

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

- **Call to Order**
  - Pledge of Allegiance
  - Roll Call
- **Public Comment on Agenda Items**
- **Public Comment on Items Not on Agenda**
- **Approval of Minutes**
  - 2/9/21 and 3/9/21 (5 minutes)
- **Unfinished Business**
  - *Action Item* - Update Operating Procedure #2 (15 minutes)
- **New Business**
  - Discussion of work meetings and future BOH training(s) (10 minutes)
- **Program Reports:**
  - **Community**
  - **Public Health**
    - COVID-19 Update (10 minutes)
    - *Action Item* – Communicable Disease Response Plan Checklist review (10 minutes)
  - **Environmental Health**
    - Update on Panoramic View dust complaints (5 minutes)
  - **Solid Waste and Recycling**
    - Annual survey results (5 minutes)
  - **Asbestos Resource Program**
    - O&M Update (5 minutes)
- **Focus Area Liaisons:**
  - **Superfund Sites**
    - Asbestos:
    - Groundwater
- **City Representative Reports**
- **Health Officer Report**
- **Adjourn**

This meeting is available as a Zoom meeting: <https://zoom.us/j/9984346152>

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**Lincoln County**  
**City-County Board of Health Agenda**  
**Ponderosa Room**  
**6:00 PM, February 9, 2021**

- **Call to Order at 6:01 p.m.**
  - Pledge of Allegiance
  - Roll Call: Jan Ivers, Deb Armstrong (via Zoom), Josh Letcher (via Zoom), Jim Seifert, Scott Bernhard (via Zoom), Sara Mertes. Quorum present.
- **Public Comment on Agenda Items**
  - DC Orr commented on the last meeting and actions regarding replacement of George Jamison.
  - Catherine Kahle expressed favor of public comment at beginning of meetings. Does not believe DPHHS document should be signed as is. Believed COVID-19 related work not compliant with MCA. Wanted minutes updated to reflect Scott Bernhard as nominee at last meeting.
  - Diane Watson discussed updating meeting minutes regarding nomination at last meeting and spoke against PCR testing.
- **Public Comment on Items Not on Agenda**
  - DC Orr mentioned his lack of confidence in the BOH and asked Jan what was discussed after the City Council meeting.
  - Catherine Kahle asked role of lawyer (Jinnifer Merriman) who sits in on BOH meetings. She also voices her concern over COVID 19 vaccine.
- **Approval of Minutes**
  - Jim motioned to approve 11/23/20 minutes. Jan, Deb, Sara, Josh, Jim vote in favor, Scott abstained from vote. Motion passed.
  - Deb motioned to accept 1/13/21 minutes. Josh requested amendment to minutes- right after 'action item board recommendation- roll call vote', insert 'roll call vote for Jeff or Patty was determined by Jan without a motion. Action was taken without a motion. Deb began to motion to recommend Patty Kincheloe and was interrupted'. Josh, Jan, Sara, Scott, Deb vote to approve minutes as amended, Jim opposed. Motion passed.
- **Unfinished Business**
  - Updates to Operating Procedure #2 will be done during BOH work meeting and then presented at later BOH meeting. Minutes of those meetings will be posted.
- **New Business**
  - **Program Reports:**
    - **Community**
      - Kathi Hooper provided update on COVID Response Coordination & Communication Strategy. Informational videos with local staff and community members will be posted to the website and shared on social media.
    - **Public Health**
      - Jenn McCully provided county COVID-19 update regarding vaccine receipt and administration.
    - **Environmental Health**
      - *Action Item* – Kathi Hooper discussed 2021 DPHHS Cooperative Agreement with Board members providing county specific clarifications. Jim motioned to sign Cooperative Agreement. Roll call vote: Sara, Jim, Josh, Deb in favor. Scott opposed. Motion passed.

- **Solid Waste and Recycling**
  - Brian Alkire provided purpose of and update on Draft Asbestos Cell O&M Update.
- **Asbestos Resource Program**
  - Virginia Kocieda gave O&M and Asbestos Resource Program updates.
- **Focus Area Liaisons:**
  - Superfund Sites
    - Asbestos
      - Discussion of Liaisons needed for Superfund Area
    - Groundwater
- **City Representative Reports**
  - Jim reported no update from Troy City Council at this time.
  - No update on Libby City Council.
  - Deb shared positive update from Dr. Carvey about outcome of COVID 19 outbreak at Mountain View Manor in Eureka.
- **Health Officer Report**
  - Dr. Black discussed focus being on vaccines and prevention in order to really drop the number of cases in the county.
  - Deb and Josh discussed importance of speaking with health care provider before getting vaccine, exercise, supplements, etc.
- **Sara motioned to adjourn. All in favor. Meeting adjourned at 7:34 p.m. Next meeting Tuesday, March 9, 2021.**

**Lincoln County**  
**City-County Board of Health Agenda**  
**Ponderosa Room**  
**6:00 PM, March 9, 2021**

This was a work meeting of the City-County Board of Health for Lincoln. No action was taken on any item.

- **Call to Order**

Attendance: Jan Ivers, Josh Letcher, Deb Armstrong, Jim Seifert, Scott Bernhard

- **Board discussion of mission statement**

Jan provided a brief history of city-county BOH. Current mission statement was "inherited". Josh provided draft for further discussion: WE STRIVE TO PROMOTE OPTIMAL HEALTH FOR INDIVIDUALS AND FAMILIES in Lincoln County THROUGH PUBLIC HEALTH EDUCATIONS, PREVENTION OF DISEASE AND INJURY, AND RESPONSE TO PUBLIC HEALTH CHALLENGES by fostering sound, sustained advances in the sciences underlying medicine, public health and social services, promoting optimal health and safety, through; education, prevention, protection, and intervention through integrated federal, state, county, & community efforts.

- **Board discussion of operating procedure #2**

Board members discussed when to allow comment during meetings and process for getting on the agenda. Josh encouraged people to submit written comments.

Jinn corrected MCA referenced in current Op procedure #2.

Jan will provide revised draft for further discussion at the April BOH meeting.

- **Board discussion of draft ground rules**

Tabled until future meeting.

- **Public Comment**

DC Orr thanked the Board for the work done at this meeting and reminded the Board of Montana's Sunshine Laws. He stated that packets included documents being discussed should have been available to the public.

Ken Crandall asked how to find minutes from past meetings and was told that they are posted on the Board's website after approval.

- **Adjourn**

**Operating Procedure #2**  
**City-County Board of Health**  
**Lincoln County, MT**  
**September 2017 (March 2021 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.
- ~~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.
- Each person will address the Board, at the time designated in the agenda or as directed by the Board, by presenting 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 or as time permits.
- 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.

**Minutes:**

As noted in the Board By-laws, minutes will be kept for all regular, work, 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 § 2-3-212(2): Minutes must include without limitation:

- (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, a detailed summary of the topic to be presented or discussed, and requested time allotted for the presentation.

- 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 Board Chair shall determine if the request is granted.

# Checklist for Review & Approval of Communicable Disease Reporting & Transport Protocol(s)

The following checklist will assist with review and documentation of routine and 24/7 communicable disease reporting and response processes. The checklist includes elements that are suggested for inclusion in your local protocol. The checklist should be submitted in your 3<sup>rd</sup> quarter progress report by no later than April 15th, 2021.

*Protocols detailing how your agency conducts communicable disease surveillance and processes reports of interest.*  
**Included in protocol?**

Required Basic Elements:	Yes	No	Comments
a. Does your protocol describe the manner in which disease reports are received by your agency (e.g. confidential fax, phone reports, or mail)?	X		
b. Does your protocol describe how reports are reviewed? (e.g. reports reviewed centrally or by different units of your agency such as communicable disease, environmental health, family planning, etc.)?	X		
c. Does the protocol describe specifically who is responsible for evaluating reports and ensuring case investigation and control measures, as described in state rules, are implemented?	X		
<ul style="list-style-type: none"> <li>• If selected conditions are referred to various sections of the agency (e.g. foodborne illness to sanitarians), does your protocol indicate to whom these selected conditions are referred?</li> </ul>	X		
<ul style="list-style-type: none"> <li>• If your agency utilizes a team approach on some events, does the protocol indicate who comprises the team and what their general roles are?</li> </ul>	X		
d. Does the protocol describe how quickly reports are reviewed (e.g. day of receipts, within 24 hours, 48 hours, etc.)?	X		
e. Does it describe how information regarding local cases is stored (paper, electronic records, etc.) and who has access to information?	X		
f. Does it describe how reported cases/contacts from outside your jurisdiction are referred (e.g. called directly to jurisdiction, given to DPHHS)?		X	
g. Does your protocol describe who is responsible for completing reporting forms & who submits forms to DPHHS (i.e. MIDIS data entry, expanded case investigation forms, foodborne outbreak form)?	X		
h. Does the protocol outline a highly active surveillance procedure for use during outbreak/emergency events?		X	Mentions expanding the list, but not detailed.
i. Does your protocol specifically address <b>rabies response</b> issues, including: who is involved in response, issuing PEP recommendations, observation and testing of animals and sharing information with relevant response partners?	X		
<b>Required Routine Active Surveillance Elements (Note: your agency may have detailed these efforts in a separate protocol):</b>			
a. Does your protocol detail how your agency conducts active surveillance?	X		
<ul style="list-style-type: none"> <li>• Does it list the key providers/laboratories routinely contacted?</li> </ul>	X		
<ul style="list-style-type: none"> <li>• Does it detail the frequency of your active surveillance calls with each contact?</li> </ul>	X		
<ul style="list-style-type: none"> <li>• Does it indicate which staff member(s) have been assigned the responsibility of conducting &amp; documenting active surveillance calls?</li> </ul>		X	
<ul style="list-style-type: none"> <li>• Standing request for release of Department of Veteran's Affairs medical record data is up to date for local health jurisdictions until 2021.</li> </ul>			



**Protocol detailing your agency's 24/7 availability to receive and evaluate reports of concern.**

**Included in protocol?**

Required 24/7 elements:	Yes	No	Comments
a. Does the protocol describe a method to receive and immediately review emergency reported 24 hours a day 7 days a week?	X		
If your system relies on an answering service or dispatcher, have they been provided with a detailed written protocol that includes a list of contact numbers?	X		
b. Does the protocol describe how local providers, police, EMS, dispatch, etc. are made aware of the emergency number or system?		X	
c. Does the protocol provide for the periodic local testing of the 24/7 system?		X	
d. Does the protocol provide for the documentation and evaluation of all tests and actual after-hours calls?		X	

**Protocol detailing your agency's "Epi Team" approach to communicable disease events.**

**Included in protocol?**

Required Epi Team Elements:	Yes	No	Comments
a. Does the protocol provide for core and expanded team members?		X	LC does not have an epi team at this base, but has increased team.
Does the core team have at least one public health nursing and one environmental health staff members?		X	
b. Does the protocol define what conditions or events will require notification of the core team members (i.e. suspect foodborne illness, animal bite, etc.)?		X	
c. Does the protocol define what circumstances that may require expanding the team to include other members associated with your agency?		X	
d. Does the protocol define how information is shared among team members and within what timeframe?		X	

**Packaging and Transport of Urgent Specimens Requiring Immediate Testing.**

**Included in protocol?**

Required protocol elements:	Yes	No	Comments
a. NOTIFICATION/CONSULTATION WITH DPHHS: Does your plan outline processes to consult with DPHHS staff regarding the need for IMMEDIATE testing of clinical or environmental samples prior to implementing your transport plan?	X		
b. ROLE OF LOCAL PARTNERS: Does your plan include contact information for local partners, such as HAZMAT, water operators, local clinical laboratories, law enforcement and others, who may be called upon in the event of a significant public health event requiring immediate collection, transport and testing?	X		
c. PARTICIPATION OF LOCAL PARTNERS: Has your plan been reviewed and approved by all local partners who may be involved in packaging and/or transport of samples requiring immediate testing?		X	Need to establish all and seek approval.
d. COLLECTION KITS: Does you plan detail the types and locations of emergency sampling kits to be used by your jurisdiction and is the information current in the Montana Public Health Directory? Note: Kits include the Chemical/Biological Agent Transport (CBAT), Drinking Water Emergency Sampling (DWES), and Category A agent kits.		X	
e. KIT REPLACEMENT: Does your protocol include details on getting replacement DWES kits or CBAT kits/supplies from MTL SB as needed?		X	
d. SAMPLE TRANSPORT: Does your protocol provide specific details regarding the different methods used to transport samples requiring immediate testing, including options if DPHHS resources are unavailable (e.g.		X	

DPHHS/laboratory courier, local law enforcement, private party, air transport, etc.)?		X	
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The above protocols/plans have been reviewed / revised as necessary and are satisfactory at this time.

\_\_\_\_\_ Date \_\_\_\_\_  
 Jurisdiction Health Officer *(Must be signed by the acting health officer)*

\_\_\_\_\_ Date \_\_\_\_\_  
 Board of Health Chairperson *(Must be signed by the acting Chairperson)*