

**Lincoln County**  
**City-County Board of Health Agenda**  
**6:00 PM, September 11, 2019**  
**Lincoln County Courthouse**

- 1. Call to Order**
- 2. Approval of Minutes**
  - 06/12/2019 Minutes (amended)
  - 8/14/2019 Minutes
- 3. New Business**
  - Strategic Plan
- 4. Program Reports:**
  - **Public Health**
    - Non-Pharmaceutical Intervention Plan
    - Truck Wreck Protocol
  - **Environmental Health**
    - Personnel update
  - **Solid Waste and Recycling**
    - Engineering update
    - Expansion application update
  - **ARP**
    - O&M Planning Activities
- 5. Focus Area Liaisons:**
  - **Superfund Sites**
    - Groundwater Site
      - City of Libby negotiation update
      - Upper Aquifer-Proposed Plan public meeting, Tuesday, 9/10, Ponderosa Room, 6:30 – 8:30 p.m.
    - Asbestos Site
      - PEN regulations update
      - LASOC update
      - O&M Planning concerns
- 6. Health Officer Report**
- 7. Old Business**
- 8. Public comment**
- 9. Adjourn**

08.14.2019 BOH meeting minutes  
6:00 PM Courthouse

**Board Members Present:** Sara Mertes, George Jamison, Maggie Anderson, Mark Peck, Laura Crismore  
**Absent:** Jan Ivers, Deb Armstrong  
**LCHD Staff:** Kathi Hooper, Trista Gilmore, Jake Mertes, Jinnifer Mariman (by phone), Dorey Rowland, Dr. Black, Bryan Alkire  
**ARP Staff:** Virginia Kocieda  
**Public:** Kathleen Sheffield, Brent Teske, Ray Stout, Arlene Ellitson, Sherry Dunbar

Agenda:	Discussion:	Action Item:
1. Call to order	Called to order at 6:00 PM by George Jamison	
2. Approval of Minutes	<b>June minutes approval:</b> Jinnifer Mariman would like added to the last minutes as present by phone. Motion to approve after the amendment by George and seconded by Sara.	
3. New Business	Brent just got a phone call tonight that there is a fire in OU3 from lightening at this time.	
4. Program Reports: Public Health	Dorey introduced herself and gave a brief of her position and purpose.	
Environmental health	Animal shelter has received 120 cats from one house, adoption fee is being waived for barn cats. Interviews are scheduled for new environmental health technician position Ordered replacement for electronic sign outside the courthouse to provide accurate air quality updates every hour with the state's site.	
Air Quality	None	
Solid Waste and Disposal	Expansion application still not open for public comment, George asked that Virginia update about this at the O&M meeting tomorrow. E waste collection ended today, 5 pallets from Libby and one from Eureka were collected. Fortine dumpster site was relocated. Refuse assessment is being reviewed by a Master of Public Health student for a quality improvement project and will be done in November. Looking at purchasing an air curtain burner to dispose of wood waste at the landfill. Looking for funding \$159,000 purchase with air quality contract and possible grants. Maggie sent thanks for the newer garbage area by the Yaak hill.	
ARP	<u>O&amp;M Planning:</u> the workgroup is working hard to get the Institutional Control Implementation and Assurance Plan (ICIAP) document drafted by the end of the month. This is to keep on schedule for DEQ/EPA legal review of the document before getting public comment in the fall/winter. The latest O&M Plan draft is being reviewed and edited by EPA. Currently the workgroup is drafting an O&M Manual which go into more detail the roles, responsibilities, and management of the Site during O&M. The contract to have ER perform quick responses	

	<p>for the EPA ends on September 30<sup>th</sup>, 2019. This will also impact the coordination of the asbestos cell in the Landfill. DEQ is working on getting ARP access to Response Manager, a database ARP will use for historical data and to enter new activity occurring on properties in the future.</p> <p><u>Property Evaluation Notification (PEN) Regulation</u>: George and Virginia are working with Jinn Miriam to add important elements that need to be considered within the regulation. This includes new subdivision applications and notification for land use/property use changes.</p> <p><u>Libby Asbestos Superfund Oversight Committee (LASOC)</u>: The committee had two meetings in August. They were focused on establishing a Memorandum of Agreement between DEQ and the County to establish administrative roles for the Committee. The role(s) of the Committee during O&amp;M was also discussed. At the last meeting the County shared a document representing the Guiding Principles that the County believes the Committee should use for decision making. DEQ wants the opportunity to review these principles, find areas of agreement/disagreement and edit the document. This will be discussed at the next meeting coming up Sept 19th at 6pm. The public is encouraged attend</p> <p><u>Air Monitoring during a fire event in Operating Unit 3 (OU3)</u>: There was a meeting between ARP and the USFS helitack crew to understand needs to ensure air sampling can be done for helicopter pilots. The EPA will not be the lead agency for this air monitoring event for next year. The Quality Assurance Project Plan (QAPP) expires October 31<sup>st</sup>, 2019. A single tree was struck by lightning just outside the OU3 boundary.</p>	<p>George asked that Kathi mail letter re: CGA and post to website</p>
5. Focus Area Liaisons	<p>City of Libby submitted a letter requesting that the BOH defer their petition for CGA. Brent stated that they do support the CGA action but asked for deferral due to current negotiations with International Paper. Mark motioned to approve the deferment, Laura seconded. George presented a draft letter to EPA. Jinnifer recommended not including any conditional terms in the letter. Motion to accept the letter was unanimously passed.</p> <p>Upcoming CGA meeting on 9/10.</p>	
6. Health Officer Report	No report	
7. Old Business	Panoramic view abatement order was issued in May with a June compliance deadline. A writ of review was filed in district court. Judge Cuffe took it under review and has not given a decision at this time. There will be no further action on the abatement order until the court issues its ruling.	
8. Public Comment	none	

08.14.2019 BOH meeting minutes  
6:00 PM Courthouse

9. Adjournment	Next meeting September 11 at 6:00 PM Meeting adjourned at 6:50 PM Moved to adjourn and seconded.	
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Chair, Board of Health

Date

Secretary, Board of Health

Date

06.12.2019 BOH meeting minutes  
6:00 PM Courthouse

<b>Board Members Present:</b> Jan Ivers, George Jamison, Sara Mertes, Laura Crismore, Maggie Anderson, Deb Armstrong
<b>Absent:</b> Mark Peck
<b>LCHD Staff:</b> Kathi Hooper, Jennifer McCully, Jake Mertes, Bryan Alkire, Dr. Black, Jinnifer Mariman (by phone)
<b>Public:</b> Arlene Elleison, Cheri Dunbar, Martin Dunbar, Ben Kibbey (The Western News)

Agenda:	Discussion:	Action Item:
1. Call to order	Called to order at 6:00 PM by Jan Ivers	
2. Approval of Minutes	<b>May minutes approval:</b> Sara Mertes made a motion to approve the May 8, 2019 Board of Health minutes, Laura Crismore seconded. Motion passed unanimously.	
3. New Business	<b>Chronic Wasting Disease Update:</b> Kathi Hooper updated the Board on the Fish, Wildlife and Parks public meeting about Chronic Wasting Disease in Libby. FWP is forwarding human health questions to the Health Department.	
4. Program Reports:		
Public Health	<b>ATV Injury Prevention:</b> Jennifer McCully updated the Board on the ATV Injury Prevention. The activity came from extra injury prevention funding from the Fetal Infant Child Maternal Mortality Review program. 36 children attended.  <b>Strategic Planning Survey:</b> Jennifer updated the Board on the current Strategic Planning process. She asked the Board to take the Community Vision Survey.  <b>Pandemic Flu Plan:</b> Jennifer presented the updated Pandemic Flu Plan. The changes included updates to the Health Department roles and responsibilities.  Laura made a motion to accept the updated Pandemic Flu Plan, Sara seconded. Motion passed unanimously.	
Environmental Health	<b>Air quality road signs:</b> Jake Mertes presented a proposal to incorporate signs that say "entering the air quality control district, burn permit required" at all of the main roads entering the air quality control district.	
Solid Waste and Recycling	<b>Expansion application update:</b> Kathi updated the Board on the current landfill expansion application. The public comment period will be open at the end of June for the expansion application.	



# **Strategic Plan**

## **2019 – 2024**

## Introduction

The Lincoln County Health Department Strategic Plan: 2019-2024 (plan) serves as a tool to help Lincoln County Health Department promote a healthier Lincoln County. This plan serves as a road map for the Health Department for the next five years and sets the foundation to drive organizational improvement. It serves as an effort to focus more on how the department can function to serve its population through four priority areas; connection through collaboration and effectively engage stakeholders; organizational excellence; health promotion, prevention and healthy environment; and funding diversification.

## Background

Lincoln County, Montana is a rural county in the far Northwestern corner of Montana among the Kootenai National Forest and Cabinet Mountain Wilderness. In the 2010 census, Lincoln County had a population of 19,687. The county covers a total of 3,675 square miles and is classified as frontier with a population density of only 5.4 persons per square mile. The county seat of Lincoln County is the city of Libby (population 2,628). The small towns of Eureka (population 1,037) and Troy (population 938) comprise the other two primary population centers in the county with the rest of the population scattered in remote areas in all corners of the county.

Lincoln County Health Department is comprised of two distinct programs – Public Health and Environmental Health. The Public Health Program focuses on the health of individuals through services of immunizations, communicable disease surveillance, public health emergency preparedness, tobacco prevention and early childhood intervention. The Environmental Health Program focuses on the health of individuals and their environment through inspecting licensed establishments, septic permitting, planning.

## Mission, Vision and Values

The mission, vision and value statements were updated as part of the strategic planning process in order to better reflect the identity of the department to the public as well as to affirm the work that is conducted by the staff.

**Mission:** *Our mission is to promote a healthy and resilient Lincoln County through collaborative leadership and community involvement.*

**Vision:** *A unified, thriving and vibrant Lincoln County*

**Value Statement:** *We believe in*

- *Collaborating with community members and organizations to develop and promote a health culture.*
- *Advocating for a healthy and safe environment.*
- *Empowering our employees to pursue personal and professional growth.*
- *Providing fair, honest and quality service.*

## Strategic Planning Process

The strategic planning process was completed over a seven-month period (February 2019 – August 2019) with funding from Montana Department of Public Health and Human Services, Public Health and Safety Division, Office of System Improvement. A team was developed in January 2019 and started meeting once or twice each month. The National Association of City and County Health Officials Strategic Planning Guide was followed, and the following data sources were referenced in order to inform the strategic priorities: Lincoln County 2016 Community Health Assessment; 2018 Community Health Improvement plan; DPHHS 2019-1024 Strategic Plan.

### Strategic Planning Participants

Board of Health:

- Laura Crismore, City of Libby Representative
- Maggie Anderson, City of Troy Representative
- Sara Mertes, MD

Health Department Staff:

- Kathi Hooper, Director
- Jennifer McCully, Public Health Manager
- Amy Fantozzi, Health Education Specialist
- Trista Gilmore, Nurse
- Jake Mertes, Sanitarian
- Bryan Alkire, Landfill Manager

### Monitoring

The plan will be monitored at least annually. Work plans will be developed, and each work plan will have a staff owner, outcome indicators, strategies, tactics and performance indicators. Each work plan is in place to operationalize and monitor the progress of each goal and its objectives. Programs will meet at least annually to review and discuss the progress of the objectives and evaluate the results.



# Strategic Priorities, Goals and Objectives

## Priority Area: Connection through collaboration and effectively engage stakeholders

### Goal 1: Connect community partners and residents to resources, services and information

#### Objectives:

- 1.1 Enhance collaboration between local resources.
- 1.2 Improve public engagement and community involvement.
- 1.3 Enhance social media presence including but not limited to Instagram and Snapchat by December 31, 2020.
- 1.4 Introduce a community-wide Bi-Annual summit by 2020.
- 1.5 Partner with DPHHS and other local partners to implement a referral system (CONNECT) by December 31, 2021.

## Priority Area: Organizational Excellence

### Goal 2: Maintain and improve organizational excellence within the Health Department

#### Objectives:

- 2.1 Develop and implement a Health Department Workforce Development Plan by December 31, 2020.
- 2.2 Develop and implement a Health Department Quality Improvement Plan by December 31, 2021.
- 2.3 Develop and implement a plan to increase awareness and recognition of services at the Health Department by June 30, 2020.
- 2.4 Maximize staff resources by cross training and investigating alternative staffing options by December 31, 2019.
- 2.5 Develop individual desk manuals by June 30, 2022.
- 2.6 Develop Health Department policies and procedures by June 30, 2021.
- 2.7 Ensure a trauma-informed and culturally competent workforce.
- 2.8 Implement a performance management system by June 30, 2020.

## **Priority Area: Health promotion, prevention and healthy environment**

### **Goal 3: Improve environmental quality and public health throughout Lincoln County**

#### **Objectives:**

- 3.1 Increase the department's capacity to enter, search and organize septic system permits by June 30, 2020.
- 3.2 Increase recycling and reuse efforts through community education.
- 3.3 Increase compliance and enforcement for the Clean Indoor Air Act, including adding vaping and e-cigarettes to the local act by December 31, 2021.
- 3.4 Ensure community access to Mental Health First Aid training, Question, Persuade, Refer training and Adverse Childhood Experiences training.

## **Priority Area: Funding Diversification**

### **Goal 4: Increase funding diversification for health department sustainably.**

#### **Objectives:**

- 4.1 Increase funding and improve funding sustainability for health department programs by December 31, 2024.
- 4.2 Increase funding for community programs by December 31, 2024.

**Lincoln County  
Non-Pharmaceutical Intervention Plan**

**September 2019**

This document contains the plans and protocols regarding the non-pharmaceutical interventions for communicable disease situations. This is a hazard-specific annex to the Lincoln County All-Hazards Emergency Operations Plan. Should an actual event occur, the response may vary depending on the type of emergency situation. This plan will be reviewed and updated annually or as necessary by the Health Director, Public Health Emergency Preparedness Coordinator, or designee. This version supersedes all previous versions of this document.

**APPROVAL AND IMPLEMENTATION**  
**LCHD Non-Pharmaceutical Intervention Plan**

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

\_\_\_\_\_  
Signature  
Dr. Brad Black, MD, Health Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Mark Peck, County Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Kathi Hooper, Health Department Director

\_\_\_\_\_  
Date

## Record of Distribution for 2019

Plan Holder Name	Agency/Department	Form of EOP Copy	Date of Distribution
Kathi Hooper	Lincoln County Health Department Director	Electronic	
Toya Laveway	Lincoln County Public Health Department PHEP Coordinator	Electronic & Hard Copy	
Dr. Brad Black	Health Officer	Electronic	
Brent Teske	Lincoln County EMA	Electronic	
SharePoint Copy	MT DPHHS	Electronic	

## Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
6/2016	Total re-write		
9/2019	Review and update of Distribution List		

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## **Introduction**

The need to utilize non-pharmaceutical interventions (NPI) to control the spread of communicable diseases will vary considerably in relation to the disease for which the approaches are being considered.

As defined by the US Centers for Disease Control and Prevention's Public Health Capabilities, non-pharmaceutical interventions are steps taken to implement strategies for disease, injury, and exposure control. Strategies may include the following:

- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

Montana statutes related to the prevention and control of communicable disease outline state and local responses that may be implemented by DPHHS and/or local public health officials are outlined in [50-1-204](#), [50-2-116](#) and [50-2-118](#) of the Montana Code Annotated (MCA). They allow potential use of NPIs in response to naturally occurring or artificially introduced biological agents in connection with terror related events. In addition, the Administrative Rules of Montana (ARM) [37.114.307](#), [37.114.308](#) and [37.115.314](#) allows for the implementation of NPIs, including isolation and quarantine. These statutes and rules encompass all levels of potential use ranging from individual cases to larger scale events such as outbreaks, epidemics or pandemics.

The Lincoln County Emergency Operations Plan (LC EOP) indicates that the Lincoln County Health Department (LCHD) will respond to emergencies and events that involve public health. As a focused approach to operations intended to support the EOP, this plan defines the functions of LCHD.

## **Purpose**

This plan will be referenced during routine situations where exclusion, compliance orders or other NPI's might be considered ranging up to large-scale infectious/contagious disease outbreaks. It is designed to assist decision makers in implementing containment measures, which may include the implementation of NPIs at different levels. This document will include decision matrices, reference legal authority that enables or limits the ability to implement actions, template legal orders and guidelines for implementing NPI's.

This plan is based on the Centers for Disease Control and Prevention's Public Health Preparedness capability 11 outlining guidance related to non-pharmaceutical interventions. This capability consists of the ability to perform the following functions:

- Engage partners and identify factors that impact NPIs
- Determine non-pharmaceutical interventions
- Implement non-pharmaceutical interventions
- Monitor non-pharmaceutical interventions

## **Scope & Authority**

This plan encompasses specific operations of LCHC. Implementation is not contingent on activating the Lincoln County EOP but also may function as a core part of activation of the EOP.

This plan does not replace the day to day duties of LCHD. It supports those activities and supplements them by defining procedures necessary when situations expand beyond the scope of day to day operations.

## **Assumptions**

1. Day to day operations often involve the use of NPIs, including quarantine and isolation per the guidance provided in ARM's and the American Public Health Association Control of Communicable Diseases Manual (CCDM) adopted by the ARM. Various diseases can escalate to cluster/outbreak levels or beyond, including progressing to a significant public health event. Significant public health events outside of this jurisdiction can expand to include populations in Montana and neighboring counties.
2. In the event of a public health event, emergency response operations will be activated at levels commensurate with the event.
3. Operations involving these standard methods of action are inclusive, based on established relationships and partnerships with the public, stakeholders and partners, and contributing agencies.

There are many NPI alternatives that might be utilized short of or beyond community level isolation and quarantine and the effectiveness of these measures must rely upon the understanding, comprehension and active cooperation of the public, business and clinical care infrastructures within communities.

## **Maintenance**

The LCHD will review these procedures annually to ensure currency and accuracy. The goals of this review are to:

- Ensure overall plan accuracy and readiness
- Address and resolve policy, methodology, and technological issues
- Ensure this guide coordinates with related plans, procedures, and protocols
- Make necessary corrections, edits, updates, or procedural adjustments

Changes are tracked in a versioning method and in the Record of Change log.



## **Social Distancing**

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other.

- These strategies could include:
  - closing public and private schools,
  - minimizing social interactions at colleges and libraries,
  - closing non-essential government functions,
  - implementing emergency staffing plans for the public and private sector including increasing telecommuting, flex scheduling and other options and
  - closing public gathering places including stadiums, theaters, churches, community centers and other facilities.

## **Assumptions**

- Implementation of social distancing strategies in Lincoln County may create social disruption and significant long-term economic impacts. It is unknown how the public will respond to these measures. Decisions will be made jointly and concurrently by the health officer and the BOH regarding social distancing.

## **Process**

- The health officer will review social distancing strategies and current epidemiology and coordinate with leadership of towns in Lincoln County regarding social distancing actions that should be implemented to limit the spread of the disease.
- The health officer will also consult with local school superintendents and school presidents regarding the closing of all public and private schools and minimizing social interactions at colleges, universities and libraries in Lincoln County.
- If social distancing strategies are initiated, the health officer will monitor the effectiveness of social distancing in controlling the spread of disease and will advise appropriate decision makers when social distancing strategies should be relaxed or ended.

# Isolation and Quarantine Response Plan

## Introduction

Isolation refers to the separation of infected individuals to prevent the transmission to others during the period of communicability. Quarantine means the separation or limitation of freedom of movement of well persons who are suspected to have, or known to have, been exposed to an infectious agent. Both of these actions are intended to minimize the risk of community transmission of an infectious agent or community exposure to a toxin or radiological hazard. The duration for isolation or quarantine is based on recommendations from the most recent edition of the Control of Communicable Diseases Manual (CCDM) or from expert consultation from MT DPHHS CD/Epi Section and/or the CDC.

Purpose: This plan provides general guidance in an event necessitating isolation or quarantine of infected individuals, their contacts or other infectious agents. The goal of such actions would be to prevent the spread of disease and protect the health and safety of Lincoln County residents.

## Scope & Authority

This plan defines roles and responsibilities for instituting isolation and quarantine in an event deemed to be a threat to public health. This primarily focuses on the roles, responsibilities and activities of LCHD and key response partners during situations involving isolation and quarantine.

## **Organizational Roles**

### Lead Organizations:

- Lincoln County Health Department
  - Health Officer
  - Health Department Director
  - PHEP Coordinator
- Lincoln County Board of Health

### Support Agencies:

- Lincoln County Attorney
- Lincoln County Commissioners
- City of Libby
- City of Troy
- City of Eureka
- Emergency Medical Services
- Lincoln County Sheriff's Department
- Cabinet Peaks Medical Center

This plan applies to:

- All disease outbreak emergencies requiring isolation and quarantine implementation, coordination, and/or management beyond the capacities of routine LCHD operations
- Persons in Lincoln County either infected with or exposed or potentially exposed to an infectious agent

### **Legal Authority**

Local Health Board and Local Health Officer:

- Montana Code Annotated Title 50, Chapter 2, "Local Boards of Health"
- Administrative Rules of Montana, 37. 114.101 to 1016
- Control of Communicable Disease Manual (CCDM) adopted by reference in ARM 37.114.201 (2)
- "Guidelines for Isolation Precautions in Hospitals." Adopted by reference in ARM 37.114.101(9)
- Montana Code Annotated Title 50-16-601 to 611 "Government Health Care Information Act"
- Montana Code Annotated Title 10, Chapter 3, 401-406, "Disaster and Emergency Services, Local and Interjurisdictional Planning and Execution"
- 50-2-116 (2a) MCA
- 50-2-118 MCA

Montana Department of Public Health and Human Services:

- Montana Code Annotated Title 50-1-102 General Powers and Duties ARM Title 37.114.101 through 1016
- 50-1-204 MCA

Federal Authority: HHS Secretary (CDC), Customs, and Coast Guard:

- Executive Order No. 13295, "Revised List of Quarantinable Communicable Diseases", revised July 2014

### **Planning Assumptions**

Development of the isolation and quarantine response plan for LCHD assumes the following:

- Isolation and quarantine may be one of several tools to reduce the spread of communicable illness
- Planning efforts must incorporate and address unique needs and circumstances of functional needs populations
- The ability of LCHD to implement this plan is based not only on the number of people affected and the epidemiological aspects of the suspected or confirmed agent, but on the distribution of populations within the county (town residents versus rural home residents)

- LCHD will follow HIPAA laws in disclosure of information to protect the identity and location of affected individuals to the greatest extent possible
- Adjacent counties and other jurisdictions shall be included in response efforts, if necessary
- Large-scale isolation and quarantine events will require the participation of many public health resources, including workforce, as well as coordination with state authorities, multiple community entities, health care entities, and first responder agencies
- An effective public communication program is essential to achieving voluntary compliance with all disease control strategies in large-scale events
- Isolation and quarantine may require the involuntary detention of individuals who may pose a threat to the public's health and do not cooperate with orders from the Health Officer
- An individual's cooperation with voluntary isolation or quarantine will be assumed in good faith unless there is evidence to the contrary. However, LCHD will still check in with the individuals to conduct symptom checks. Depending on the event, information collected during monitoring may be used as evidence of non-cooperation
- Individuals confined under these measures will be supported by partners to the extent possible through means such as provision of food, shelter and other necessities
- LCHD will, to the extent possible, protect against stigmatization or unwarranted disclosure of private information, and will support placement in an appropriate facility if the home environment is unsuitable
- LCHD has a 24/7 notification system to quickly respond to potential health threats
- An event triggering activation of this plan is also likely to involve other emergency response capabilities
- Depending on the size of the geographic area affected and number of individuals that will be subject to isolation and quarantine measures, the Lincoln County Emergency Operations Center may or may not be active
- LCHD commits to carry out a transparent process for the development and implementation of isolation and quarantine

**Isolation versus Quarantine:** Isolation or quarantine is determined by several factors such as type of disease, number and severity of the morbidity, etc. For this plan Isolation refers to a case and Quarantine refers to a contact

**Isolation:** It may be preferable for affected individuals to be monitored in their own homes if acceptable requirements are met. Before a case is confined to the home, the residence should be assessed to be certain that it has the necessary features for proper infection control measures.

- Functioning telephone, electricity, and drinking water.
- Water for bathing and cleaning.
- An operating sewage system attached to a municipal or other approved sewage system for disposal of feces and urine of an infected person.

- An infected person must be isolated behind a closed door in a separate bed in a room protected from potential vectors.

During the period of isolation, the household contacts of cases that are not providing care to the case should be relocated if possible. If relocation is not possible, then interactions with the case should be minimized.

All persons in contact with the case should be educated regarding appropriate infection control precautions, including hand hygiene, PPE, concurrent disinfection, and environmental decontamination. The LCHD will ensure education and shall use reasonable means to meet the basic needs of the isolation case and provide equipment and supplies necessary for the caregiver to practice infection control measures.

- A person caring for an infected person must avoid coming into contact with any other person until every precaution required has been taken to prevent the spread of infectious material.
- Each person caring for an infected person must wear a washable or disposable outer garment (such as paper gown or suit), mask, and gloves, and must thoroughly wash their own hands with soap and hot water after handling an infected person or an object an infected person may have contaminated. Before leaving the room of an infected person, a person caring for an infected person must remove the washable outer garment and hang it in the infected person's room until the garment and room are disinfected. If disposable garments, gloves or mask are used, dispose of in a red biohazard bag. *(Disposable garments, gloves, mask, and red bags are stored at the office of LCHD)*
- An object, which may have been contaminated by an infected person, must be thoroughly disinfected before it is removed from the infected person's room or bagged in a red biohazard bag, labeled, and burned or decontaminated.

**Hospital Isolation:** CPMC has rooms that have the capacity of creating a negative pressure environment as well as isolation.

**Quarantine:** Quarantine represents a range of possible interventions that could be applied at the level of the individual, group, or community. Quarantine could be used for:

- Individuals with close contact (e.g. household contact) to a case.
- Small groups with close contact (e.g. co-workers, healthcare workers, with unprotected exposure) to a case.
- Larger groups with an unspecified extent of exposures (e.g. social groups, persons in congregate settings, passengers on airplanes) to a case.
- Communities in which the extent of exposure for individuals is unknown but interventions are needed to control potential exposure to others. This can be accomplished by social distance and limiting interactions and movement within a community.

Home Quarantine is most suitable for contacts that have a home environment in which their basic needs can be met and the protection of unexposed household members is feasible. The optimal implementation of home quarantine includes:

- Ability to monitor one own symptoms (or have them monitored regularly by a parent, guardian, or caregiver.)
- Functioning telephone, electricity, and drinking water.
- Water for bathing and cleaning.
- An operating sewage system attached to a municipal or other approved sewage system for disposal of feces and urine.
- Access to food and food preparation.
- Access to healthcare providers.

Contact and household members should be educated in symptoms of the disease, use of PPE, hygiene, etc. The LCHD will ensure education. No specific precautions are needed for household members of contacts who are in home quarantine, as long as the contact remains asymptomatic. The household members can go to school, work, etc. without restrictions. However, household members should be advised that they may be considered as quarantined or isolated.

If the contact develops symptoms, then he/she should immediately notify the PHO to obtain medical evaluation and at that point household members should remain at home.

**Quarantine in Community Facilities:** Contacts who do not have appropriate home environment for quarantine or contacts who do not wish to be quarantined at home may be quarantined in specific facilities designated for this purpose.

**Quarantine for Work:** This applies to healthcare workers or other essential personnel who may have been exposed to cases and need to continue working (with appropriate infection control precautions) but are quarantined either at home or in a designated facility during off-duty hours.

## **Process**

**Assessment:** Determination of need for quarantine or isolation.

Upon receipt of a report of a communicable disease, the Communicable Disease Coordinator shall confirm the diagnosis with the laboratory or the healthcare provider. If the case is not confirmed, but is suspect or probable, the Health Officer may handle the case as communicable until medical or laboratory information rules out the presence of the suspected disease. Upon confirmation of the diagnosis the Health Officer will determine if isolation or quarantine is warranted.

The Communicable Disease Coordinator will identify contacts of the case. An EPI team will be assembled depending upon the type of disease. Active surveillance shall be increased

MT DPHHS epidemiologist, the county attorney and the BOH will be notified. Local healthcare providers and pertinent partners will be notified of relevant information via a Health Alert Network Message. The Lincoln County PIO will make a public announcement that is approved by the Health Officer.

**Requesting or Ordering ISOLATION:** The Communicable Disease Coordinator will draft a request or an order for isolation that shall include:

- Name and title of the Health Officer
- Name of the case
- The communicable disease of concern
- The place of isolation
- Type of isolation to be established and maintained
- Date or conditions upon which isolation will be reviewed for lifting except for the hospitalized person.

If the case is hospitalized, the Health Officer may consult with the CPMC Infectious Control staff.

During an outbreak or epidemic, the Health Officer may use clinical screening techniques to determine if an individual has symptoms of a communicable disease that warrants isolation.

**Requesting or Ordering QUARANTINE:** The Communicable Disease Coordinator will identify contacts of the case by information from records, conducting interviews, and any other means that may help determine and locate contacts.

The Health Officer shall determine if quarantine is warranted by:

- Consulting ARM 37.114.5 and 37.114.10. The Health Officer may also consult with the MT epidemiologist, CDC, etc.
- Assessing whether the situation meets all the following criteria:
  - Quarantine is necessary to control spread of the disease
  - Less restrictive measures are inadequate and;
  - Effecting quarantine is feasible under the circumstances and will not produce hardships without equal or greater public benefit.

The Health Officer shall determine if quarantine is a request (voluntary) or order (mandatory). The Health Officer may revise the status or the order or request based on changes in conditions, information, non-compliance, etc.

The Communicable Disease Coordinator shall draft a quarantine order or request that shall include:

- Name and title of the Health Officer
- Name of the contact
- Place of quarantine
- Date that quarantine will commence
- Date that quarantine will be reviewed for lifting.

**Maintaining Isolation or Quarantine:** LCHD staff shall monitor compliance with the order. They will also monitor cases and contacts for symptoms of the communicable disease. If the resources available to the Health Officer are not sufficient to maintain isolation or quarantine, the Lincoln County Emergency Response Plan will be activated. Contacts in quarantine that develop symptoms/signs of communicable disease shall be immediately placed in isolation.

The Health Officer is to be notified of a death if the person has or is suspected of having a communicable disease and must inform the mortician of that fact.

Quarantine shall be reviewed for lifting when the incubation period of the infectious agent is completed. If no symptoms/signs of infection are present the Health Officer may make the decision to lift the order. Isolation shall be reviewed for lifting when the period of contagion has passed. This period may be longer than the symptomatic period. The Health Officer may make the decision to lift the order.

Persons subject to *mandatory* isolation or quarantine may request judicial review. The Health Officer may sustain the mandatory order while the appeal is pending. Assistance for enforcement in carrying out the Health Officer's order may be requested from the Sheriff or other peace officer.

Quarantined or isolated individuals are not allowed to travel or be transported from one location to another without the permission of the local health officers with jurisdiction over the places of departure and arrival.

In all instances, except as required by law, the confidentiality of cases and contacts will be maintained. Signs signifying isolation or quarantine shall not be used except within institutional settings or in the event that a sanitary perimeter or institutional control is established.

**Decontamination:** If warranted, decontamination and disinfection of the quarantine and isolation environments shall be done in accordance with the "Control of Communicable Disease Manual, an Official Report of the American Public Health Association"

**Documentation:** All meetings and information related to the isolation and quarantine shall be documented and preserved. Records will be kept the Communicable Disease Coordinator.



## Appendix A: Sample Isolation and Quarantine Orders

*This order is a sample; pertinent information and other items as appropriate will be added.*

### QUARANTINE/ISOLATION ORDER

**In Re:** *(Name of Individual, Group, Area) of (Town)*

I, Brad Black, MD, Public Health Officer for Lincoln County Montana, authorized by the Lincoln City-County Board of Health, pursuant to MCA 50-2-116 and MCA 50-2-118, having reasonable grounds to believe that the above-named is (are) infected or have been exposed or at reasonable risk of having *(Name of communicable disease)* or being contaminated or passing such communicable disease or contamination to other persons and thereby posed a significant threat to public health and that *(quarantine or isolation)* is necessary and is the least restrictive alternative to protect or preserve the public health.

#### **ORDERED:**

1. *(Name of individual or individuals  
Description of geographic area)*

Is hereby *(Select either quarantined or isolated)* within

2. *(Describe the specific location, e.g. home giving addresses) for*
3. The time period not to exceed *(number)* days- *(Provide specific dates)*

The basis for my belief and determination for the above Order is as follows:  
*(Provide short and concise statement)*

It is further **ORDERED:**

*(Insert type of isolation or quarantine and other terms or conditions as may be necessary to protect and preserve the public health)*

#### **NOTICE:**

Any individual *(Select quarantined or isolated)* has the right to an attorney and the right to a hearing at which you may be represented by counsel.

An appeal to the Order may be initiated by you or your representative by requesting, in writing, a hearing in District Court. This request may be submitted by first-class mail or facsimile machine.

Any appeal of this Order does not stay its requirements. This Order is effective upon receipt.

**COMPLIANCE**

Failure to comply with any provisions of this Order may result in a fine or imprisonment for your offense.

\_\_\_\_\_ Date

\_\_\_\_\_  
Brad Black, MD  
Lincoln County Health Officer

STATE OF MONTANA, COUNTY OF LINCOLN, ss.:

On this day, personally appeared before me

\_\_\_\_\_,  
to me known to be the person described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Notary Public in and for the State of Montana

My commission expires \_\_\_\_\_.

**LINCOLN COUNTY HEALTH DEPARTMENT**  
**TRUCK WRECK PROTOCOL**  
**INVOLVING**  
**FOOD AND CONSUMER PRODUCTS**  
**SEPTEMBER 2019**

**Distressed Foods & Other Consumer Products**  
*Resulting from a*  
**Transportation Accident or Other Emergency**

Based on the Montana Department of Public Health & Human Services Food & Consumer Safety Section, "Guidelines for Handling Distressed Food, Drugs, and Cosmetics in Truck and Train Wrecks Emergency Response Procedures." September 5, 2008

This guidance is applicable in any transportation accident involving food, drugs, cosmetics, or other consumer products. The purpose of this guidance is to protect public health and safety by preventing consumers from receiving contaminated food, drugs, cosmetics, and other consumer products.

**APPROVAL AND IMPLEMENTATION**

**LCHD Truck Wreck Protocol**

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

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Signature

Dr. Brad Black, MD  
Health Officer

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Date

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Signature

Janet Ivers, Chair  
Board of Health

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Date

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Signature

Kathi Hooper, Director  
Health Department

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Date



## **Contact information**

### **Lincoln County Health Department 24/7**

Lincoln County Sheriff's Office Dispatch: 406-293-4112 / Ext: 0

Lincoln County Emergency Management: 406-334-7194

### **Sanitarian(s) On Call**

Kathi Hooper (24/7) 406-291-1168

Jacob Mertes (24/7) 406-291-9683

### **State of Montana**

Food & Consumer Safety (FCS) during work hours: 406-444-5306 or 2408

FCS Fax Number: 406-444-5055

Communicable Disease Control & Prevention Bureau 24/7: 406-444-0273

MT DES: 406-324-4777 or 4773

## **Truck Wreck Response**

1. **Communication.** Law Enforcement (MHP or local officer) responds to the scene. Law Enforcement notifies MHP dispatch if needed. Lincoln County Sheriff's Office Dispatch will contact local Emergency Management Agency and the county sanitarian. Local DES calls the state DES. State DES calls the DPHHS duty officer, who calls the FCS. FCS will verify that a county sanitarian has been notified. The County Sanitarian is encouraged to call FCS directly, to save time. If after hours, the health officer can call the 24/7 DPHHS duty officer. FCS also contacts other agencies.
2. **Authority and Responsibility.** Almost always, the food products, drugs or cosmetics will be transported across county lines to interstate, making the state responsible for product control. The local health jurisdiction acts as the states authorized agent,

If the products are meat or poultry, then FCS will contact USDA and/or MDOL. As directed by USDA, products will be moved to the nearest inspected facility.

The responsible person/entity is obligated to control their products. Shipping contacts will contain this information (examples are shipping companies, receivers, haulers ort drivers). The wrecker service usually takes over traffic control responsibility when law enforcement leaves the scene.

The sanitarian should take steps to track the products and prevent pilferage. Official seals can be attached to containers if measures are needed to stop illegal salvaging or the load required an inspection upon destination arrival (Note: seals are available from FCS or law enforcement). This allows DPHHS to follow-up with the disposition of the sealed load in the receiving jurisdiction.

3. **Documentation.** Collect information as indicated on the "Truck Wreck Report" form (attached). This is easiest to obtain from the responding law enforcement within the hour of the wreck. The wrecker service and responsible person usually make storage arrangements. A "Voluntary Disposal Agreement" or a "Voluntary Holding Agreement" form is completed by the sanitarian and the responsible person after an assessment of the products are made.
4. **Damage Assessment.** If damage is minimal, meaning the vehicle is not broken open, there is no obvious contamination, and there is no known benefit for a site visit, then products can be moved into a central location for observation and inspection. Pictures are very helpful in determining the extent of potential damage.
5. **Salvagability.** Salvaging requires licensing as of 2004. Currently only one (1) business is licensed; Montana Foodbank Network based in Missoula.

The products are salvageable, if **ALL** of the following are true:

- a. The load did not contain chemicals that could cause contamination;
- b. No products were exposed to dust, dirt, flies, fuels, oils, refrigerants, or other hazardous materials;
- c. Potentially hazardous foods were not above 45° for more than 2 hours;
- d. Fresh products were not wilted or frozen;
- e. Containers are not damaged;
- f. Soft plastic containers were not exposed to chemicals, fumes, or moisture;
- g. Cans are not dented along any seam or significantly dented elsewhere.

Damaged food may be suitable for animal feed, if approval is given by MT Department of Agriculture.

Disposal is necessary if the products are not salvageable or not suitable for animal feed. Often the responsibly person chooses to dispose of the products on their own accord.

6. **Completion.** Fax completed wreck report and signed voluntary disposal or holding forms to FCS at 406-444-5055