

Lincoln County
City-County Board of Health Agenda
Ponderosa Room
6:00 PM, January 13, 2021

- **Call to Order**
 - Pledge of Allegiance
 - Roll Call
- **Approval of Minutes**
 - 11/23/20, 12/9/20, 12/16/20
- **New Business**
 - *Action item* – Nominate officers
 - *Action item* – Set meeting schedule
 - *Action item* - Board Recommendation
- **Program Reports:**
 - **Community**
 - Mental Health Coalition
 - Team 56
 - COVID Response Coordination & Communication Strategy
 - Medical Provider Summary
 - **Public Health**
 - COVID-19
 - *Action item* – CHEMPACK plan
 - **Environmental Health**
 - **Solid Waste and Recycling**
 - **Asbestos Resource Program**
 - O&M Update
- **Focus Area Liaisons:**
 - **Superfund Sites**
 - Asbestos:
 - *Action Item* – Resolution, Effective Date, Property Evaluation Notification (PEN) Regulation
 - *Action Item* – Appointment of Liaisons for Superfund Area
 - Groundwater
- **City Representative Reports**
- **Health Officer Report**
- **Old Business**
 - *Action Item* – Proposed Update to Operating Procedure #2
- **Public comment**
- **Adjourn**

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City-County Board of Health for Lincoln County
6:00 PM, November 23, 2020
Ponderosa Room

1. Call to Order

- Pledge of Allegiance
- Roll Call – Jan Ivers, Jim Seifert, Sara Mertes, George Jamison (by phone), Deb Armstrong (by phone), Mark Peck (by phone)

2. Governor's 11/17/2020 Directive

- Kathi Hooper summarized the content of Governor Bullock's 11/17 directive which took effect 11/20. Governor Bullock also announced \$75 million additional funds for business stabilization grants and \$25 million additional unemployment benefits.

3. Action item: Local Health Officer Order

- Dr. Black discussed the increasing case counts of COVID-19 in Montana and in Lincoln County. He stated that he expects the situation to get worse before it gets better. He understands that the people are tired, but now is not the time to relax or change current recommendations. He wants a local order in place to protect our community. A lot of people who are vulnerable could feel the effects of failing to do the right thing.
- Carla Westbrook – Asked for clarification on authority of health officer and purpose of the Board of Health.
- Diane Watson – Would love to see the Health Board aggressively and proactively disseminate a health message including healthy eating, avoiding foods that cause inflammation, stay hydrated, etc. D3 is critical. Jan Ivers responded that recommending supplements is up to medical provider.
- Catherine Kahle – Stated that it is a real problem that one person is in charge of a county. Businesses should not be shut down. Jim Seifert responded that health officer authority is from the state to respond to a pandemic. Catherine argued that this is not a pandemic.
- Dixie – Many of us have strong feelings and have been deeply affected. Another suicide at Rexford Bench yesterday. Mental health problems exacerbated by dictatorial control need to be recognized. Requests no more stringent order and Dr. Black works from governor's order. Also asks that a member from North Lincoln County be appointed.
- Heather Handy – Stated one person in charge of "health" is a dictatorship. She offered education on health and stated that this is not a pandemic. She stated that the Board needs to talk about health, not sickness.
- Tim Haines – Asked if Board has figures since March regarding cancer screenings going down or serious health implications to the county. What will the fallout be from these actions? Tim stated that nationally cancer screenings have gone down substantially. Dr. Black replied that identifying the indirect consequences of Covid-19 is very important. Covid prevalence compromises the healthcare system by straining resources and he has heard from doctors that they have difficulty finding resources for their patients with non-Covid related illnesses. Tim asked if there is a negative impact to non-covid care locally. Dr. Black said that severe Covid cases overload medical facilities and draws away from all other medical conditions and Covid restrictions that keep families out of facilities with their loved ones are very difficult psychologically. That is why it is important that we all understand that our behavior can reduce the prevalence of spread. It is about caring for each other. Tim asked where the majority of Covid

patients in Lincoln County receive care? Jenn answered Kalispell Regional in Flathead and CPMC in Libby. Sara stated that during a period in March, providers put services on hold but since that time CPMC has been actively performing these services for their patients. Some providers must cut back on services due to personnel who are sick or quarantined. Two-thirds of her clinic staff is currently home due to illness or exposure.

- Kathleen Johnson – Asked Mark Peck who has authority over BOH. Mark replied that commissioners have appointment authority over BOH and BOH appoints a health officer. Commissioners have the authority to reorganize the health board if they determined that the Board is not fulfilling their role or if they determined that it had become tyrannical. They do not have the authority to tell Dr. Black what to do on a daily basis, but they could work with the Board to try to remove health officer.
- George Jamison stated he is not convinced that we need the local order. He does not understand why we would keep the July 21st local order in place. Jinn Mariman replied that she and Marcia Boris have advised the BOH and Dr. Black that while both the governor and local orders are enforceable, the health officer should issue a mirror order. The local health officer statutes are clearer in their authority and can get to merits of the case quicker and avoid arguments about governor's directive. George disagreed with Jinn. He stated they bought in early on, but wonders what we have gained. He thinks the additional layer adds confusion and public mistrust. Dr. Black disagreed with George. He did not feel support for the July order. We did not enforce to the degree we could and it has not worked as well as we would like. He hopes not to do enforcement. George stated that he is more comfortable with putting something in place when we have a specific problem to deal with.
- Deb Armstrong stated she has full sympathy to where Dr. Black is coming from and understands that he has a lot of fear around Covid. She stated that Jinn assured the Board that the local directive mirrored the governor's directive and she voted for it because she took Jinn at her word. She was not told that the order would remain in effect until Dr. Black lost his sense of impending doom. She agrees 100% with George that there is no point in having a local directive.
- Jim Seifert stated that he looks at Dr. Black going at this crisis all by himself and he needs a little support from the Board. He agrees with Dr. Black that we can rescind the order if something comes up later that the Board disagrees with. The Board should show support of him and trust of his judgement.
- Jinnifer Mariman provided a point of clarification regarding the July Health Officer Order. At the July meeting, the Board discussed a proposed local order that was drafted before the Governor issued his July directive. At that meeting, the Board discussed having the proposed local order mirror the language in the Governor's directive. The Board did not vote on the July local order. Dr. Black entered his public health order out of concern for the community and as he has authority to do under statute. Deb stated that this local order is for prosecution and compliance only. Jinn stated that Dr. Black's intent is to protect the health of the community and that this order is one small facet that is the "stick" end of the whole package.
- Deb Armstrong motioned to table the discussion and not make a decision tonight. Mark stated that the Board can support Dr. Black and not support this directive. Nobody has said they don't support Dr. Black in carrying out his duties. George seconded the motion. Deb, George and Mark voted yes, Sara and Jim voted no.
- The local health officer order was tabled.

4. Action item: Recommendation for Board Opening

- Jan Ivers stated that there were seven applicants for the opening and called on each to introduce themselves.
- Sara Mertes – Currently a BOH member and family medicine provider who treats patients throughout Lincoln County. She has lived in Lincoln County for 5 years. She has enjoyed her time on the Board and hopes to continue to work for Lincoln County.
- Latimer Hoke, Julie Cross, and Rita Henderson were not present
- Robin Gray – A retired educator from Eureka with 43+ years experience and an educational viewpoint. Eureka could use more representation. Need to come together and do what is best for everybody as quickly as possible. Her skills include relationship building, negotiations, and compromise.
- Jeff Peterson – PhD in health communications, interest in working with Board is translating science to understandable information. He has a potential conflict because he is hoping to work with the Health Department, and would have to resign from the Board in that event.
- Deb Armstrong stated that North Lincoln County needs more than one representative. Eureka mayor e-mailed Board this morning supporting an additional Eureka appointee.
- Mark Peck agrees that the north end of the county is under represented. Stated that the Board isn't limited to the current number of people. He hates to lose what we have and can't believe the talent on the Board and the talent of the applicants. Would like to take under consideration that the Board may be expanded.
- George Jamison – Agrees with Mark. He doesn't want to lose Dr. Mertes and he trusts her judgement. He is concerned about representation from North Lincoln County. I is willing to step down if the commissioners choose to reconstitute the Board.
- Jim Seifert motioned to appoint Sara to the Board and support adding to the Board.
- Tim Haines – Asked who is on the Board. Jan listed members.
- Heather Handy – Agrees with Deb and Tim. Would like representative from Eureka.
- Jonathan Allen – Supports idea of North Lincoln County representation. Supports taking more time.
- Catherine Kahle – Need more representation in Eureka area.
- Kayla – Thanks Health Department for all they are doing. Supports Robin from Eureka because of her strong background in schools.
- George Jamison amended motion to appoint Sara and urge commissioners to add a member or reassign people they have appointed to the Board (Jan, George, Sara and Mark). Willing to step down to accommodate that. Mark Peck seconded and reassured Eureka that there is support to include more Eureka representation.
- Deb Armstrong wants to appoint person from North Lincoln County and then expand the Board to appoint Sara. Thinks appointment would be more appropriately handled at Board meeting in December.
- Jim Seifert called for vote: Jim, Mark and Sara voted yes, Deb and George voted no. Dr. Sara Mertes is recommended for reappointment to the Board and the commissioners are urged to revise Board to include additional representative from Eureka.

5. Proposal for Education Meeting

- Jan Ivers proposed setting up an educational meeting of the Board to answer questions that the Board receives repeatedly. Topics could include organizational structure, rules and responsibilities, finances, testing, collaboration of medical care and contact tracing. North Lincoln County would be invited to participate. Sara and Deb will communicate

after the meeting to discuss how to ensure North Lincoln County participation.
Proposed date of Wednesday, December 16th.

6. Public Comment

- Mark Peck agreed that health outreach is an important focus and hopes to work with Jeff Peterson to improve this messaging.
- Tim Haines – Asked if it is standard procedure to nominate a person to the board in an emergency meeting and if adding an additional member is going to “dilute the vote”. Jim responded that this is not politics, it is public health. Mark stated that this should not have been called an emergency meeting, it is just a meeting that is “out of cycle”.
- Catherine Kahle – Shared concerns regarding mandatory vaccination.
- Jonathan Allen – Asks the Board not to rush to judgement on significant issues.

12.9.2020 BOH Meeting Minutes
6:00 PM Ponderosa Room

Board Members Present: <u>In Person:</u> Jan Ivers, George Jamison, Sara Mertes, Jim Seifert <u>Via Zoom:</u> Deb Armstrong, Laura Crismore, Josh Letcher
Board Members Absent: n/a
LCHD Staff: <u>In Person:</u> Kathi Hooper, Jennifer McCully, Jeff Peterson, <u>Via Zoom:</u> Jeff Peterson, Toya Laveway, Trista Gilmore, Sara Long,, Dr. Black, Jinnifer Mariman
ARP Staff: <u>Via Zoom:</u> Mandy Harcourt (via zoom)
Public: <u>In Person:</u> DC Orr <u>Via Zoom:</u> Susie Rice, Dr. Jarrett, Catherine (last name unknown), Diane Watson, Heather Handy, Pierce Barney, Tim Haines, Dr. Jana Hall, Tracy Smith, Jonathan Allen, Dixie (last name unknown), Diane Rewerts, Michelle Boltz

Agenda:	Discussion:	Action Item:
1. Call to order	Called to order at 6:02 PM by Jan Ivers. Roll call. All recited Pledge of Allegiance.	
2. Approval of Minutes	<ul style="list-style-type: none"> Jan opened discussion between Board members on what should be included in BOH meeting minutes. From her research, notice must be given of the meeting and agenda (Kathi sends out agenda and information at least 48 hours before), mandatory inclusion of date and time of meeting, whether the meeting was a regular or special meeting, whether a quorum was established, department or program reports, and Board approvals, motions, etc. Deb stated she sent Kathi an email with additions she would like to have in the November 23rd minutes and asked if they had been added. Kathi was waiting for the Board to accept the minutes as presented or as amended by Board vote and did not make any changes from what got sent out to the entire Board. Jan asked for Deb to put the changes into the November 23rd minutes in red so that the Board could vote on them after review. Jim would like for minutes to be more abbreviated and stick to what Jan had mentioned including in the minutes. Approval of November 10th meeting minutes: Jim Siefert made a motion to approve the November 10th minutes, Sara Mertes seconded. All in favor. Motion passed unanimously. George stated that minutes went from extremely abbreviated to what there is now. He is aware that it takes Health Department employees extra effort and time but feels the 	

	<p>level of detail is necessary and helpful. Deb had requested in her email to Kathi that there be an option to record the meetings. Kathi has checked with IT and the Clerk and Recorder to see what legally needs to be done to preserve those recordings and make them available. Kathi was hopeful that at the next meeting she would have options available to record BOH meetings.</p>	
<p>3. New Business</p>	<p>Board Appointment:</p> <ul style="list-style-type: none"> • Kathi relayed that Commissioner Josh Letcher was appointed to replace Commissioner Mark Peck at the Commissioner's meeting that morning, effective that day, December 9th, 2020. • Mark recommended reappointing Sara Mertes at the end of her term and replacing George Jamison with an appointee from North Lincoln County. George would be moved to a volunteer position, created to act as an advisor on Superfund issues. This would result in the Board of Health having three representatives from Eureka, two from Troy, and two from Libby. The Commissioners would continue this discussion at their Eureka meeting next Wednesday, December 16th. Kathi expected for Board discussion and recommendation for an appointee to be scheduled on the January BOH agenda. All applicants will be asked to attend and it will be on the agenda as an action item. • Jim stated he is the only Board member in Troy; the other living near the Plummer school is in Libby. Kathi confirmed the location, including that Commissioner Bennett also lived in that area. Kathi mentioned that the comment was made once to the Commissioners that the Districts needed to have approximately equal populations, and that area is in the Troy Commissioner District. Jan lives in the Troy Commissioner District near Plummer School, thus being a Troy representative. • George stated that Kathi correctly relayed what was said at the Commissioner's meeting earlier that day, adding that they also recommended as a formality that George acknowledge the changes. George read, "At the last meeting of the Board of Health, I offered to step off the Board to ease the path for Sara to be reappointed and for broader representation by North County. This would not require changing the overall Board structure, and the Commissioners were receptive to this approach. For these and 	

other reasons I am therefore formally notifying you tonight my intent to leave the Board effective upon the appointment of my successor by the Commissioners to complete the remaining two years of my term.”

CARD Central Testing:

- Kathi gave history of how the CARD was selected for Central Testing. In March of 2020, the Health Department, in discussion with many community partners, determined that there was a need for central testing. COVID testing was not available at most providers and there was a widespread shortage of PPE and testing supplies. The Health Department worked with the CARD and other providers to secure PPE and testing supplies. Since the supplies were ordered through the CARD, because the CARD had existing accounts with medical supply companies, CARD was reimbursed by the county for these purchases.

Those initial reimbursements came out of emergency funds and they were for supplies that the county ordered through the CARD. The CARD clinic was selected as the site for central testing in April, as at that time the clinic was closed to patients and it was determined that the parking lot was a good location for central testing based on factors such as access to qualified staff, space, and traffic control. Options were discussed with partners on preserving PPE and keeping people who were potentially sick out of primary care settings. It was also determined that we needed an option available to test county-wide during outbreak or surveillance situations when Health Department staff was unavailable. April through June, Central testing continued at the CARD by County employees and some CARD staff. Much of the emphasis at that time was for surveillance testing. During this period, the county was requesting reimbursement for central testing expenses through state coronavirus relief funds. The reimbursements were received to cover approved expenses of the county and the CARD directly related to testing expenses.

When CARES funding became available, the Health Department was eligible for \$83,500 with \$30,000 earmarked in the funding application for central testing. That funding was approved in early June. The CHC also received funding for COVID testing, and the Health

Department, the CARD, and CHC met and agreed that central testing would continue at the CARD facility in Libby, CHC would test at their clinic in Troy, and the Health Department and CARD would coordinate to offer testing in Eureka.

The Health Department looked at hiring a temporary county employee to focus on testing. They also requested a proposal from the CARD for that service, and the CARD proposed a full-time Testing Coordinator with an estimated cost at over \$60,000 per year for wages for that staff member. Kathi stated she chose to sign a MOA with CARD which went into effect July 1, 2020 and reimburses the CARD for up to \$30,000 in testing costs. As agreed, CARD used that funding to hire a full-time Testing Coordinator. It has been alleged that Dr. Black's position as Medical Director and CEO of the Center for Asbestos Related Diseases, creates a conflict of interest due to that facility's use as the COVID central testing site.

It has also been alleged that the CARD has been profiting from central testing. On November 20th, the Lincoln County Attorney's Office issued a legal opinion finding no legal conflict of interest or ethical violation based on the use of CARD as the central testing site. The CARD does not profit from testing. They do not receive any per test fee. The tests are free. Insurance is not billed. The CARD sends all tests to the state lab to keep testing free. CARD submits invoices to the county to be reimbursed for staff hours and supplies dedicated to central testing. They are responsive and on call for on-site testing in addition to their central testing duties in Libby and Eureka. As of December 2, 2020, \$5,922.45 has been reimbursed to the CARD through that MOA.

The Health Department and CARD were able to receive Binax rapid tests because of their partnership. The Health Department was not eligible because they did not have a specific waiver. The CARD had that waiver in place, making them eligible to receive those tests. With the new quarantine release guidelines, testing will increase as we move through the winter. It will be important to continue to have options for testing moving forward. Looking forward as vaccinations become available, the Health Department's partnership with the CARD is even more important because CARD has ultracold storage as required for those vaccinations, as the Health Department does not. Kathi had forwarded to Board members a letter of support from Maria at the CHC to

express their original support of the selection of the CARD as the central testing site and support in continuing that relationship.

- Jim Siefert said he had also asked Kathi if she would have the county do an audit of the reimbursements to the CARD clinic, which they did. Wendy Drake signed off on it and said that everything was good. He said the letter form the CHC basically said that the reason CARD got the funding was because community health was already overwhelmed, the hospital needed to be prepared for what they had coming, and the CARD clinic was shut down because they could shut down. So, the best candidate was the CARD clinic with the brand-new parking lot and their help was basically on layoff. It looked to him like the logical choice for testing.
- Laura Crismore agreed, adding that the hospital had the same constraints as Libby Clinic and CHC with staffing. They still have their regular patients that need to be seen and trying to find the resources including staff to run testing, and the area to do it without compromising the health of others was very difficult for them. So CPMC was also in favor of the CARD doing the central testing.
- Jim Seifert made a motion to support the CARD central testing and they continue with their efforts. Deb asks for clarification on what the motion is for, asking if DC Orr was going to talk. DC Orr was asked if he had any comments. He said he had requested to be put on the agenda but was not. Jim answered DC by telling him the agenda he should be on would be for the County Commissioner meeting because the action would be between CARD Clinic and the Health Department, not the Board of Health. They are the ones to bring up those questions to, not the Board of Health. Jim reiterated that they just went through the whole legal and accounting aspect, as well as the special reasoning behind the CARD being chosen. The Board is simply voting on supporting that MOA. Deb said she had just found the MOA that day and not heard anything about it until then. She supposed there was something to back up the \$30,000 given to the CARD clinic, maybe an itemized list or something. Kathi clarified that \$30,000 was the maximum amount that could be reimbursed to the CARD clinic. The Health Department is paying invoices and reimbursing as the invoices are received. So far \$5,922.45 has been reimbursed through that MOA which is provided by funding from a CARES funding

grant that the Health Department received that earmarked \$30,000 for central testing. And only reimbursing invoices as they are received.

- DC Orr asked about when invoices were paid. Kathi reiterated there were three different times the county reimbursed invoices. Invoices were directly reimbursed for items the Health Department ordered through CARD's accounts with medical suppliers. When central testing was at the CARD clinic between April and June the Health Department was submitting reimbursement requests to the state directly for Coronavirus relief funds, and those expenses approved were reimbursed to the county and to CARD. DC asked if it was all CARES funding. Kathi shared that the first funds spent were emergency funds in March when the State of Emergency was first stated, so those were not. Kathi was unsure if the state reimbursements were CARES funded or not. DC asked if those figures were available. Kathi said Wendy could run a report showing all that information.
- Deb asked if the vote was for whether the Board thinks its inherently dishonest or unethical for the CARD clinic to do the testing for the Health Department. Jim explained they are asking for a vote of confidence from the Board of Health in support of the CARD clinic continuing testing. Deb asked again what they were actually voting on. Deb asked if the point was to say if CARD was wrong for doing the testing? Jan said that there was some confusion about the MOA between the Health Department and CARD. So, Kathi looked into it and shared information from financial and legal aspects, also explaining the history of why CARD ended up doing the testing. The Board is just giving a vote of confidence that the arrangement is good, and that it works well.
- Josh Fletcher stated that neither the CHC nor hospital objected to the CARD clinic doing the testing, who he would view as the competition to CARD for testing. If there was anything going on, money to be made or something along those lines, if those guys wanted to be involved, they would be. At this point we need some place within Lincoln County for the Health Department to purchase their testing items through. If the hospital or CHC has a problem with that Kathi has all the reimbursement information to share. Josh expressed he believed it was straight forward without conflict and wanted

	<p>to move forward by seconding Jim's motion to support CARD central testing and their continued testing efforts.</p> <ul style="list-style-type: none">• Catherine asked what cycle threshold number was being used at the CARD clinic when doing the PCR COVID test. Laura informed her that those COVID tests all go to the State. She explains the Binax now is an antigen test, not a PCR test, so there isn't any. Laura shared that PCR testing is done at the hospital for some, LabCorp does some, and then the state does some. CARD sends all of theirs to the state as states earlier. You would have to check with the state to see what their methodology was. Deb asked what the threshold of the PCR tests done at the hospital were. Laura asked for what they are wanting to know specifically. Deb said she just wanted a number. Laura said greater than thirty from the Biofyre for the tests done at the hospital. Laura reiterated CARD clinic does not have the hospital perform any of their tests. The hospital tests ED patients, and those with higher acuity that need the test- an entire respiratory panel. Deb asked who was talking and where she worked. Laura clarified she was a Board of Health member, working at the hospital.• Tim Haines from Eureka asked about accounting regarding the CARD clinic. He wanted to know margins and if the PPE is marked up. Kathi stated it was sold to the county at cost. Tim asked if was easy to obtain that information. Kathi said she could go back and run reports on all items and charges.• DC Orr discussed public trust and appreciated the information given during the meeting thus far. HE questioned numbers not adding up for testing which he believed effected public trust of Dr. Black. Kathi stated she can run reports of how many tests the CARD does within the county, which is actually a small percent (around 10% - 15%).• Jan asked that they complete the motion on the floor. She stated Jim had made the motion which Josh seconded and asked if all were in favor. All were in favor. Motion passed unanimously.
<p>4. Program Reports: Community:</p>	<p>Mental Health Coalition:</p> <ul style="list-style-type: none">• No written update from Amy Fantozzi at this time.

COVID Campaign, Team 56:

- Susie Rice shared that since last reported, the photo contest had been completed throughout the county. With winners in each community. Eileen Sullivan in Eureka, Eby Journey in Libby, and Stephanie Wallace in Troy. Distributed masks to the three high schools, banners for Chambers of Commerce in each community, and posters distributed throughout the county as well. Some will wait as Christmas banners are up and don't want to get in the way of those. They are continuing to do the business acknowledgement giving public praise and writing thank-yous to those businesses. At this time they have written and delivered 35 letters of thank-you throughout the county.

COVID Response Coordination & Communication Strategy

- Kathi introduced Jeff Peterson . The Health Department contracted with Jeff to use his expertise in health communication for a communication strategy. Jeff is a Eureka resident. His expertise is in translating science to the public, which is what he is contracted with the HD to do. His contract is short-term and hopes that everyone gets to see the results of what he is working on very soon, but no details to share just yet.
- Jim Seifert reminded all about the county's new COVID website with a ton of information and resources.

Medical Provider Summary:

- Sara Mertes stated that all the clinics in town, including the hospital continue to do COVID testing on their own. Typically, people choose to go to their primary care provider for testing. When that's not an option, they utilize other testing avenues. CPFM has set hours for testing, and believed CHC was similar. There had been a few COVID patients in the hospital over the past few days and believed them to be transferred out for various reasons. As of that morning, KRMC had 3 ICU patients, 81% bed capacity full, not including OB or peds and no ventilator patients at that point in the morning. CPMC had new admits since this morning. Staff at CPMC had returned and they are back to full staff once again.

- Dr. Jarrett wanted to add that 2 COVID patients were transferred out of the hospital on Tuesday due to lack of oxygen. They were both on high flow nasal cannulas, which is standard treatment for COVID patients, and uses a large amount of supplemental oxygen. For the first time in any provider's recollection, the hospital was running low on oxygen. Those patients had to be moved due to the hospital running too low on oxygen to care for them.
- Laura Crismore gave statement from CPMC Public Information Officer that with the patients they had on the acute care floor yesterday, they were using their oxygen supply too quickly and would have been in danger of running out had they not been able to transport two of those patients. The patients who were in need of extremely high amounts of oxygen had been transported to a higher level of care and CPMC has plenty of oxygen to continue to meet the needs of their patients and care for the residents of Lincoln County. It wasn't a crisis but has a potential to become one. CPMC is being proactive and looking into ways to obtain more oxygen so that if transporting out was not an option, CPMC would be prepared to handle that kind of use in the future.
- Josh Fletcher asked if there was a way the commissioners or the community could help with oxygen need- machines for creating oxygen, etc. Laura said she would pass that offer to those working on the solution.

Public Health

COVID-19:

- Kathi Hooper began by telling all about the new county COVID 19 website. Updates will be put on that website by 9 am including daily numbers, demographics, positivity rates, prevalence, and information based on area. Kathi, Jenn and Jeff are being trained Thursday on how to edit that website so it can stay up to date with as much local information as possible.
- Jenn discussed the revised CDC quarantine and isolation guidelines which are included in the website. Jenn shared information on cycle threshold as it had been a topic of interest. She cannot give specific numbers, as those are up to the manufacturers of the tests but wanted to give some background to the Board.

- Deb asked that the information shared be posted to the website. Jenn said it can be added. Deb said, 'you can get too many cycles in the process and the test becomes not a very good predictor of actual disease in the community'. She asked what the actual cycle threshold would be and if it would be useful for us. Laura answered by stating that PCR is not a definitive test for active disease- it's the clinical impression. Laura gave an example using clostridial diffusum. Deb asked if an asymptomatic person tests positive, what then? Jenn replied that means they have the viral genetic material in them, and the whole picture has to be looked at- if they have been exposed or have a recent exposure then it can be considered a positive and they do their 10-day isolation and move on. There are always more questions to ask. Someone may test positive now and not have any symptoms but report having a cold before.

Temporary Staff:

- Kathi reported- in addition to contracting with Jeff, the Health Department hired Sarah Long (introduced previously) as Disease Intervention Specialist, added a nursing student who will be doing contract tracing for the next 90 days, and also hired a retired Nurse Practitioner who will be available on call for the next year as a temporary employee.

Complaints:

- Received 29 complaints in November; 19 were received through the State system, 10 directly to COVID information line.

Environmental Health

- Kathi explained the Health Department operates on a calendar year. They have until the end of December to complete all inspections. At least one inspection is required for each licensed establishment. With the months off of inspecting this year due to COVID, it is a push, but all inspections are set to be completed.
- Every retail food establishment is required by the State to have a Food Protection Manager on staff. Dustin Webb is trained to provide that training. First class is next Tuesday, and then trainings will be offered throughout the County to make it as easy as possible for establishments to meet that requirement.

<p>Solid Waste and Recycling</p> <p>ARP</p>	<p>Landfill update:</p> <ul style="list-style-type: none"> • Kathi reported that 2020 survey was completed in October. 42,205 total cubic yards of waste were taken in at the landfill. That is over 9,700 cubic yards more than in the previous year and more than the average. There has been a large increase in number of people using the landfill as well as the increase in amount. <p>O&M Update:</p> <ul style="list-style-type: none"> • Mandy Harcourt reported that ARP is currently working on 15 active calls, ranging from information requests to soil sampling events and embashion inspections. They are hoping to complete the majority of the embashion inspections over the winter months. Some of those inspections are likely result in removals needing to be completed. In those cases ARP is hoping to get the scopes of work drafted and approved by DEQ by spring of next year. There are two properties approved for abatement activities, not yet scheduled. As of December 2, the MOA was signed by DEQ Contract Officer and sent back to the County.
<p>5. Focus Area Liaisons</p>	<p>Asbestos Site</p> <ul style="list-style-type: none"> • Property Evaluation Notification (PEN) will be made effective and brought before the board for implementation around the beginning of the year. George thanked Jinn for the many times she shared her assistance and support. George hopes to stay involved in the Superfund Sites as a volunteer. • Jinn thanked George and the ARP staff for their outstanding work. <p>Groundwater Site:</p> <ul style="list-style-type: none"> • No change in Groundwater Site since last meeting.
<p>6. City Representative Reports</p>	<ul style="list-style-type: none"> • Laura has no updates from Libby. • Deb appreciated all the information shared at this meeting. Also supports the support from the Board on more representation for North Lincoln County. Asked when recommendations will be given to Commissioners as she thought that was happening at this meeting. Kathi listened in to the Commissioner meeting today. She understood that

	<p>the Commissioners recommended some actions today but were not finalizing them until the Eureka meeting next week. The board would then move forward on recommending a new appointee until the January meeting. Kathi will make sure all applicants are invited to participate. Deb asked about an update on the Binax test for Eureka. Kathi stated Dr. Black had reached out to the contact Deb had provided (Kim) and she would follow up to see if they were able to connect. Deb asked for a flu update. Jenn stated there had been no positive cases of the flu in Lincoln County as of yet. There are immunization clinics set up in each larger community next week. Eureka will be Tuesday. Deb asked when flu season begins. Jen replied usually around mid-December, January and February.</p>	
<p>7. Health Officer Report</p>	<ul style="list-style-type: none"> • Dr. Black expressed his great appreciation for George and his contributions in the areas of Asbestos Superfund and community. • Dr. Black stated he was worried about getting bogged down in counterproductive details. He would like for each person to look at what the good of the community is in the long haul. We have to keep group focus and work towards what is the best for the community. He discussed the deaths caused by COVID- that it is a real virus that can be prevented. With over 280,000 deaths with projections almost guaranteed 450,000 deaths by February in a country that is exceptional in leading the world. He hopes that people look at the seriousness of the virus and do what needs to be done to protect the community. He is hopeful about the vaccine and believes it will be the answer going forward. He has the responsibility to try and protect those at risk which is the majority of the population right now. Every life is important and needs to be protected. He would like to have the support of the Board of Health. He discussed the Order and input from the Board. <ul style="list-style-type: none"> ○ Deb said an end date would be appreciated by her. ○ Laura stated her support of Dr. Black and the Order. ○ George stated his support of Dr. Black. ○ Jim spoke of his support of Dr. Black and his Order. ○ Josh spoke of his support of Dr. Black. <p>Public Comment:</p>	

	<ul style="list-style-type: none"> • Pierce Barney from Eureka complimented Board on the meeting and access to information. Asked for confirmation of not putting in a new order and if he was asking the board for support in putting an end date on his current Order. Dr. Black confirms no new Order and clarifies he was asking for the support of the Board in general not on any amendments at this time. • Diane Watson from Trego disagrees with masks and the Order and would like a push on education and allow people to make their own choices regarding mask wearing, etc. Jan shares upcoming informational meeting on December 16th at 6 pm. • Tracy Smith shared her support of Dr. Black, the Health Officer's Order, and the mask mandate. • Tim Haines from Eureka appreciated the last meeting and sharing of data. Wants to know what data is currently being used to support the Order or the Mandate? Sara stated that herself and other members of the medical community have been sharing information that explains how our community is being affected by this- stats about Kalispell, Laura and Dr. Jarret discussed issues that have just risen at the hospital yesterday and will also share additional information and the meeting on the 16th. Tim asked for numbers on maximum capacity for oxygen, etc. Jim recommended Tim look at the website as well. • Jonathan Allen from Eureka discussed people wanting to be able to give input before Health Orders are put out. • Heather Handy speaks about having her own rights. • Dixie spoke against Governors Mandate and the Health Officers Order. • DC Orr spoke of his support of Dr. Black. • Josh Letcher asked to go off the action item on the agenda. The motion made was not an action item on the agenda and cannot be voted upon. • George suggests that Dr. Black has heard all of the comments and can use them to guide or support his Order. • Jan stated motion was rescinded.
<p>8. Old Business</p>	<p>Action Item – Proposed Update to Operating Procedure #2</p> <ul style="list-style-type: none"> • Postponed to next BOH Meeting Agenda.

	<p>Action Item – Local Health Officer Order</p> <ul style="list-style-type: none"> • Discussion during Health Officer Report. No vote at this time. 	
<p>9. Public Comment</p>	<ul style="list-style-type: none"> • DC Orr thanks Board for the great informational meeting. He thanks Eureka crowd for adding number sin attendance. DC thanks George for his professionalism and years of service. He stated that respect is a two way street and would like for Jan to hold Board members accountable for their part as well. • Speaker did not clarify name before speaking. Would like Public comment to be at the beginning of the meetings and asks what cycle threshold number being used in the county. Aldo asked if the BOH had received the Montana COVID-19 Vaccination Plan? • Tim Haines asked the rate of survival of COVID 19 in Lincoln County. Jim Seifert explains what he looked up that day and how he got the rate. • Michelle Bolts thanks the BOH for all of their continued support and service in the community. She reminded the group that COVID causes staffing issues for medical providers to be able to care for all patients, not just COVID patients and asks that we all do our part to try and keep our community as COVID free as possible. She spoke in support of Dr. Black and spoke of her support of the Public Health staff who went out of their way when she had COVID. • Diane Watson asked if there was data available on whether COVID cases were mild, moderate or severe, or any underlying health issues. • Dr. Kelly Jarrett shared accurate information on diabetes deaths vs. COVID deaths from the CDC website. She asked where Tim got his 84% for the number of asymptomatic cases for COVID as that has not been confirmed by CDC or available on their website. The best estimated number is 40%, but not accurate to find out due to lack of testing numbers, etc. • Heather Handy talked about an unknown illness with 54 students in Eureka and the school kept going but why does contact tracing have to happen if a kid has a scratchy throat. She has an essential business and talked against the Health Order and Mandate. 	

	<ul style="list-style-type: none"> • Dr. Jana Hall noticed there had been questions about influenza. She said that id someone presents a respiratory illness they are tested not only for COVID, but for influenza, so it isn't that we are missing influenza or calling influenza COVID, both are being tested for, it is not present in our County. Cases usually come first in Kalispell or Spokane before we see them here. That's a good predictor of it moving this way. As a comment about the 54 kids being our school, there have been times where numbers are high like with heavy flu seasons or the year the Swine Flu went through. They didn't close the schools because it wasn't filling up the hospitals or taking all the health care resources for other illnesses. There have been clinic closures and oxygen shortages and having to cancel appointments with chronic illness patients who couldn't get the services they needed. She also discussed mortality rate and her personal experience with COVID 19. • Diane Rewerts from Troy. Shared her support of Dr. Black, the BOH, and the mask mandate. • Jonathon Allen from Eureka pointed out the number of people on the call and appreciated the dynamic exchange. He discussed personal, liberties vs. Public Health. • Tim Haines talked about bridging gaps and wanting data points. • Pierce Barney from Eureka thanked the BOH for the informational back and forth and believes the COVID virus is real, but the issues around it go against his civil liberties. • Jan reminds all about the hour of education set for next Wednesday in the same room. Next month will be election of officers. 	
<p>10. Adjournment</p>	<p>Laura made the motion to adjourn, Sara seconded. Motion passed unanimously. Meeting adjourned at 9:01 PM. Next meeting December 9 at 6:00 PM.</p>	

Chair, Board of Health

Date

Secretary, Board of Health

Date

City-County Board of Health for Lincoln County – Special Meeting

Ponderosa Room

6:00 PM, December 16, 2020

1. Call to Order (6:00 pm)

- Pledge of Allegiance
- Roll Call – Jan Ivers, Jim Seifert, Sara Mertes (by phone), Josh Letcher (by phone), Deb Armstrong (by phone)

2. Presentations

- Jan Ivers gave a welcome and introduction. Explained that this meeting is meant to be educational in response to requests from the public. The meeting is limited to one hour. Jan provided a brief explanation of viruses and pandemics.
- **Organizational Structure** – Mark Peck presented information on the organizational structure and authorities of the BOH. 50-2-106 gives options for types of health boards. Lincoln County chose the city-county health board option so that cities have representation. Commissioners appoint four members, and each city appoints one member. BOH has authorities that commissioners and cities do not have (50-2-116). Commissioners appoint health board and BOH appoints health officer. BOH can replace health officer but this would be a drastic move. Commissioners and mayors can exert indirect influence.
- **Finances** – Kathi Hooper presented information on budgets. The BOH budget is approved annually by commissioners. BOH expenditures in FY20 totaled \$15,790, including approximately \$9400 for legal services and \$6300 for health officer. The BOH does not receive any direct funding and has not received any COVID funding. The Health Department budget is also approved annually by commissioners. Health Department funding is primarily grants, cooperative agreements and fees. The Health Department has received two COVID related grants of \$83,500 each.
- **Testing** – Lyn Thompson presented on COVID testing. Lyn is a clinical laboratory biologist at CPMC. Lyn described 3 basic tests. 1. Molecular diagnostic PCR is accurate, timely, sensitive, and specific. PCR is the gold standard and has been around for many years. PCR does not tell you if a patient is contagious or infectious. 2. Antigen tests look for a protein on the virus. It is less specific and less sensitive, but quicker than PCR. Sample must be taken when patient is shedding virus. 3. Antibody tests look for antibodies that were produced in response to an infection.
- **Collaborative Medical Care** – Dr. Sara Mertes explained that Covid patients are being tested at all 3 Libby clinics, hospital, Health Department and CARD. Providers evaluate symptomatic patients for Covid and other conditions including influenza and strep. If a person tests positive for Covid, the Health Department does significant follow up. The provider gives the patient info on how to manage symptoms and follows up by phone, Telemed, or in clinic. CPMC tries to keep Covid patients in Libby but transports to Kalispell as necessary. CPMC is hoping to make monoclonal antibody infusion available in Libby, but currently it is available in Kalispell. Dr. Mertes reported that Dr. Carvey in North Lincoln County reports a similar process for testing and seeing patients. Dr. Carvey also provides handouts for patients about staying healthy and recommending supplements. It is not the Health

Department's role to recommend treatments or supplements, that should be left to providers.

- **Contact Tracing** – Jennifer McCully presented on contact tracing. The Health Department is notified of a positive case through a number of channels. The Health Department calls the positive person and looks 48 hours before symptom onset or positive test to identify close contacts. The positive person must isolate in the home away from other people for 10 days and at least 24 hours without symptoms. The positive person is connected to resources. Close contacts are quarantined for 14 days, but early release is possible on day 8 if the quarantined individual remains asymptomatic and tests negative on days 5-7 or on day 11 if they remain asymptomatic for 10 days without testing. Fourteen days is still most protective.
- **Vaccination** – Dr. Kelli Jarrett presented on the Covid vaccine. She gave a summary on how vaccines work. The Covid vaccine is mRNA technology that has been around for a decade or so. Pfizer vaccines have received FDA emergency use approval and Moderna vaccines will be reviewed next week. Both have completed phase 3 testing, which is the gold standard. The incidence of any adverse reaction was 27% in those vaccinated and 12% in those who received placebo. Most reactions are mild to moderate including fever or pain at injection site. Both vaccines are two doses and provide 95% efficacy after two doses.

3. Public Comment – Jan Ivers stated that the meeting had gone over time. She provided the Covid website and Covid info line and Kathi's e-mail for questions or comments. Kathi can forward questions to the presenters.

- Jim Seifert proposed a grading system for public places excluding churches and schools. He believes this would be enforced by the citizens of Lincoln County and could be a guide for citizens to decide if a business is safe. He also stated that vaccine documentation is transparent, and discussion of mandatory vaccines is gaslighting.

4. Adjourn (7:16pm)

Next Board of Health Meeting is January 13th

Lincoln County ChemPack Plan

Overview

In collaboration with selected medical facilities, the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA) and DPHHS maintain Emergency Medical Countermeasure (EMC) caches throughout the state of Montana. These caches include nerve agent antidotes with the ChemPack program, antibiotics and PPE caches with the Hospital Preparedness Program, antivirals, and DTPA (radiological countermeasure) agents with the Public Health Emergency Preparedness Program. These caches are for use by health agencies, hospitals and Emergency Medical Services (EMS) during a medical and/or public health emergency. The materials are to be accessed only during recognized emergencies and only as a last resort in the absence of local resources.

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 responsibilities:

- Sustainment of items used or outdated
- Coordinate with MT DPHHS for the rotation of ChemPack stock nearing out date.

MT DPHHS responsibilities:

- Supply the materials and support as outlined through contractual agreements and memoranda of understanding necessary to maintain ChemPack caches at host hospitals,
- Collaborate with host hospitals, health/response agencies and requesting agencies to ensure formal processes and procedures are in place to ensure rapid recognition of events and distribution of ChemPack,
- Provide support and training as necessary to hospitals and first response agencies regarding requesting, mobilizing, distributing and use of ChemPack material as needed,
- Work with MT DES officials to make them aware of ChemPack plans and procedures throughout Montana.

KRMC (Host Hospital) responsibilities:

- Securely store materials in the manner agreed upon with CDC/MT DPHHS and submit monthly checklists to the MT DPHHS SNS Coordinator,
- Designate a primary and secondary point of contact and the name of a pharmaceutical or medical professional with a Drug Enforcement Agency registration, responsible for the storage and safeguarding the ChemPack in compliance with applicable guidelines.
- Allow CDC and MT DPHHS personnel access to the ChemPack as needed,
- 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:

- Assist MT DPHHS with coordinating the identification and training of stakeholders within Lincoln County regarding requesting, mobilizing, distribution and use of ChemPack as needed,
- Collaborate with host hospitals, health /response agencies and requesting agencies to ensure formal processes and procedures are in place to ensure rapid recognition of events and distribution of ChemPack assets by qualified health care providers/responders,

- Review ChemPack procedures with local law enforcement, 911 dispatch, and emergency response twice yearly,
- Work with local DES and LEPC to share information regarding ChemPack program,
- Periodically review procedures with first responders through direct contact and participation in LEPC and other organizations in the Lincoln County region.

Requesting Agencies responsibilities:

- Provide information related to exposure to 911 dispatch
- Provide a primary and secondary point of contact and an emergency number that will be answered 24/7 throughout the response efforts at the agency requesting the ChemPack to MT DPHHS and the host hospital.
- Make arrangements for transport/pick-up of ChemPack assets to desired destination and return transport to Host Hospital.

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.

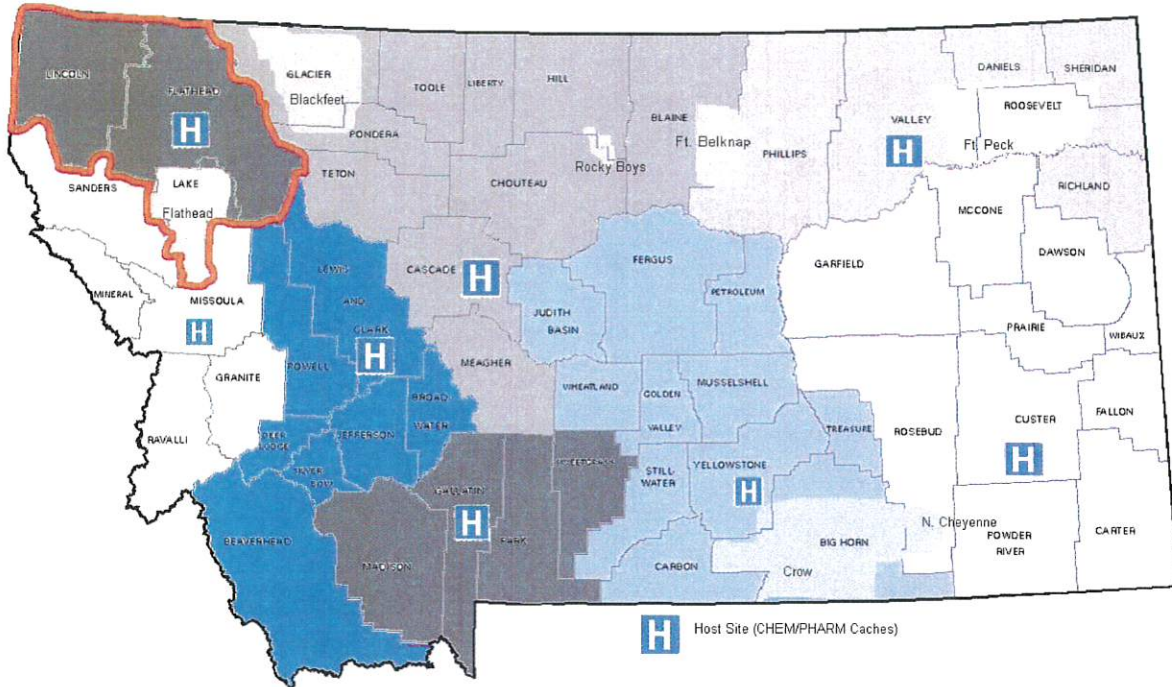
Appendix A

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 <i>HPP Antibiotic</i>	2800 10th Ave S Billings, 59101	(406) 657-4095	(406) 657-4000 Ask for Security	535 Miles
Holy Rosary Hospital CHEMPACK <i>HPP Antibiotic</i>	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 <i>HPP Antibiotic</i>	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 <i>HPP Antibiotic</i> <i>Radiological</i>	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 <i>HPP Antibiotic</i>	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 <i>HPP Antibiotic</i>	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 <i>HPP Antibiotic</i>	2475 E. Broadway Helena, 59601	(406) 444-2350	(406) 442-2480 Ask for Security Supervisor	284 Miles
Bozeman Deaconess Hospital CHEMPACK <i>HPP Antibiotic</i>	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 <i>Antiviral</i> <i>Radiological</i>	1400 Broadway Helena, 59620	Dept. Operations Center (406) 444-3075		282 Miles
Kreisers Inc <i>Personal Protective Equipment (PPE)</i>	(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	Drooling	Copious secretions
Pinpoint pupils	Excessive Sweating	Twitching, jerking
Shortness of Breath	Nausea	Seizures
Headache	Vomitting	Flaccid Paralysis
Behavioral changes	Diarrhea	coma
	Weakness	Repiratory 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 1 gm 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 1 gm 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 _____

RESOLUTION NO.# 2021-1

WHEREAS, the Montana Department of Environmental Quality and Lincoln County, acting through the Lincoln County Asbestos Resource Program (“ARP”), entered into a Memorandum of Agreement (“MOA”) for the reimbursement of costs to Lincoln County and/or ARP for costs incurred in ARP’s continued role as the local presence responsible for implementing protective measures and selected institutional controls during operation and maintenance pursuant to the MOA; and

WHEREAS the MOA contemplates that ARP will utilize a Property Evaluation Notification (“PEN”) system to further its responsibilities under the MOA; and

WHEREAS the City County Board of Health for Lincoln County (“Board of Health”) adopted a PEN Regulation on March 11, 2020 for the ARP to utilize in its role under the MOA; and

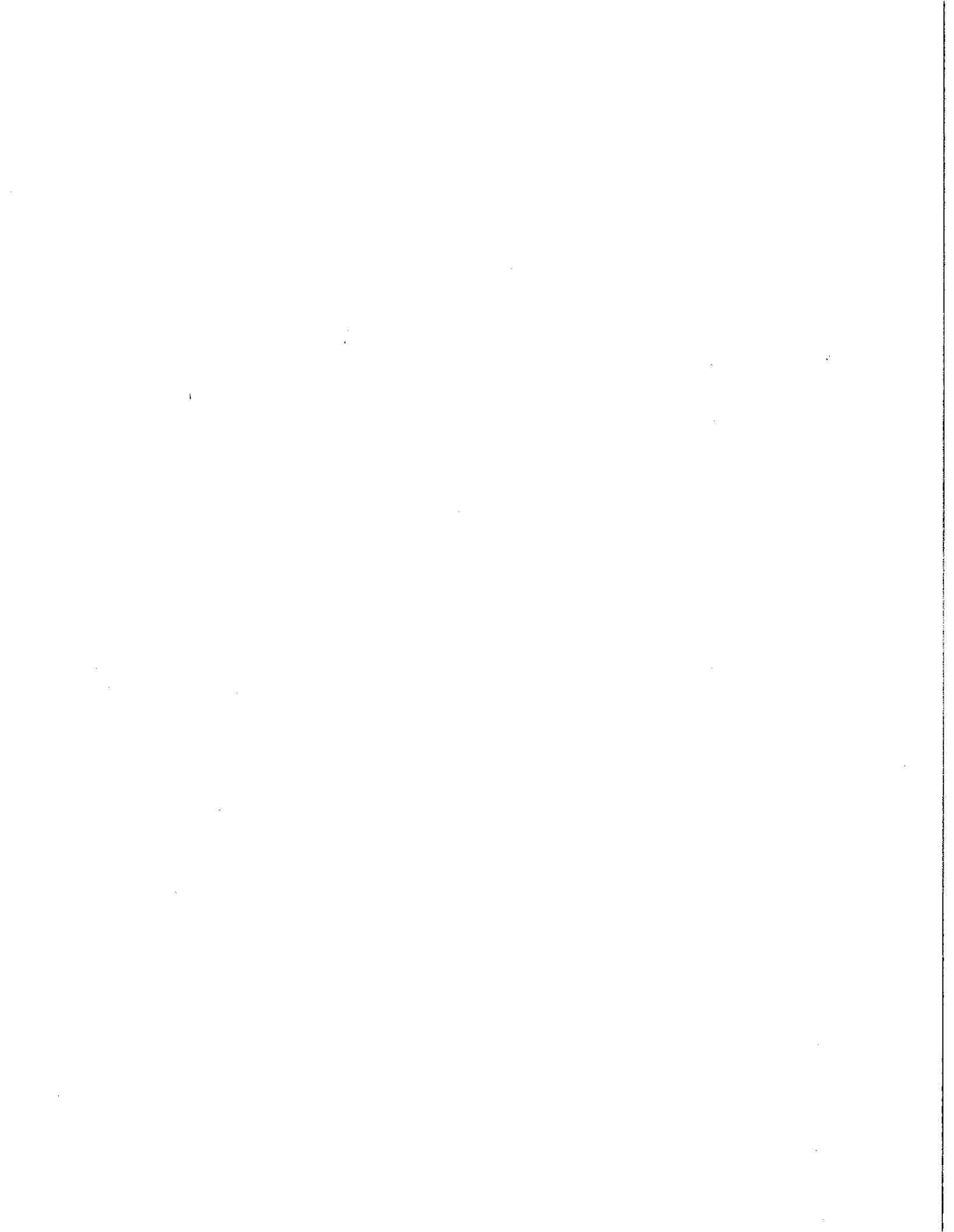
WHEREAS Section III.K. of the PEN Regulation provided for an effective date upon the Board of Health’s passage of a resolution stating the PEN Regulation effective date;

WHEREAS the purpose of this Resolution is to establish the effective date for the PEN Regulation; and IT IS HEREBY RESOLVED:

The PEN Regulation adopted by the Board of Health shall be effective as of February 1, 2021.

DATED this ____ day of _____, 2021.

CHAIRPERSON



HEALTH AND ENVIRONMENT REGULATIONS

CHAPTER 8: Asbestos Pollution

Subchapter 1: Libby Amphibole (LA) Property Evaluation Notification (PEN)

(Date Adopted: March 11, 2020; Date Effective: February 1, 2021)

I. REGULATION, AUTHORITY AND PURPOSE

- A. The City/County Board of Health for Lincoln County (Board of Health) was created as the Local Board of Health for Lincoln County by an Inter-local Agreement between the City of Libby and Lincoln County with authority under Mont Code Ann. § 50-2116(2)(c)(v)(A) to enact public health regulations to protect public health, safety, and welfare and to facilitate Institutional Controls selected by the United States Environmental Protection Agency (USEPA) and Montana Department of Environmental Quality (DEQ) for the Libby Asbestos Superfund Site.
- B. The Board of Health finds there is a threat to public health, safety, and welfare posed by the environmental conditions that led the USEPA to designate the Libby Asbestos Superfund Site. That threat was largely mitigated by completion of remedial actions performed by the USEPA. The remedial action included leaving some contamination in place. As such, the final remedial action condition as well as ongoing and future changes on properties must be maintained to ensure protectiveness of the remedy.
- C. The Board of Health collaborates with the DEQ and the USEPA to continue to protect public health, safety, and welfare by ensuring that the Libby Asbestos Superfund Site remedies remain protective and LA asbestos is properly managed to ensure protectiveness of the remedy.
- D. The Lincoln County Asbestos Resource Program (ARP) is a Board of Health directed public health program that was established in 2012 with the mission of reducing potential exposure to LA asbestos that is found within the Libby Asbestos Superfund Site and the surrounding areas of Lincoln County. A key goal of the Board of Health directed ARP to minimize burden on the community members themselves. The program was developed by the USEPA as a pilot study as the Environmental Resource Specialist (ERS) program and through a cooperative agreement passed on to Lincoln County ARP program in January 2014 and modified under the guidance of the Board of Health to its current program under the guidance of the Board of Health and is currently funded through a cooperative agreement/grant from the USEPA.
- E. DEQ is responsible for future Operation and Maintenance (O&M) of the Site, and funding from DEQ is anticipated for ARP to support O&M activities.
- F. The Board of Health has chosen to implement this Property Evaluation Notification Regulation pursuant to its authority under Mont Code Ann. § 50-2-116(2)(c)(v)(A) to protect public health, safety, and welfare.

II. GENERAL PROVISIONS

- A. Title: These regulations shall be known as the "LIBBY AMPHIBOLE (LA) ASBESTOS PROPERTY EVALUATION NOTIFICATION (PEN)".

- B. Authority: Authorization for these regulations is through Montana Code Annotated (MCA) § 50-2-116(2)(c)(v)(A).
- C. Purpose: The purpose of this regulation is to reduce the possibility of the public's exposure to LA asbestos as a result of Applicable Activities, as defined in Definitions in Section F.2 of this regulation. These activities shall be referred to as Applicable Activities. This PEN regulation is focused on providing LA asbestos property information, data, education, and evaluations to protect the public during Applicable Activities. This PEN regulation is an institutional control listed within the Operating Unit 4 and Operating Unit 7 Institutional Control Implementation and Assurance Plan (ICIAP). Note that this PEN regulation is separate from the Montana Asbestos Control Act, DEQ Asbestos Control Program requirements, or other due diligence processes, and does not replace or supersede the associated regulations on asbestos in Montana.
- D. Contingent Applicability: Implementation and execution of this regulation is dependent upon the existence and continued functionality and funding of the ARP. Similarly, success of the ARP is highly dependent upon the existence of this regulation. If the ARP ceases to exist or is unable to effectively function from lack of funding or other reasons, then this regulation will be suspended until the ARP, or other BOH designated organization, is functional and able to again support implementation and execution. Such suspension shall not be effective until the Board of Health affirmatively votes to suspend this regulation.
- E. Jurisdiction: This LA PEN regulation governs activities within the Libby Asbestos Superfund Site National Priorities List boundary which is composed of eight Operable Units, all of which are located in Lincoln County, Montana. Jurisdiction includes Operable Units 1, 2, 4, 5, and 7. Operable Unit 3 (the Former Libby Vermiculite Mine), Operable Unit 6 (Burlington Northern Santa Fe Railroad and Rail corridors) and Operable Unit 8 (Roadways) are excluded from the requirements of this LA PEN regulation. Descriptions of the jurisdictional areas included within each Operable Unit governed by this PEN regulation are detailed in each respective Record of Decision and summarized below:
1. Operable Unit 1 is the former Export Plant, and is situated on the south side of the Kootenai River, just north of the downtown area of the City of Libby, Montana. OUI includes the embankments of Montana Highway 37, the former Export Plant, and the Riverside Park. The property is bounded by the Kootenai River on the north, Highway 37 on the east, the Burlington Northern Santa Fe railroad thoroughfare on the south, and the State of Montana property on the West (EPA, May 2010a). These areas and boundaries are shown the Operable Unit 1 Record of Decision Exhibit 2-2 (EPA, May 2010a). Currently in the final stages of Deletion from the NPL.
 2. Operable Unit 2 includes area impacted by contamination released from the former Screening Plant. These areas include the former Screening Plant, the Flyway property, a privately-owned property, and the Rainy Creek Road Frontage and Highway 37 right-of-way adjacent to Rainy Creek Road (EPA, May 2010b). These areas and boundaries are shown in the Operable Unit 2 Record of Decision Exhibit 22 (EPA, May 2010b). Formally Deleted from the NPL on April 10, 2019.

3. Operable Unit 4 is called Libby Residential/Commercial areas. Operable Unit 4 is defined as the residential, commercial, industrial (not associated with Grace Mining Operations), and public properties, including schools and parks, in and around the City of Libby (EPA, February 2016). The boundaries for Operable Unit 4 are shown in Exhibit 1-2, Figure 1-2, and Figures 5-2 through 5-16 in the Operable Unit 4 through 8 Record of Decision (EPA, February 2016).
4. Operable Unit 5 is called the Former Stimson Lumber Company. Operable Unit 5 is defined geographically by the parcel of land that included the former Stimson Lumber Company. OU5 is bounded by the high bank of Libby Creek to the east, the Burlington Northern Santa Fe railroad to the north, and properties within Operable Unit 4 to the south and west (EPA, February 2016). The boundaries for Operable Unit 5 are shown in Exhibit 1-2, Figure 1-2, and Figures 5-17a through 5-17b in the Operable Unit 4 through 8 Record of Decision (EPA, February 2016).
5. Operable Unit 7 is called Town of Troy, and is defined as the residential, commercial, and public properties in and around the Town of Troy, Montana located 20 miles west of downtown Libby (EPA, February 2016). The boundaries for Operable Unit 7 are shown in Exhibit 1-2, Figure 1-2, and Figures 5-21 through 5-25 in the Operable Unit 4 through 8 Record of Decision (EPA, February 2016).

F. **Definitions:** The following definitions shall apply in the interpretation and enforcement of this regulation. The word "shall" as used in this regulation indicates a mandatory requirement.

1. LA asbestos is specific to the form of naturally occurring amphibole asbestos comprised of a range of mineral types and morphologies, and associated with the Libby vermiculite deposits in the region near the Libby Asbestos Superfund Site (EPA, February 2016). LA asbestos forms durable, long, thin structures that are generally respirable, can reasonably be expected to cause disease, and is considered to be the contaminant of concern at the Libby Asbestos Superfund Site (EPA, February 2016).
2. "Applicable Activities" means activities related to real property to include:
 - a. Excavation, grading, and landscaping;
 - b. Interior or exterior demolition, repair, modification, disturbance of material, or remodeling of permanent or temporary structures;
 - c. Transfer of real property regardless of whether any comfort letter has been issued by USEPA or any other agency;
 - d. Change in Land Use Category or Property Use Area as used in Sections 2.3 and 4.2 of the *Remedial Design Report, Revision 1, Libby Asbestos Site Operable Units 4 & 7* (April 5, 2017); and
 - e. Any dividing of land, including through subdivision, family transfer, Court-ordered division, or other division of land.
3. "LA Asbestos Property Evaluation" means a required evaluation, performed by the ARP, to include evaluation of data and information related to LA asbestos based on the notification by a property owner or interested party who has submitted a PEN due to planned Applicable Activities within the jurisdiction

(Section E above). The LA Asbestos Property Evaluation will be performed by the ARP to provide information relative to the potential for LA Asbestos exposure related to the Applicable Activity as detailed. This regulation details the PEN notification requirements and the associated LA Asbestos Property Evaluation elements to be provided in an effort to protect the remedy and public health.

4. "Days" means business days (i.e., Monday, Tuesday, Wednesday, Thursday, and Friday); excluding holidays observed by Lincoln County and ARP.
5. "Person" is any individual, institution, partnership, business, corporation, association, or other private or government entity.
6. "Property" is real property that is fixed property, principally land and structures. This regulation applies to the Applicable Activities related to real property within the jurisdiction.

G. Severability: If any provision of this Regulation is declared invalid by any court or tribunal, the remaining provisions of this Regulation shall not be affected thereby.

III. LIBBY AMPHIBOLE ASBESTOS PROPERTY NOTIFICATION PROCESS

A. LA Asbestos Property Evaluation Notification (PEN) Process Requirements: Prior to performing Applicable Activities within the above defined jurisdiction, a person is required to notify the ARP of the proposed Applicable Activities through the PEN process.

B. Applicability Specifics:

1. The following Applicable Activities within the jurisdiction require a PEN:
 - a. Excavation, grading, and landscaping;
 - b. Interior or exterior demolition, repair, modification, disturbance of material, or remodeling of permanent or temporary structures;
 - c. Transfer of real property regardless of whether any comfort letter has been issued by USEPA or any other agency;
 - d. Change in Land Use Category or Property Use Area as used in Sections 2.3 and 4.2 of the *Remedial Design Report, Revision 1, Libby Asbestos Site Operable Units 4 & 7* (April 5, 2017); and
 - e. Any dividing of land, including through subdivision, family transfer, Court-ordered division, or other division of land.

2. In addition to the defined Applicable Activities, the following activities within the jurisdiction also require a PEN:

- a. These requirements are applicable to modification or construction of wastewater systems requiring disturbance of surface or subsurface soils.
- b. These requirements are applicable to any division of property, including through subdivision, family transfer, Court-ordered division, or other division of land. Subdivision definitions, requirements, and permits are authorized by separate entities and regulations. The Lincoln County Subdivision regulations contain specific requirements related to

examination of potential LA related issues as a condition of approval of the subdivision. Division of property exempt from the Subdivision regulations is however an Applicable Activity requiring a PEN.

- c. These requirements are applicable to government entities performing Applicable Activities within the jurisdiction.
- d. Emergency response activities (such as floods, fires, natural disasters, building collapse, sinkholes, earthquakes, etc.) where the excavation, modification, or demolition activities are conducted in response to a property emergency. In this case, the ability to submit a PEN form beforehand is not feasible. Thus, the property owner shall notify ARP of the emergency response activity within three (3) business days to determine if a post-facto PEN notification or inspection is required.

3. Exclusions to PEN Process include the following:

- a. Remodeling activities that are cosmetic in nature (e.g. wallpaper installation or removal, carpet installation or removal, painting, installing built-in furniture, etc.) that will not disturb the existing interior flooring (excluding carpet), interior walls, ceilings, structural elements, exterior siding, roofing, foundations, utility penetrations or insulation;
- b. Exterior landscaping or remodeling that will not disturb surface or subsurface soil (e.g., concrete repair/staining, replace slats on decking, staining or painting fencing, etc.); or
- c. Emergency response activities (such as floods, fires, natural disasters, building collapse, sinkholes, earthquakes, etc.) where the excavation, modification, or demolition activities are conducted in response to a property emergency. In this case, the ARP shall be notified the next business day to determine if a post-facto PEN notification or inspection is required.

C. PEN Requirements: The notification of intent to perform Applicable Activities for a property shall be made to the ARP by the owner of the property, or the owner's authorized agent, on a form provided by the ARP (electronic or hard-copy) and/or through the Montana811 utility locate request process.

- 1. Notification for those Applicable Activities regulated by Montana811 through MCA Title 69, Chapter 4, Part 5 are automatically notified to the ARP when submitted through the Montana811 notification process and will serve as notification to ARP relative to the PEN process. If activities are limited to those regulated by Montana811 then no additional PEN-specific ARP form is required.
- 2. Applicable Activities not captured under Montana811 Notifications within the jurisdiction will require preparation and submittal of the ARP PEN form signed and dated by the applicant, and will include the following information, at a minimum:
 - a. The name, address, email address, and telephone number of the person who owns the real property;
 - b. The name, address, email address and telephone number of the person submitting the PEN;
 - c. The physical address of the property or a legal description if a physical address is not assigned where the Applicable Activity will take place;

- d. The name, address, email address, and phone number of the person who will be responsible for performing the Applicable Activity, if it is not the owner of the real property. If a contractor is to be used, provide their name, address, telephone number, and any asbestos related credentials or certifications;
- e. Confirmation that Montana 811 has been notified, if applicable; and
- f. A description of the proposed activity, including:
 - i. The general nature and extent of the project including the project objective, including a specific statement regarding whether division of property is an objective;
 - ii. Estimated location, mass, area, and volume (as applicable) of the media or building materials that will be disturbed or removed;
 - iii. If already proposed, any mitigating or best management practices that are planned to reduce or eliminate the exposure to LA asbestos and/or vermiculite, if anticipated, and measures to reduce the generation of dust;
 - iv. Planned activities for transporting and disposing of building materials, soil, waste, disturbed materials, and potential LA asbestos and/or vermiculite; and
 - v. If the Applicable Activity is the sale of real property or change in Land Use Category, the description should state "sale of property" or "Change in Land Use Category".

D. Fee: No fee will be associated with a PEN for the owner or person submitting the notification.

B. PEN and LA Asbestos Property Evaluation Process: PEN forms shall be submitted to ARP and a subsequent LA Asbestos Property Evaluation conducted. In addition to the "ARP Required Response" outlined in Section III.E. below, ARP is authorized to do none, any, or all of the following activities in response to a PEN submission:

1. Collection of prior information related to LA investigations, inspections, site records, evaluations, designs, remedies, communications, etc. as may be available from EPA documents and database, DEQ Libby Instance Response Manager database, or other accessible sources;
2. Site observations, including reference to available maps/figures and other available records, and an ARP site visit of the subject property (on or near the property depending on access permission granted by the owner);
3. Discussion with owner, PEN applicant, or contractor representatives related to property conditions and proposed activities;
4. An evaluation of prior information and site observations in relation to former and current land use, existing conditions, future land use, and proposed activities at the property;
5. Summarization of collected information, site observations, evaluations;
6. Recommendations as may be specific to the Subdivision approval process for follow up activities, such as sampling, evaluations, and cleanups;

7. Recommendations for Best Management Practices, available resources to support the activity, and informational/educational materials;
8. Follow up site visit, if applicable;
9. Dialog and communication summary;
10. Assistance in identifying a remediation contractor, if applicable;
11. Guidance related to possible mitigation of expenses for the incremental cost to the project attributable to the presence of LA;
12. Evaluations and/or recommendations specific to the Subdivision review and approval process;
13. Updates to property evaluation and pertinent applicable activities or inspections will be uploaded and tracked by ARP in the DEQ Libby Instance Response Manager database.

F. ARP Required Response:

1. Notifications shall be submitted at least three (3) full business days prior to the initiation of Applicable Activities. Once notified, the ARP has two full business days to discuss activities to be performed and to respond by giving the current property status. Day one begins the next operating business day after the PEN form submittal to the ARP. The timeline for ARP's discussion with the applicant is based on expected circumstances. If there are unforeseen circumstances, ARP will provide notice to the applicant of a modified timeline.
2. Once a complete PEN form is submitted, the ARP shall review the notification and perform the ARP LA Asbestos Property Evaluation to assess the potential for LA asbestos exposure based on previous LA asbestos evaluations, remedies, and inspections. If the PEN notification is incomplete, the ARP may request additional information prior to performing or completing their Evaluation.
3. Notifications to ARP are separate from, and not limited to, other required notifications under local, county, state, or federal law.

G. Evaluation Reporting: Upon completion of the LA Asbestos Property Evaluation, the ARP will communicate the findings to the applicant and/or owner, and document the communication. Different PEN deliverables will be offered according to the applicable activity:

1. Response for excavation, grading, landscaping activities: After receiving a completed PEN form, a phone call and/or email to the PEN requestor explaining the current status of the property will suffice as a completed PEN response. Confirmation that Montana811 utility locate has been notified of planned digging activity will be requested. Please see Section III B (1) for details on Montana811 utility locates and the PEN notification. If follow-up is needed, an additional evaluation performed by ARP may be conducted. An additional phone call, email

and/or letter would summarize the findings of this additional evaluation and any additional steps that need to be taken. Best management practices and guidance for disposal, relevant to the applicable activity, will be shared with the PEN requestor. A summary of PEN activities, and associated records or documents, will be retained in DEQ and/or ARP databases or files.

2. Response for interior/exterior demolition, repair, modification, disturbance of material, or remodeling to permanent or temporary structures: After receiving a completed PEN form, a phone call and/or email to the PEN requestor explaining the current status of the property will suffice as a completed PEN response. If follow-up is needed, an additional evaluation performed by ARP may be conducted. An email and/or letter would summarize the findings of this additional evaluation and any additional steps that need to be taken. Best management practices and guidance for disposal, relevant to the applicable activity, will be shared with the PEN requestor. A summary of PEN activities, and associated records or documents, will be retained in DEQ and/or ARP databases or files.
3. Response for sale of real property: After receiving a completed PEN form, a phone call and/or email to the PEN requestor explaining the current status of the property will suffice as a completed PEN response. After communicating with the buyer and/or seller of real property, ARP will develop a letter detailing the current status of the property and activities performed on the property during cleanup. The letter can be delivered electronically or by mail. See Section E 3(G) on Disclosure of LA Asbestos Property Evaluation in Sale of Property. Maintenance requirements for installed engineering controls, relevant to the specific remedy on the property, will be shared with the PEN requestor. A summary of PEN activities, and associated records or documents, will be retained in DEQ and/or ARP databases or files.
4. Response for Change in Land Use Category or Property Use Area: After receiving a completed PEN form, ARP will make a phone call and/or send an email to the PEN requestor explain the current status of the property. An additional evaluation performed by ARP may be required which entails the analysis of previous sampling, if any, within the proposed work area, researching property files of surrounding properties near the proposed work area, and a visual soil inspection of the work areas. A detailed report summarizing the findings of this additional evaluation, along with an ARP recommendation for any additional steps that need to be taken will be given to the PEN requestor. Best management practices and guidance for disposal, relevant to the applicable activity, will be shared with the PEN requestor. A summary of PEN activities, and associated records or documents, will be retained in DEQ and/or ARP databases or files.
5. Response for any division of property, including through subdivision, family transfer, Court-ordered division, or other division of land: The Lincoln County Subdivision Regulations require an APR evaluation initiated through a PEN submission as part of the subdivision application review. After receiving a completed PEN form, ARP will make a phone call and/or email to the PEN requestor explaining the current status of the property. An additional evaluation performed by ARP is required which entails the analysis of previous sampling, if any, within the proposed work area, researching property files of surrounding

properties near the work area and a visual soil inspection of the proposed work areas. A detailed report summarizing the findings of this additional evaluation, along with an ARP recommendation and any additional steps that need to be taken will be given to the PEN requestor. This letter may be included in the new subdivision package for the County Planner to receive. Best management practices and guidance for disposal, relevant to the applicable activity, will be shared with the PEN requestor. A summary of PEN activities, and associated records or documents, will be retained in DEQ and/or ARP databases or files.

- H. Disclosure of LA Asbestos Property Evaluation in Sale of Property: Sellers of real property shall submit a PEN application as outlined in Section III.B.2. above. Sellers shall provide a copy of the resulting LA Asbestos Property Evaluation to any buyer, or buyer's agent, prior to sale of seller's property. At buyer's request, seller shall also provide a copy of the resulting LA Asbestos Property Evaluation to any third parties (for example, lending institutions, insurers, etc.).
- I. Individuals not performing Applicable Activities, but who wish to obtain a LA Asbestos Property Evaluation for a property, may contact ARP to submit a request for a LA Asbestos Property Evaluation. ARP, at its discretion, may initiate the PEN process on any property within the jurisdiction of this regulation. Those LA Asbestos Property Evaluation will be processed based on ARP availability.
- J. Penalties: Violations of any provision of this regulation is counter to the USEPA Libby Asbestos Superfund Site remedy, operation and maintenance, and institutional control measures. Violations of this notification could result in exposure to or spreading of LA contamination and may be subject to enforcement provisions by the BOH under MCA § 50-2-124. Failure to comply may exclude consideration of any financial assistance that may be available.
- K. Effective Date: Once the regulation is adopted by the City/County Board of Health for Lincoln County, the requirements of this regulation shall not become effective until the City/County Board of Health for Lincoln County passes a resolution stating the effective date of this regulation.

IV. REFERENCES

EPA, 2010a. *Record of Decision for Libby Asbestos Superfund Site, The Former Export Plant Operable Unit 1.* EPA Document #: 1154081.

EPA, 2010b. *Record of Decision for Libby Asbestos Superfund Site, The Former Screening Plant and Surrounding Properties Operable Unit 2.* EPA Document #: 1154082.

EPA, 2016. *Record of Decision for Libby Asbestos Superfund Site, Libby and Troy Residential and Commercial Properties, Parks and Schools, Transportation Corridors, and Industrial Park, Operable Units 4 through 8, Lincoln County, Montana.* EPA Document #: 1563024.

EPA, 2020. *Operable Units 4 and 7, Final Institutional Control Implementation and Assurance Plan.* Libby Asbestos Superfund Site, Libby, Montana. March 2020. EPA Document #: 100007518.

EPA, 2020. *Libby Asbestos Superfund Site, Libby and Troy Residential and Commercial Properties, Parks, and Schools, Operable Units 4 and 7, Lincoln County, Montana, Final Operations and Maintenance Plan, Revision 0*. April 2020. EPA Document #: 100007658.

DEQ, 2020. *Libby and Troy Residential and Commercial Properties, Parks, and School, Operable Units 4 and 7, Lincoln County, Montana*. Libby Asbestos Superfund Site. May 2020.

Lincoln County, 2020. *Lincoln County Subdivision Regulations*. Prepared to comply with the Montana Subdivision and Platting Act.

Board Chair
City-County Board of Health for Lincoln County

Date

Operating Procedure #2
City-County Board of Health
Lincoln County, MT
September 2017 (November 2020 DRAFT)

Purpose: The purpose of this document is to outline the procedures for ~~handling public comments, both verbal and written, as discussed and agreed upon at the July 15, 2017 City County Board of Health (Board) meeting, minutes, and agenda topic requests.~~

The following Procedures apply to the Board and any committees thereof.

Verbal Comments:

- Each Board meeting will include “Public Comment” as a standard agenda item.
- ~~No action on agenda items will be taken until the Chair requests comments from the public. Public comments about agenda items identified as action items will occur just prior to the Board’s discussion and action on each agenda item.~~
- ~~Public comments on agenda topics not identified as action items will be allowed at the discretion of the Chair as that topic is being presented, instead of deferring comment until the general Public Comment period. The intent is to allow for brief clarifications, questions and comments that are directly relevant to the information being presented. More lengthy (up to 3 minutes) or extended comments should be deferred until the general Public Comment period on the agenda. The Chair may direct the speaker to defer comments until the general Public Comment period.~~
- ~~Public comments on non-action agenda items and items not on the agenda will occur at the end of the meeting during the public comment period. The general Public Comment period may include input on any appropriate Board topic, whether or not it is on the meeting agenda.~~
- Each person will address the Board, at the time designated in the agenda or as directed by the Board, by standing before the Board and stating their name in an audible tone of voice for the record.
- All remarks will be addressed to the Board as a body and not to any member of the Board or Staff.
- ~~No person, other than the Board and the person having the floor, will be permitted to enter any discussion either directly or through a member of the Board, without the permission of the Chair of the Board. Persons wishing to speak, including Board members, shall first be recognized by the Chair. The Chair shall recognize speakers~~

individually as appropriate to have an orderly discussion. One speaker shall be given the floor at a time and may not re-enter the discussion without being given recognition by the Chair.

- No questions will be asked of individuals except through the Chair of the Board.
- Verbal comments will be limited to 3 minutes per individual.
- The Board Chair may exercise discretion to extend this individual limit.
- The Board Chair may terminate any individual comment period if they determine the comments are not relevant to Board activities, personal attacks, or not presented in a respectful manner.
- The Board or Committee is under no obligation to respond to comments immediately or during the meeting. ~~The Board should refrain from engaging in a dialogue, except to the extent necessary to clarify the speaker's position.~~
- Minutes will identify the speaker and briefly describe the overall topics of comments provided. (*see "Minutes" below for additional information*)

Written Comments:

- The Board will maintain an electronic correspondence folder to store all written comments and/or correspondence submitted to the Board. All comments and/or correspondence will be available for review by any member of the public in accordance with the current Lincoln County Public Information Policy.
- If written comments or correspondence are the subject of discussion at a meeting, it will be included in the minutes.
- If written comments or correspondence are submitted and not the subject of discussion at a meeting, they will not be included in the minutes.

Minutes:

As noted in the Board By-laws, minutes will be kept for all regular and committee meetings in accordance with Montana Code Annotated (MCA) as noted below. Minutes will serve as a written record of each meeting and will generally describe the events of the meeting. Minutes will not serve as a transcript of the meeting and will not capture the dialogue of Board members, meeting presenters, or other meeting attendees (e.g., public commenters).

Per MCA § 2-3-103: [p]ublic comment received at a meeting must be incorporated into the official minutes of the meeting, as provided in 2-3-212.

Per MCA § 2-3-103(2): Minutes must include without hesitation:

- (a) the date, time, and place of the meeting;

- (b) a list of the individual members of the public body, agency, or organization who were in attendance;
- (c) the substance of all matters proposed, discussed, or decided; and
- (d) at the request of any member, a record of votes by individual members for any votes taken.

Agenda Topic Requests:

- An individual or group may request placement on the agenda by making such a request in writing to the Health Department Director and/or the Board Chair no less than seven (7) days before the meeting at which the individual would like to speak. The request shall include, at a minimum, the name of the individual or group and a detailed summary of the topic to be presented or discussed.
- The individual making the request will be notified as to whether the request has been granted and, if the request is granted, will be provided three (3) minutes to speak when the requested topic is addressed on the agenda. The Board Chair may extend the time allowed.
- The Health Department Director and/or Board Chair shall take appropriate steps to determine that agenda topic requests are not frivolous, repetitive, or harassing in nature.