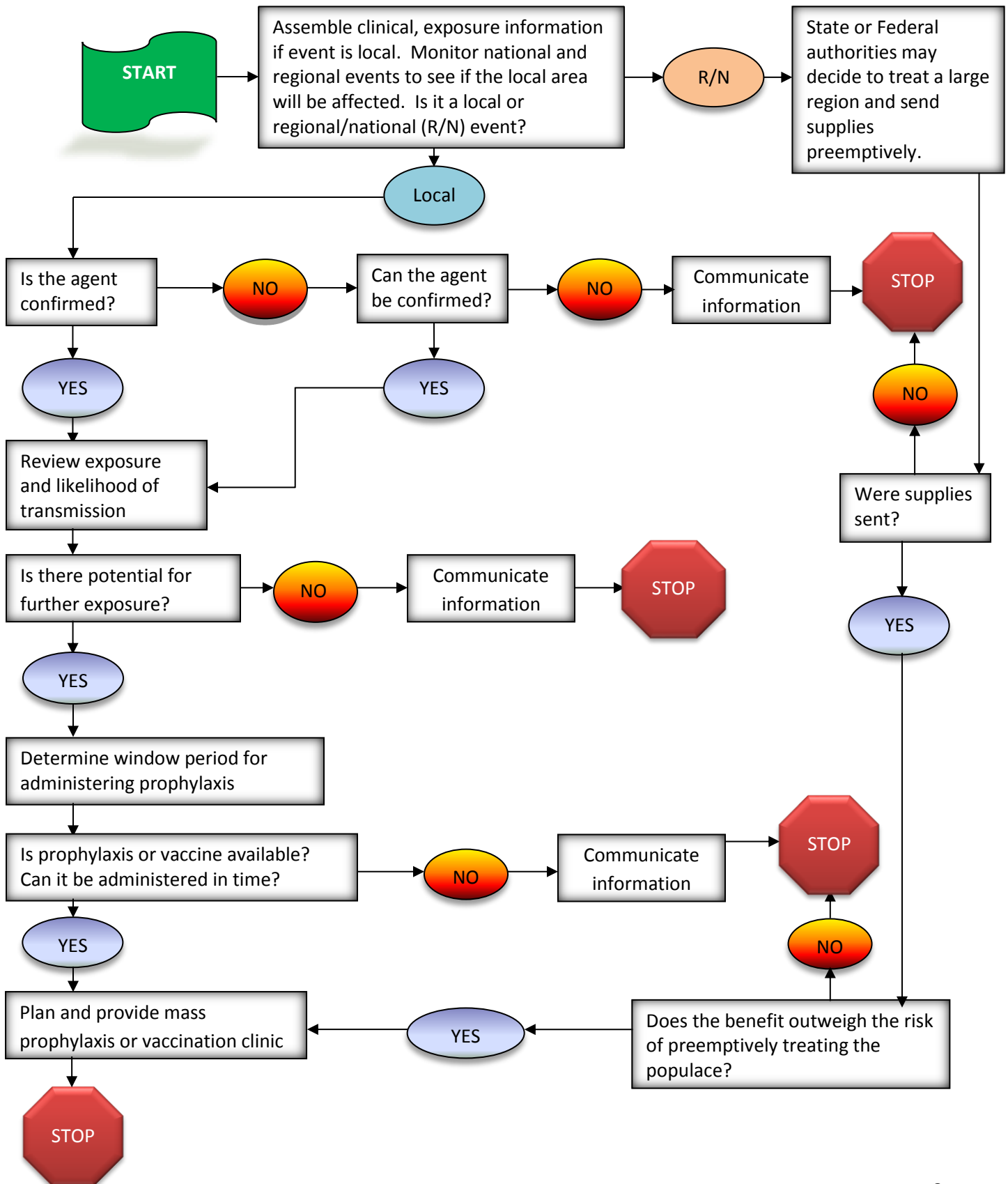
Identifying existence of pandemic, epidemic, outbreak, or need for mass prophylaxis

For a pandemic to be identified or mass prophylaxis or immunization to be considered, the following criteria need to be met.

- The etiologic agent has been confirmed
- There is potential for further exposure
- Pharmaceuticals are available and can be administered in time to prevent illness and secondary exposure

See Figure 1 for assistance in decision making for this type of event.

Fig. 1-Algorithm for Decision Making for Mass Prophylaxis or Immunization



Procedures for Activating the EMC Plan

The Health Officer or designee and the Health Department Director will determine the need to activate the EMC plan (see Figure 1). Activating the plan will include notification of key contacts, identification of at risk populations, and requesting supplies for a clinic and pharmaceuticals. *A list of caches and locations are found on page 28 Appendix A of this Annex.*

If local resources are adequate to respond to the emergency event, skip to the Dispensing and Treatment Section on page 19 to conduct a Point of Dispensing (POD) clinic without the use of SNS assets. *IF SNS assets are required*, continue on to the next section. If the acute care facility requires an emergency supply of medication to counter effects of a chemical exposure, skip to the ChemPack portion of the EMC Plan on page 23.

SNS Assets

Overview

The Strategic National Stockpile (SNS) is managed by the Centers for Disease Control and Prevention (CDC) and contains large quantities of medicines, antidotes and medical supplies needed to respond to a wide range of scenarios. The mission of the CDC's EMC Program is to ensure the availability and rapid deployment of life-saving pharmaceuticals, antidotes, other medical supplies and equipment necessary to counter the effects of nerve agents, biological pathogens and chemical agents. The SNS Program stands ready for immediate deployment to any U.S. location in the event of a terrorist attack using a biological toxin or chemical agent directed against a civilian population. In the event of this type of an emergency, the Lincoln County Emergency Operations Plan will be activated and a request made for supplies from the SNS assets. *SNS assets are only to be used when all other avenues of supply requisition are depleted.*

The goals of the Lincoln County Health Department are:

- To receive critical medical assets from the State during an emergency, deliver those assets to designated Points of Dispensing (PODs) or Medical Treatment Centers and dispense medical supplies to the public in order to save lives and prevent illness
- To set up and operate a clinic that runs at maximum efficiency and effectiveness

Purpose

The purpose of this section is to describe how Lincoln County will request, receive, manage and distribute the SNS assets and assets from other supply chains to those who need it.

SNS Materials

- **12 Hour Push Package:** The SNS has two components intended to arrive in separate phases. The first phase is referred to as a 12-hour Push Package, and accordingly will arrive at the requesting location (MT DPHHS) within 12 hours of the federal decision to deploy it. The Push Package contains nearly 50 tons of material that can be used to address a wide range of expected threats. This is not always the first asset deployed, but it is the fastest asset that can be deployed.
- **Managed Inventory:** The second phase is referred to as (vendor) Managed Inventory (MI) and contains large quantities of specific items, such as ventilators and antibiotics, to address an identified need. The MI portion of the SNS is government owned inventory held at vendor warehouses throughout the U.S. Should an event occur which exceeds the capacity of the 12-hour Push Package; the CDC can coordinate re-supply packages.
- **Field Medical Stations:** The CDC SNS program maintains a Field Medical Station (FMS) cache that can be deployed through the same channels as the request for SNS assets. FMS is designed

to respond to potential shortfalls in all-hazards mass casualty care. There are three modules that have enough supplies and medicine to treat 250 people for up to three days.

- **Basic Support Module:** This contains supplies for administrative, food supply, housekeeping, first aid, quarantine supplies, basic medical needs and pediatric needs. Basic Support Module is available in 5 bed sets of 50 beds, with bedding and bed packs/personal hygiene.
- **Treatment Module:** This contains medical/surgical items, primary care, special needs and non-acute care supplies.
- **Pharmacy Module:** This contains pharmaceuticals, prophylaxis and special medications.

The SNS resources will be delivered to the custody of the State of Montana Department of Health and Human Services (DPHHS) at their RSS (Receive, State, Store) site. At this point, the supplies will be broken down, repackaged and distributed to the local health departments of the affected areas. Once delivered to the local communities, local officials will be responsible for managing supplies.

Local Medical Inventories

Every attempt must be made to acquire supplies either from area healthcare centers or through regular wholesale suppliers.

Legal Issues

1. **Standing Orders.** The Local Health Officer is authorized to issue standing orders and protocols for dispensing sites. However, if a local order is not in place, the State Medical Officer has developed a standing order to prescribe medications for individuals at a Point of Dispensing (POD) site during a mass prophylaxis event. This order will include only those jurisdictions that do not have orders in place.
2. **Authority to Distribute.** During an event when the State Medical Officer has determined there is a need to use the SNS medical assets for prophylaxis purposes, the following authority will go into effect. Criteria were shared with the MT Board of Pharmacy and will be reviewed annually.
 - a. As per the Project BioShield Act of 2004 (PL 108-276, 21 July 2004) the Public Health Service Act was amended to provide protections and countermeasures against agents that may be used in a terrorist attack against the United States.
 - b. As per MCA 37-2-104 a medical practitioner may furnish a patient any drug during an emergency. Additionally, the furnishing of drugs by a medical practitioner will only be conducted in special incidents requiring the EMC and is not a usual course of doing business. Therefore, all licensed medical practitioners who have a relationship with providing prophylactic medications are potential candidates to distribute at a POD.
 - c. A “medical practitioner” is defined in MCA 37-2-101 and means any person licensed by the state of Montana to engage in the practice of medicine, dentistry,

osteopathy, podiatry, optometry or a nursing specialty and is in the licensed practice to administer or prescribe drugs.

- d. Local Health Jurisdictions will ultimately decide eligibility to distribute prophylaxis as long as it does not supersede the above guidance.
- e. Medications come in pre-labeled individual courses or in single unit dose vials intended to be distributed to one individual.

3. Liability. As per MCA 10-3-310, the Governor may authorize the incurring of liabilities and expenses to be paid as other claims against the state from the general fund, in the amount necessary, upon activation of the incident response portion of the state disaster and emergency plan. Money may not be used to reimburse a local government for incident response costs incurred by that local government. DPHHS has clarified liability and Worker's Compensation issues for volunteers:

- a. As per MCA 10-3-405, the governing body of the jurisdiction shall estimate expenditures and levy an emergency millage to cover expenditures. The millage levied shall not exceed 2 mills on the municipality's taxable valuation.
- b. As per MCA 10-3-912, a person responding to a request for assistance who is under the operational control of the requesting member is considered to be an employee of the requesting jurisdiction for liability purposes.
- c. As per the PREP act (PL 109-148) of the 109th US Congress provides immunity from liability claims arising from administration and use of covered countermeasures to manufacturers, distributors, program planners and qualified persons involved in the administration and use of a covered countermeasure. The exception to this immunity is willful misconduct acts by the covered persons.
- d. The county will ensure that lists of volunteers are provided to the EOC.

4. Workers Compensation. As per MCA 10-3-911, a person responding to a request for assistance is entitled to all applicable benefits, including workers compensation, normally available from their home jurisdiction.

5. Staff Compensation. As per MCA 10-3-310, once a county spends the equivalent of two mills for authorized expenses, at least once per year, the County commissioners can request state assistance by contacting DES. Documentation of those being covered for compensation, meal reimbursement and incidentals must be maintained.

6. Procurement of Private Property. The Local Health Jurisdiction will ensure that MOUs are in place pre-event with facilities/entities in order to avoid private property procurement issues.

The ultimate control and distribution of SNS assets is a state responsibility. *Therefore, any event requiring SNS resources that cross a jurisdictional boundary should be coordinated through DPHHS's Department Operational Center (DOC).*

Events that Justify an SNS Request

- A chemical, biological, radiological, nuclear or explosive event
- A medical emergency brought on by a natural disaster
- Indications from intelligence or law enforcement of a likely attack
- Unexplained increases in emergency medical service requests
- Unexplained increases in antibiotic prescriptions or over-the-counter medication use

Clinical or epidemiological indications such as:

- Large numbers of ill persons with similar disease or syndrome
- Large number of unexplained disease, syndrome or death
- Unusual illness in a population
- Higher than normal morbidity and mortality from a common disease or syndrome
- Failure of a common disease to respond to usual therapy
- Single case of disease from an uncommon agent
- Multiple unusual or unexplained disease entities in the same patient
- Disease with unusual geographic or seasonal distribution
- Multiple atypical presentations of disease agents
- Similar genetic type agents isolated from temporally or spatially distinct sources
- Unusual, genetically engineered or antiquated strain of the agent
- Endemic disease or unexplained increase in incidence
- Simultaneous clusters of similar illness in non-contiguous area
- Atypical aerosol, food, water transmission
- Deaths or illness among animals that precedes or accompanies human death

Regional & Local Resource Considerations for Deploying SNS Assets:

- Other supply chains are exhausted
- Number of current casualties
- Projected needs considering the population of the area (including transients, travelers, etc.) and possible infections versus non-infections.
- Hospital capacity at the time of the event, including intensive care unit beds and ventilator needs.
- Local resources identified, including pharmacy distribution, oxygen availability and transport capacity
- The potential need for evacuation
- The projected duration of the event
- The extent of the threat to citizens.

SNS Request Procedures

The Health Officer or designee is notified of reportable or unusual cases. This will take place through normal reporting procedures and through informal and ongoing communication between health department personnel and local medical facilities. Local health officials, with the assistance of the MT DPHHS, will conduct an epidemiological investigation to determine the etiology and patterns in the population and will recommend appropriate action. Active/highly active surveillance will be initiated by local public health officials when necessary.

Upon determining that a request for the SNS resources is needed, time is the most critical factor in requesting SNS Resources. Therefore, it must be recognized that all stakeholders may not be included in the decision to request the SNS.

Following activation of the EOC:

- Local officials discuss the threat or emergency within the jurisdiction and determine that the need for medical supplies exceeds local resources.
- The Health Officer or designee will submit a request for resources from the state DES officials.
- DES contacts the State Duty Officer who contacts the State's Emergency Preparedness Section Staff via the EMC Alert Roster.
- A state-level meeting is held which should include local officials, DES, the Director of DPHHS, State Medical Officer, CDC project manager for Montana, and any additional key operational players deemed necessary by the event.
- Upon consensus from the state-level meeting, DPHHS officials convey a request to the Governor, who in turn, formally requests the SNS assets.
- CDC considers the Governor's request and makes the determination of whether to send the SNS assets.

Once the request has been made, EMC operations will proceed under the assumptions that the request will be approved at the Federal level until told otherwise.

- The State will Receive, Stage, and Store the stockpile and then deliver the requested inventory to Lincoln County's designated drop point.
- Locals are able to request re-supply by informing their local EOC. Local EOCs will then combine all requests and notify the DPHHS DOC.

Identification of Key Contacts for Requesting SNS Assets:

- Health Department Director
- PHEP Coordinator
- State DPHHS SNS official
- Health Officer
- Board of Health

After the Request is made:

1. Alert key members of the Operation Management team.
 - a. Initiate EOC Call Down list
 - b. RSS Site Contact
 - c. Dispensing Site Contact
 - d. Security Contacts Sheriff's Department
 - e. Red Cross Contact, if necessary
 - f. CPMC Contacts
 - g. Transport contacts
 - h. Provide PIO with Media Contact list
 - i. Volunteers
2. Identify actual dispensing sites.
3. Alert functional personnel.
4. Establish and test communications systems with all response partners, including the RSS facility, treatment center, EOC and POD.
5. Activate law enforcement and security systems to establish operations to secure all aspects of the distribution system.
6. Identify and activate the asset storage and staging facility.
 - a. Arrange for the delivery of material-handling equipment, such as pallet jacks and forklifts, and
 - b. Assemble staff to physically receive, store, and begin to stage EMC assets when they arrive.
7. Establish transportation means and confirm security and communications for moving the EMC assets from the asset storage and staging facility to the POD.
8. Activate your inventory-control capabilities to identify the items and the quantities of material that will arrive; set up your inventory-management system, maintain cold-chain storage as indicated.
9. Assemble staff and delivery vehicles.
 - a. Ensure coordination with appropriate state and local law-enforcement organizations for security of the trucks that will move material from the asset storage and staging facility to PODs and Treatment Centers.
10. Activate PODs.
 - a. Activate volunteer rosters.
 - b. Activate doctors, nurses, pharmacists, and other medical support personnel on call.
 - c. Ensure that law-enforcement officers have secured the PODs before beginning dispensing operations.

Reordering EMC Assets

Locals are able to request re-supply by informing their local EOC. Local EOCs will then combine all requests and notify the DPHHS EOC. There must be a record of requests to DPHHS for more supplies. Directions for re-order will be provided at the time of the event.

Security

Functions:

- Preventing unauthorized access to locations that support EMC operations;
- Facilitating the movement of vehicles that transport SNS assets and personnel;
- Controlling crowds that might interfere with effective EMC operations; and
- Protecting the personnel, equipment, and assets of the EMC from injury, theft, damage, or destruction.

Lead Agency

Security will be organized by the Lincoln County Law Enforcement. The Sheriff's Office and/or Police Department will be the lead agency for all SNS security. *It is recognized that Law Enforcement may be overwhelmed at the time of the incident. Alternate security options may include using reserve officers, correctional officers and/or citizens.*

A Security Coordinator may be appointed to oversee all personnel and agencies involved in the SNS security. Responsibilities include security at the RSS facility, dispensing and treatment sites, and during the transportation of supplies.

Security from the RSS to LHJ Drop Point: MHP will provide a security escort for each distribution vehicle departing from the State RSS site. In the event that MHP does not have the resources available to safeguard all distribution vehicles, it may be necessary for local law enforcement to escort vehicles once they arrive in their jurisdiction.

Security from LHJ Drop Point to PODs: The local health jurisdiction assumes responsibility of safeguarding the SNS material once it has been delivered to the local drop point. Each county is responsible for coordinating the security of any additional movement within the jurisdiction.

See Attachment 1: POD Facility security assessment

Receiving, Staging, and Storing SNS Assets

Accepting Custody of SNS Assets

1. The state is responsible for receiving federal supplies at a single receiving site that will either be in Helena or Billings based on the event. DPHHS is responsible for timely delivery of assets to St. John's Lutheran Hospital in Libby, which has been designated as the Lincoln County Receiving & Distribution Site.
2. Upon arrival, the Health Officer (HO) or designee will take possession and assume responsibility for the EMC (SNS) supplies. The Health Officer or designee will officially sign for the receipt and oversee distribution of the controlled substances.
3. Allocation of the EMC (SNS) contents to Distribution Site Vehicles will occur at St John's Lutheran Hospital (dependent on the new hospital and its construction of 2013); the current hospital will serve as an alternate and location would be depicted as emergency happens. The Distribution Site Incident Commander(s) will be designated and responsible for documentation and inventory of all materials and pharmaceuticals that are documented to the IC inventory.
4. Supplies for each distribution center will then be delivered in a county vehicle to each POD site along with security as needed.

Staging and Storing SNS Assets

A 12-Hour Push Package contains controlled substances, one of which is morphine, a Schedule II substance. The DEA regulates the storage and transfer of Schedule II substances in accordance with Title 21 of the U.S. Code of Federal Regulations. Schedule IV items will also be included in a 12-Hour Push Package. These drugs will be removed from the push package prior to sending them to LHJs. Should the need arise for controlled substances in the event of an emergency, those substances will be sent directly to the DEA-licensed agent that requires them.

Care of EMC Assets

- EMC assets in storage, staging, or delivery vehicles or at PODs must remain at controlled room temperatures (58oF to 86oF) to ensure their potency. Your RSS facility, PODs, treatment centers, and distribution vehicles must maintain this temperature range during very hot or very cold periods.
- Some of the products that are sent in specific-item shipments will require refrigeration. Vaccine shipments are in either a self-powered refrigeration shipping container or a specialized foam shipping container.

Inventory Management

The SNS inventory management system must track SNS receipts, on-hand balances, issues, and orders (for replenishment). Material will be tracked using the database provided by the State RSS and/or a manual tracking system. A computerized inventory management system likely will need to be used in order to track resources for PODs and the DPHHS DOC prior to depleting critical resources. If that is

somehow unavailable, the local PODs must provide resource status to their local EOC who is overall responsible for resource accountability.

Local PODs will make certain that:

- All receipts will be tracked
- Supplies will be apportioned and processed in response to requests from the dispensing sites.
- Stock levels will be monitored and the need for replenishment will be conveyed to the Lincoln County EOC.
- Any unused materials must be returned to the warehouse at the end of each day.

Items that may be included in SNS resources:

- Specialized Cargo Containers *
- Refrigeration Systems*
- Unused medications that remained at the receiving and storage facility and can be verified that they were temperature controlled
- Ventilators*
- Portable Suction Units *
- Repackaging and tablet counting equipment (if there are any bulk requests)
- Computer and communications equipment

The CDC has directed that certain items be returned upon completion of an event. Local health jurisdictions are responsible for accounting for the items marked with an () and returning them to the RSS facility. Items will be collected at the end of the event and returned to the State via transportation deemed reliable at the time. This will be coordinated through the Incident Commander and POD Manager.*

Repackaging

All pharmaceuticals in the push package come in a 10-day regimen, unit of use, labeled, childproof bottles. Repackaging equipment is no longer part of this package. The state will provide a plan in the event that re-packaging is necessary at the local level.

In the event that all SNS unit-of-use assets are exhausted, including the repackaging capabilities with the CDCs Managed Inventory partners, repackaging equipment can be requested along with bulk medical supplies.

Distributing Assets

POD Manager(s) will notify the Planning Section Chief for replenishment of EMC assets.

Dispensing and Treatment

1. Upon identification of a threat, the Lincoln County EOC will address the need for recruitment of assistance for dispensing sites.
2. Additional medical personnel may be available from Flathead and/or Sanders County to assist in times of disaster.
3. The American Red Cross maintains volunteers that may be available for the Lincoln County area.
4. A Certified Emergency Response Team in the Flathead area may also be available through the County EOC.
5. The EOC will identify distribution sites according to preliminary data of those already affected, crude diagnosis of the illness or substance affecting the residents of Lincoln County and number of locations and personnel available to man operations.
6. The determination of dispensing sites will be made according to location and access, amenities and square footage of the location in question. Approximately 20,000 individuals reside in Lincoln County. Ideally treatment should be administered as soon as a threat is identified. With a projection of 48 hours before an initial EMC (SNS) push package arrival; immediate treatment should begin with local supplies to those in the most acute danger of exposure or illness.
7. Upon initial identification location sites should address:
 - Location-can this location be accessed by walking well and most vehicles?
 - Accessibility-is this location accessible to wheelchairs, individuals with canes and walkers?
 - How large is the location? Is there room for a minimum of three-operation stations per building?
 - Is there ample room for parking outside?
 - Are sanitary accommodations available such as toilets and sinks?
8. The EOC will address special populations that may include individuals unable to access distribution sites.
9. School buses may be available for transportation of well-seeking individuals.
10. The Distribution Site Incident Commander (IC) will be responsible for the command and control activities of the dispensing site. The Site IC will direct the total operation of the facility and directly oversee the operations, logistics, communications, and administration by working closely with individuals that will coordinate activities for their respective duties. The Site IC will directly be responsible for all departmental activities, communication, and coordination with the local EOC.
11. The Site IC should assign individuals to oversee and assist in given areas such as:
 - Registration, medical screening/triage
 - Patient education and exit monitor
 - Dispensing and consultation of medications

- Inventory of supplies, medications, equipment
- Labeling of prescriptions
- Redirection of symptomatic individuals for treatment

A. Dispensing Procedures:

1. **Number of Regimens per individual:** To expedite the delivery of mass antibiotics or prophylaxis, one person can receive doses for up to five (5) additional persons or the total number of their household.
2. **Data Elements to be collected:** A common Name, Address, Phone & Health (NAPH) form will be completed to ensure appropriate documentation
3. **Symptomatic Individuals:** Each POD will have a triage area. If a person is symptomatic they will be instructed to go to SJLH or their private practitioner. They will receive both medical attention and medication at those locations. If a person is able to drive to the POD, it is assumed that they will also be able to drive themselves to the hospital or alternate care site (if identified). EMS will be available for those individuals experiencing severe symptoms.
4. **Unaccompanied Minors:** Minors aged 16 years and up may pick up supplies without a parent or legal guardian present.
5. **Special Communications Needs:** An assistance area within POD will be available to provide assistance.
6. **Crowd Control, traffic management, security:** LCEMA with support from local law enforcement has conducted site survey assessments on the identified POD sites. In addition local law enforcement has been engaged to carry out crowd control and traffic control plans. Specific security information is included in the POD information listed in Appendix 3.

Security will be used for internal and external security at the PODs and warehouse that receives EMC (SNS) medical assets. Security will also be used to escort antibiotics when deemed necessary.
7. **Operating Hours:** Depending on the severity of the event, a decision will be made by the LCPHO on the number of hours to operate. This can be a 24-hour operation or a normal business 8-hour operation. In addition, all PODs activated will be instructed to open initially at the same time. A decision may be made to close some PODs and keep a minimal amount of PODs open 24 hours. Local media will be notified of hours of operations for all sites. Lincoln County plans on fully activating and standing-up all necessary PODs within six hours of notice from the receipt of EMC (SNS) assets. This plan is to stay consistent with all other PODs in the state to ensure the prevention of population drift to PODs opening first. If multiple shifts are running, shift change briefings will be conducted in accordance with existing SJLH procedures.
8. **Hotline/Call Bank :** This function will be coordinated with the County EOC.
9. **Monitoring of adverse effects:** Reactions to antibiotics/vaccines do not always present themselves immediately. However, emergency medical services will be available onsite to handle any immediate concerns, whether they are a reaction from the medication or vaccination administered or other medical problem that arises.

Patients will be provided with a treatment information sheet to read over and self monitor for adverse events. Any person experiencing adverse events will be instructed to contact their primary care physician or report to the nearest hospital.

In the event the medication is defective, lot numbers are tracked by patient who can then later be contacted by phone. Anytime a medication is identified as defective, a Health Alert Network (HAN) will be sent to the HAN network that include all medical providers, followed shortly by a public announcement. Any adverse reaction that occurs will be reported to the appropriate agencies.

- B. Rapid Dispensing:** Strategies for rapid dispensing include family member pick-up and the pre-planning strategies listed in the POD Throughput sheets found in Appendix 3.
- C. Alternate dispensing:** Dispensing to Hospital workers and their families may be done at the hospital. Additional strategies include Adult-pick-up, and possible work-site dispensing for large employers.
- D. Increasing throughput:** Dispensing site ICs will ensure that throughput is consistently monitored and make adjustments if throughput is not flowing efficiently.
- E. Prophylaxis of first responders:** During a public health emergency that requires the prophylaxis or vaccination of the population, first responders, POD Staff, Public Health and their family members will be medicated at the nearest POD sites. This will allow them to report to duty, instead of waiting in line. Providing medication to their family will also allow the first responders to report to duty knowing that their family is being provided for.
- F. Homebound & at-risk population:** Identification strategies include establishing a hotline number at the hospital or EOC for homebound residents to call in and identify themselves as needing delivery. Delivery strategies include allowing neighbors to pick-up for homebound residents, delivery by volunteer organizations (CERT, ARC, church groups), or hospital staff.
- G. POD plans:** See Appendix 3
- H. POD materials:** These items will be made available as part of the “POD-in-a-box” sent out by DPHHS; located at Road District #1 Garage; LCEMA Building
- I. POD Management Team:** see Appendix 14.
- J. POD Staff:** SJLH participates in the MHMAS Montana Healthcare Mutual Aid System and may request support staff through either MTDPHHS or the local EOC.
- K. POD Training Materials:** *Job Action Sheets and training materials are being developed and can be found in Appendix 3 when completed.*

Training, Exercise, and Evaluation

Preparation

All persons involved in emergency response activities in Lincoln County will be familiarized with the EMC program and its components.

Training

Essential personnel will be trained according to procedures of the EMC program.

Exercises

A tabletop exercise of the EMC plan will be carried out in 2017 to determine the effectiveness of the existing plan.

Evaluation

Following the tabletop exercise, key personnel will participate in a debriefing to discuss the exercise. Based on this information, the EMC plan will be modified.

Lincoln County CHEMPACK Plan

Overview

CHEMPACK is a national program funded by the Centers for Diseases Control and Prevention. CHEMPACK is a first responder asset that provides antidotes for individuals exposed to intentional or accidental nerve agent release and large-scale organophosphate (pesticide) poisonings. The purpose of CHEMPACK is to implement a nationwide program for the “forward” placement of nerve agent antidotes and to provide state and local governments a sustainable resource that increases their capability to respond quickly to a nerve agent event.

In the event of a significant chemical emergency, supplies of critical medical items in Lincoln County will be rapidly depleted. In anticipation, the Federal Government established the CHEMPACK to augment local supplies of nerve agent antidotes and symptomatic treatment supplies.

CHEMPACK is a CDC owned cache containing nerve agent antidotes. It is placed in the care and custody of a host hospital for the purpose of treating victims exposed to a purposeful or accidental release of a nerve agent. The CDC and Montana Department of Health and Human Services (DPHHS) have prepositioned CHEMPACKs in eight Montana Host hospital locations. (*Appendix A*)

The Flathead Region’s host hospital is Kalispell Regional Medical Center located in Kalispell, Montana. The Flathead Region includes the following counties: Lake, Lincoln and Flathead. (*Appendix B*) CHEMPACK assets are intended for use within these counties; however, they may be distributed to any other region as circumstances dictate.

Lincoln County’s Host Hospital is Kalispell Regional Medical Center (KRMC). Although KRMC houses the CHEMPACK cache, the assets remain the property of the CDC.

Purpose

The protocols in this plan are intended to provide background on the type of medical assets in the CHEMPACK. This plan outlines the procedures necessary to request, access and transport CHEMPACK assets for use in response to a chemical attack or accident. The content of the CHEMPACK is intended to treat individuals who are affected by a chemical exposure. The objective of this plan is to describe the process within Lincoln County for obtaining and returning the CHEMPACK from and to the Host Hospital and to describe procedures related to the criteria for use, request and deployment of the CHEMPACK.

Planning Assumptions

- Exposure to a chemical nerve agent has been detected within Lincoln County.
- Time is of the essence for treatment initiation.

- While the ChemPack may be deployed for use in the field, it will most likely be deployed for primary use in local emergency rooms and acute care centers, for the treatment of multiple symptomatic patients, as a result of secondary exposures to the nerve agent.
- Anticipated treatment of symptomatic patients will exhaust area resources of medications.

Roles & Responsibilities

CDC Division of Strategic National Stockpile responsibilities:

- Procure and provide CHEMPACK containers with appropriate nerve agent response antidotes and associated medical supplies.
- Provide technical expertise to advise the sites in:
 - Implementing environmental criteria for selected locations.
 - Ensuring each storage location meets DEA specification
 - Ensuring quality control of the stored product
- Maintain CHEMPACK material throughout the Lifecycle of the project
- Product surveillance:
 - Monitor the environmental conditions of stored containers and pharmaceuticals and maintain documentation from the temperature monitoring devices for Shelf Life Extension Program
 - Conduct product sampling
 - Replace stock, as required, to ensure it is in a ready-for-use state.
- Conduct periodic Quality Assurance/Quality Control inspections

MT DPHHS responsibilities:

- Support CDC and host sites as outlined through contractual agreements and MOU's to maintain CHEMPACK caches.
- Collaborate with host sites, response and requesting agencies to ensure formal procedures are in place to facilitate recognition of events and rapid distribution of assets.
- Provide training as necessary to host sites and first response agencies. Periodically review CHEMPACK procedures with first responders and other organizations to make them aware of CHEMPACK procedures and plans.
- Share information about the CHEMPACK program and review local CHEMPACK procedures annually.

KRMC (Host Hospital) responsibilities:

- Store materials in the manner agreed upon with CDC and MT DPHHS.
- Allow CDC and MT DPHHS personnel access to the CHEMPACK
- Notify CDC and MT DPHHS of any changes in contact information
- Provide a 24/7 contact number for the host hospital to be used to facilitate rapid access to CHEMPACK assets.
- Notify MT DPHHS contact to report any use of or change in status of the assets as soon as practical.

Lincoln County Health Department (LCPH) responsibilities:

- Train stakeholders on requesting, mobilizing, distributing and use of caches
- Collaborate with stakeholders to ensure plans are in place to rapidly request and utilize cache assets.
- Notify the DPHHS DOC of request for mobilization and use of cache assets
- Plan for and coordinate the transportation or shipping of EMC cache assets as defined by the policies located in the cache specific attachments
- Annually review and share plan with local stakeholders.

Other Agencies responsibilities: Several local and state agencies may be asked to assist with the implementation of these procedures. Lincoln County region agencies with potentially significant roles in the requesting, transporting and dispensing the CHEMPACK are summarized below.

- **Law Enforcement:** May serve as a first responder, dispatcher, transporter of assets and/or an incident commander. The specific role will vary depending upon the event. May include city, county or state law enforcement officials.
- **State and Local DES:** Assists with coordinating events that require assistance beyond local capabilities and this may result in request for assets directly to a host hospital.
- **First Responders:** First responders (EMS, Fire, HAZMAT, etc.) may serve as a requestor, transporter of assets and/or an incident commander. The specific role will vary depending upon the event.

ChemPack Contents

EMS configuration for up to 454 casualties				
Medication	NDC #	Unit Pack	Cases	Quantity
Mark 1 auto-injector	6505-01-174-9919	240	5	1200
Atropine Sulfate 0.4mg/ml 20ml	63323-234-20	100	1	100
Pralidoxime 1gm inj 20ml	60977-141-01	276	1	276
Atropen 0.5 mg	11704-104-01	144	1	144
Atropen 1.0 mg	11704-105-01	144	1	14
Diazepam 5mg/ml auto-injector	6505-01-274-0951	150	2	300
Diazepam 5mg/ml vial 10ml	0409-3213-12	25	1	50
Sterile water for injection (SWFI) 20cc	0409-4887-20	100	2	200

- Atropine: Alleviates symptoms such as excess salivation, urination, defecation, vomiting and excess secretions.
- Pralidoxime: Helps reactivate the enzyme that is compromised by the nerve agent and alleviates symptoms such as muscle weakness, rapid heart rate, high blood pressure and muscle twitching
- Diazepam: Inhibits seizure type activity.

Activation:

- The plan will be activated when a competent authority determines that an incident involving a nerve agent exists and available resources in the community are insufficient to treat victims.

- This plan will be activated when the Incident Commander (EMS, Fire, Law Enforcement, Lincoln County EMA, LCPH or Cabinet Peaks Medical Center (CPMC)) contacts KRMC to request materials in the CHEMPACK.
- The lead agency will maintain one primary contact and at least two backup contacts for the plan.

Criteria for CHEMPACK Use:

MT DPHHS and the CDC authorize breaking the CHEMPACK container seal and using the products only when a competent authority (as above) determines that an accidental or intentional nerve agent release has:

- Threatened the medical security of the community
- Put multiple lives at risk
- Is beyond local emergency response capabilities
- The CHEMPACK products are necessary to save lives
- Existing antidotes/resources are insufficient to treat victims

Requesting the CHEMPACK container:

Requesting Process:

1. Upon identification of a chemical emergency the need to request CHEMPACK assets may be identified
 - Assets may be requested by the following through 911 dispatch
 - On scene incident commander
 - Emergency Department at CPMC
 - Lincoln County Health Officer or Designee
 - DPHHS
2. Once contacted by Lincoln County, KRMC, the host hospital, will initiate the procedure to open and deploy the CHEMPACK.

MT DPHHS Notification: Upon request of CHEMPACK assets LCPH will notify the Duty Officer for MT DPHHS by calling 406-444-3075. It is the responsibility of Lincoln County Health Department to document use of assets and track unused assets for return to the cache point.

Required Information:

In the event of non-hospital use or request to the scene of the nerve agent release or staging area near the release; the following information should be reported to the requesting, competent authority/Incident Commander. See *Appendix C* for Exposure Information. The following information should be reported with the request:

- Estimated number of confirmed or potential adult patients
- Estimated number of confirmed or potential pediatric patients
- Signs and symptoms exhibited by the patients

- Name and/or identification information of the nerve agent
- Form of the released nerve agent (liquid, gas etc.)
- Routes of exposure of the patients (percutaneous, inhalation, ingestion etc.)
- Additional anticipated decontamination needs

Procedure for Deployment of the CHEMPACK:

- Assets will be transported to the exposure site by the quickest means available.
- Medication will be ***deployed by the case unit***, cases will not be broken.
- Pick up/transport of CHEMPACK assets will be the responsibility of the requesting agency. Host hospital and requesting agencies will determine the most rapid method of deploying resources to the site of treatment using all resources available.
- Shipment is to be prepared by DEA license holder, and received by DEA license holder – the courier need not hold a DEA license.

Chain of Custody: Transfer Form (*Appendix D*) will be completed by responsible parties.

- KRMC will complete a form for the requesting agency. The authorized agent of KRMC will release the order by signing the form on COPY A, (white).
- The courier will sign for custody on COPY A. This copy remains at KRMC.
- The receiving agency will sign for custody on COPY B, (yellow), releasing the courier of custody. COPY B remains with the courier. A DEA license holder must sign COPY B.
- COPY C (blue) is retained by the receiving agency.
- The receiving agency will forward COPY D (pink) to DPHHS at the following address:

MT DPHHS
 Emergency Preparedness
 1400 Broadway, Cogswell Building, Room C-202
 Helena, MT 50620

CHEMPACK Recovery: Once the event has ended, a member of LCPH or other designated person will return all remaining product as soon as practical to KRMC.

Maintenance: Lincoln County Public Health Department, CPMC and KRMC will review this plan on an annual basis and update if/when there are changes.

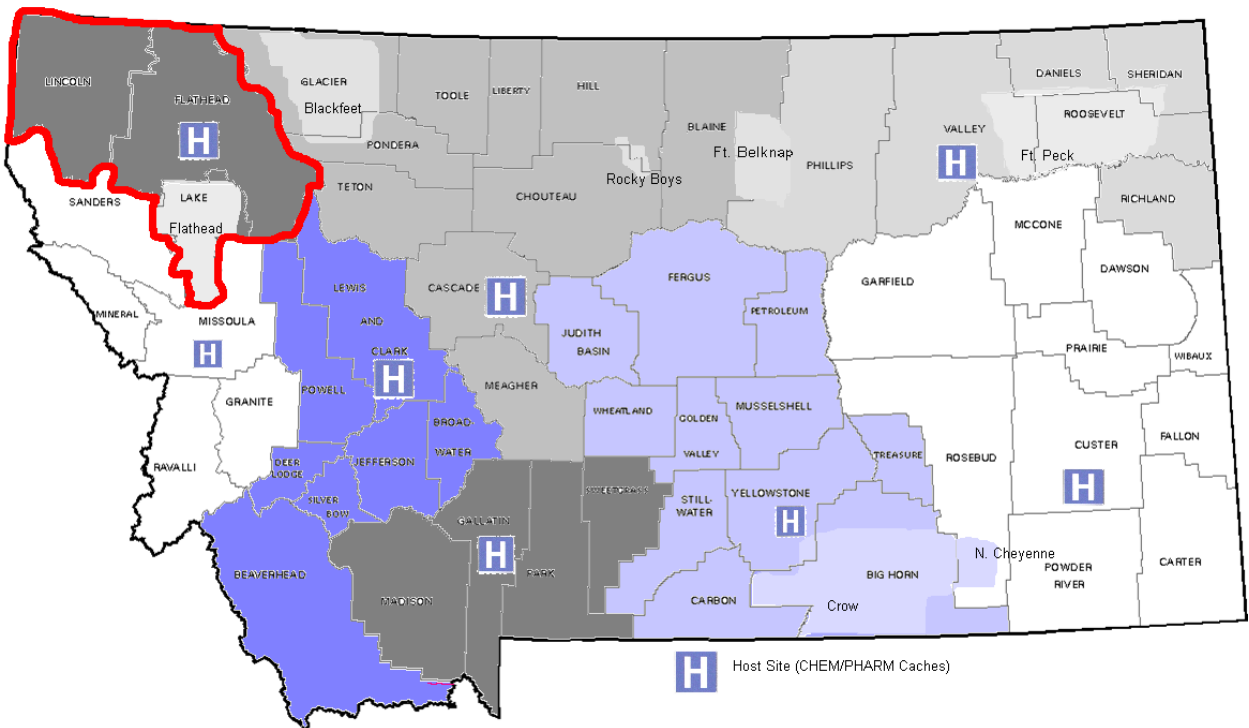
Appendix A

Host Facilities

Emergency Medical Countermeasure Host Facilities				
Location & Cache	Address	Primary 24/7 Pharmacy Contact	Alternate 24/7 Emergency Contact	Distance to Lincoln County
Billings Clinic CHEMPACK HPP Antibiotic	2800 10th Ave S Billings, 59101	(406) 657-4095	(406) 657-4000 Ask for Security	535 Miles
Holy Rosary Hospital CHEMPACK HPP Antibiotic	2600 Wilson St Miles City, 59301	(406) 233-2600 Ask for the pharmacist, or the pharmacist on call	(406) 233-2600 Ask for Administrator supervisor or Administrator on-Call	679 Miles
Frances Mahon Deaconess Hospital CHEMPACK HPP Antibiotic	621 3rd St Glasgow, 59230	(406) 228-3500 (Main Number) Ask for Pharmacy	(406) 228-3500 (Main Line) Ask for Maintenance on Call	507 Miles
Benefis Health Care CHEMPACK HPP Antibiotic Radiological	1101 26th St. South Great Falls, 59405	(406) 455-5430 Ask for Pharmacist in-Charge	(406) 455-5000 Ask for Security	318 Miles
Kalispell Regional Medical Center CHEMPACK HPP Antibiotic	310 Sunnyview Lane Kalispell, 59901	(406) 752-1761 (Pharmacy) Ask for Pharmacists in Charge (406) 752-5111 (Main Line) Ask to speak with Pharmacists in Charge	(406) 751-8128 Ask for House Supervisor (406) 250-1233	90 Miles
St. Patrick Hospital CHEMPACK HPP Antibiotic	500 W. Broadway Missoula, 59806	(406) 329-5721 Select option 2	(406) 543-7271 (Main Line) Ask for Security Supervisor	192 Miles
St. Peters Hospital CHEMPACK HPP Antibiotic	2475 E. Broadway Helena, 59601	(406) 444-2350	(406) 442-2480 Ask for Security Supervisor	284 Miles
Bozeman Deaconess Hospital CHEMPACK HPP Antibiotic	915 Highland Blvd. Bozeman, 59715	(406) 585-5000 (ER) Ask to have the pharmacist paged	(406) 585-5000 Ask for House Supervisor	395 Miles
DPHHS Antiviral Radiological	1400 Broadway Helena, 59620	Dept. Operations Center (406) 444-3075		282 Miles
Kreisers Inc Personal Protective Equipment (PPE)		(406) 252-4650		

Appendix B

Flathead Region – ChemPack/Pharmaceutical Cache Hosts



Geographical Area	Host Hospital	Population	Hospitals	Name of Facility	Contact number
Lincoln County	Kalispell	19,226	1	Cabinet Peaks Medical Center	(406) 283-7000
Flathead County	Kalispell	85,314	2	Health Center Northwest	(406) 752-1724
				Kalispell Regional Medical Center	(406) 752-5111
Lake County	Kalispell	28,606	1	Northwest Montana Health Service	(406) 883-5377

Appendix C

Exposure Information

CHEMPACK EXPOSURE INFORMATION FORM

Attachment E

Minimum Information collected for ChemPack request

1. Point of Contact Information: (need to collect name of caller + phone number and a seconde name + phone number in the hospital or field for the purposes of immediate communications with Host Hospital, ChemPack courier, and MT DPHHS/MT DES)

Name:	cell:
Name:	cell:
County/Location:	
Treating Hospital:	
Delivery Address/Location:	

2. Name of Chemical:

3. Form of release: solid liquid gas other:

4. Routes of exposure: skin inhalation ingestion injection

5. Number of Patients: **Adult Confirmed** _____ **Adult Potential:** _____

Pediatric <18 Confirmed _____ **Pediatric Potential:** _____

6. Signs and Symptoms exhibited:

mild	moderate	severe
Runny nose	Blurred Vision	Involuntary defecation/urination
Chest tightness	Droling	Copious secretions
Pinpoint pupils	Excessive Sweating	Twitching, jerking
Shortness of Breath	Nausea	Seizures
Headache	Vomitting	Flaccid Paralysis
Behavioral changes	Diarrhea	coma
	Weakness	Repriratory Failure
	Twitching of large muscles	Death
	Headache, confusion, drowsiness	

7. Has field decontamination taken place? **yes** **no**

8. Additional anticipated decontamination needs:

Appendix D

Chain of Custody Transfer Form

CHAIN OF CUSTODY TRANSFER FORM

Instructions:

The host hospital will complete a form for each requesting agency providing the amount of material to be transferred. The individual who prepares the order will release the order by signing the custody form in Part A.

The transporter (courier) will sign for custody in part A, and transfer the product to the designated location(s). The white copy signed by the transporter (courier) will remain at the host hospital.

The receiving hospital will sign for custody in part B, releasing the transporter of custody. The blue copy will remain with the transporter (courier). The yellow copy is retained at the receiving hospital.

The receiving hospital will forward the pink copy to DPHHS: Emergency Preparedness
1400 Broadway
Cogswell Building, Room C-202
Helena, MT 59620

CHAIN OF CUSTODY TRANSFER FORM

PART A

Name of Host Hospital _____ Product will be delivered to _____
 Courier Name _____ Courier Shield Number _____

CHEMPACK		
ITEM	QTY Sent	QTY Received
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
PHARMACEUTICAL CACHE		
ITEM	QTY Sent	QTY Received
Doxycycline		
Tamiflu		

Shipment Prepared/Released By _____ Date _____ Time _____
 Signature of Courier _____ Date _____ Time _____

CHAIN OF CUSTODY TRANSFER FORM

PART B

Name of Host Hospital _____ Product will be delivered to _____
 Courier Name _____ Courier Shield Number _____

Receiving Site _____
 Name of Recipient (PRINT) _____

CHEMPACK		
ITEM	QTY Sent	QTY Received
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
PHARMACEUTICAL CACHE		
ITEM	QTY Sent	QTY Received
Doxycycline		
Tamiflu		

Shipment Prepared/Released By _____ Date _____ Time _____
 Signature of Courier _____ Date _____ Time _____
 Signature of Recipient _____ Date _____ Time _____

Attachment 1
Asa Wood
POD Site Security Plan
Libby, MT

Introduction:

The Centers for Disease Control (CDC) and the Strategic National Stockpile (SNS) possess large quantities of medicine and medical supplies used to protect the American people in the event of a public health emergency severe enough to significantly deplete a state's existing medical supplies. Upon federal and local agreement, SNS assets will deploy to any area in the United States within twelve hours. Each state has plans to expeditiously and securely receive and distribute SNS assets to their local, effected communities.

Purpose:

During a Montana large scale emergency which activates deployment of the SNS, the Montana State Department of Public Health and Human Services (MT DPHHS) and the CDC will require security personnel at Points of Dispensing Sites (PODs). In the event of an SNS asset deployment to 700 Idaho Avenue, Libby, MT 59923, the City of Libby Police Department (LPD) will be responsible for site specific security plans at this location.

Scope:

The Public Health Emergency Preparedness (PHEP) Coordinator from Lincoln County Public Health and the LPD will develop and maintain site specific security plans encompassing, but not limited to:

PHEP Coordinator:

- Developing and maintaining security transportation/receiving plans for SNS assets arriving at the POD site.
- Creating an identification/badge system or procedure to readily identify personnel assigned to the POD site.
- Maintaining and updating written site specific security plans for 952 E Spruce Street, Libby, MT.

LPD:

- Identifying security support personnel and their appropriate contact information.
- Completing security and vulnerability assessments/checklists.
- Providing interior and exterior security measures.
- Establishing command and control protocols.
- Creating evacuation procedures.
- Assessing security breach contingencies.

I. Security Support Personnel

Included in this plan are the different security roles or positions necessary to protect assets, staff, the facility and maintain civil order. Law enforcement officers are a limited resource; therefore plans may utilize private security companies or non-law enforcement personnel/volunteers to help fill these roles. Law enforcement staffing may be situational dependent and all written security plans must account for that flexibility.

POD Site Information

Name	Asa Wood
Region	NW Montana
County	Lincoln
Physical Address	700 Idaho Avenue, Libby MT 59923
Phone Number	406-293-8811

Security Support Agency & Contact Information

Agency	City of Libby Police Department
24 Hour Phone	406-293-4112 Ext 0
Primary Contact Name	Scott Kessel
Primary Contact Title	Chief of Police
Primary Contact Work Phone	406-293-3343
Primary Contact Cell Phone	406-334-3489
Primary Contact Other	
Primary Contact Email	s.kessel@libbypd.org
Backup Contact Name	Darren Short
Backup Contact Title	Sargent
Backup Contact Work Phone	406-293-3343
Backup Contact Cell Phone	406-283-1062
Backup Contact Other	
Backup Contact Email	d.short@libbypd.org

II. POD Site Security

The POD site located at Asa Wood School at 700 Idaho Avenue, Libby MT. The location allows for access control from Idaho Avenue, parking access control for staff and parking onsite/offsite for general public. The LPD completed a security/vulnerability checklist for this POD site, which is included with the written site specific security plan.

Interior

Prior to SNS material arrival, the LPD will perform an interior physical security sweep of the POD site in order to secure the facility, establish controlled access points, determine necessary law enforcement posts and ascertain SNS asset placement. Upon threat level determination and/or personnel access, law enforcement may utilize specialized units from traffic, tactical, canine, EOD or any other existing division at their disposal.

Pharmaceutical storage areas(s) will be in a controlled access area, which is located in the kitchen of the Ponderosa Room. Only specifically authorized staff will have access to the pharmaceutical storage/staging area. These staff will be authorized by the POD Director and it will state 'Special Access' on their identification badge. Security personnel will provide security during the storage, use, shipping or transport of equipment and supplies. Security is required for each storage location.

The LPD will position approximately two officers at positions to be determined. These posts will be roving positions that will rotate every 30 minutes. Closed circuit monitoring is unavailable inside the facility.

General public access control points will be established at the Ponderosa Room West door for entry into the facility at the Ponderosa Room East door for exiting the facility. All other interior locations that are not in use by public health or law enforcement personnel will be restricted to the general public by physical barriers (provided by the City of Libby Public Works Department) and access denied unless granted by law enforcement personnel.

Law enforcement personnel will handle crowd control issues by maintaining the flow of entry and exit access at the predetermined locations and the establishment of physical barriers utilized (provided by the City of Libby Public Works Department) to help easily direct general public.

Exterior

The LPD will perform an exterior physical security sweep of the POD site in order to secure the facility, further establish controlled access points, determine necessary law enforcement posts, identify staff/general public parking areas and assess standoff distances.

The LPD may utilize specialized units from traffic, tactical, canine and/or EOD upon their request and unit availability. Threat levels and security/vulnerability checklists will further define the necessity for additional units.

Additional physical barriers are available upon request from the City of Libby Public Works Department. These barriers may entail, but are not limited to, traffic barricades, cones, barrels and temporary signage.

Exterior lighting on the facility is sufficient for maintaining 24 hour security measures. Additionally temporary lighting can be obtained from Lincoln County Emergency Management Agency and placed at entrance and exit locations.

Command and Management

The law enforcement command center will be located at the office of EMA within City Hall. All law enforcement personnel will operate from their own radios or EMA's Cache MHz radios and utilize channel Mutual Aid Gold for general communication with POD facility and remain city channel for LE communication. Cell phone, landlines and public access communication already in place at the POD will be utilized if necessary.

The POD will operate 24 hours a day and law enforcement officers will work 12 hour shifts. Law enforcement officers will be assigned to the following posts throughout the duration of this assignment: interior door, whatever else is needed. These post assignments may change depending on threat levels and law enforcement personnel availability.

Evacuation

In the event of an evacuation all persons will be instructed to exit the facility at the entrance and exit locations and rally in the tennis courts, west of the building. Upon law enforcement approval, personnel may return to the site at the Ponderosa Room once there has been a determination that the facility is safe and there is no longer a threat.

The closest medical facility to the POD site is Cabinet Peaks Medical Center (CPMC), located at 209 Healthcare Drive, Libby, MT 59923, which is less than ½ mile from the Ponderosa Room. It is a critical access hospital. The nearest higher level hospital is Kalispell Regional Medical Center (KRMCC), located at 310 Sunnyview Lane, Kalispell, MT 59901, which is 90 miles from the Ponderosa Room.

Security Breaches

In the event of a security breach, all areas will immediately be locked down. No one will be allowed entry or exit except law enforcement personnel. Once the security breach has been identified and contained by law enforcement personnel, operations will recommence. The LPD will handle all detainees at Lincoln County Sheriff's Office.

III. Badge & Identification Procedures

All law enforcement personnel will be identified by their existing departmental uniform and badge.

Public health personnel will be identified by their Department of Health identification badge. Access into the facility will require appropriate law enforcement uniform, a site specific security badge and/or specifically required identification documentation.

Sample Site Staff Badge

<p>Lincoln County PUBLIC HEALTH POD Event</p> <p>Name:</p> <p>Role:</p> <p>Venue:</p> <p>Badge #</p>

The badge information shall include: name, role and venue and may include special access if the person has additional responsibilities and is therefore allowed access to high security/limited access areas.

POD site worker may be further identified by an access roster that lists the names of all authorized site staff workers. Each site staff worker is provided a site badge and each badge numbers is recorded on a sign in sheet. A government issued ID must be presented to verify proper identification. Spontaneous volunteers will be used, if needed depending on staffing resources, and issued temporary badges if able to provide two forms of government identification and cleared by law enforcement.

IV. Site Specific Security Plans

The PHEP Coordinator from Lincoln County Public Health and LPD will develop, maintain and update all written sit specific security plans for the POD site located at 700 Idaho Avenue, Libby, MT 59923.

PHEP Coordinator:

Jennifer McCully
Lincoln County Annex
418 Mineral Avenue
Libby, MT 59923
406-283-2465
jmccully@libby.org

Board Members Present: Jan Ivers, George Jamison, Sara Huddleston, John Thornton, Nancy Haugen (by phone), Mark Peck
Absent: Maggie Anderson
LCHD Staff: Bryan Alkire, Noah Pyle, Kathi Hooper, Jennifer McCully, Jinnifer Mariman (by phone)
Public:

Agenda:	Discussion:	Action Item:
1. Call to order	Called to order at 6:00 PM by Jan Ivers	
2. Approval of Minutes	05/09/2018 minutes approval: Sara Huddleston made a motion to approve the May Board of Health minutes, George Jamison seconded. Motion passed unanimously.	
3. New Business	<p>Update on BOH authority regulations: Kathi Hooper discussed the health department's authority for BOH regulations. The current County Attorney Office would like a Memorandum of Understanding signed by the Board to delegate the Department. Jinnifer Mariman recommended changing the supervision language.</p> <p>Mark Peck made a motion to approve the MOU subject to the recommended change, allowing Ivers to sign the document, Jamison seconded. Motion passed unanimously.</p>	Hooper will make the changes to the MOU and contact Ivers to sign.
4. Program Reports:		
Public Health	Mental Health Strategic Plan: Jennifer McCully presented the Lincoln County Mental Health Strategic Plan to the Board.	
Animal Control	Update to animal control regulations: Hooper updated the Board on the animal control regulations. Update the bite section to include cats.	Hooper will update the new regulation and bring it back to the Board for approval.
Solid Waste and Disposal	E-waste collection: Bryan Alkire updated the Board on the E-waste collection. Landfill is collecting E-waste in Libby and Eureka to prepare for collection in August.	
5. Focus Area Liaisons	<p>Superfund Sites: IC Steering Committee: EPA Region 8 Administrator visit update: Jamison gave a brief overview from the meeting with the Doug Benevento, Region 8 Administrator.</p> <p>O&M planning meeting update: There was an 8-hour O&M planning meeting.</p>	

	<p>Liaison Position update: The DEQ was not able to offer the salary that the chosen candidate had asked. County is going to re-advertise for that position.</p> <p>Realtor/Banking disclosure process: Jamison and Noah Pyle discussed the possibilities of a realtor and banking disclosure process for homes within the superfund site.</p> <p>ARP O&M process presentation: Jamison presented the O&M process flowchart for the way that the ARP fits into the process.</p> <p>Assessment Program: Pyle presented the draft of a potential Assessment Program.</p> <p>Groundwater: Meeting schedule update: Jamison informed the Board about a meeting on July 9, 2018.</p> <p>Conflict of combining groundwater and LA sites: Jamison and Peck discussed the conflict of combining the groundwater and asbestos sites. Jamison presented a letter to be signed by the Board and sent to DEQ about not signing the sites.</p> <p>Jamison made a motion for the Board to sign and send the letter to DEQ, Peck seconded. Motion passed unanimously.</p>	
<p>6. Health Officer Report</p>	<p>No report</p>	
<p>7. Old Business</p>	<p>No old business</p>	
<p>8. Public Comment</p>	<p>No public comment</p>	
<p>9. Adjournment</p>	<p>Next meeting July 11, 2018 at 6:00 PM</p> <p>Meeting adjourned at 7:30 PM</p>	

06.13.2018 BOH meeting minutes
6:00 PM Courthouse

Chair, Board of Health

Date

Secretary, Board of Health

Date

9. Adjourn