

Lincoln County
City-County Board of Health Agenda
Lincoln County Courthouse
6:00 PM, June 10, 2020

- 1. Call to Order**
 - Pledge of Allegiance
 - Roll Call
- 2. Approval of Minutes**
 - 5/13/2020
 - Emergency meetings (May 28, June 1)
- 3. New Business**
 - Variance Request -South Side Casino septic service installation
- 4. Program Reports:**
 - **Public Health**
 - COVID-19
 - Pandemic Flu Response Plan
 - Zero to Five
 - **Environmental Health**
 - **Solid Waste and Recycling**
 - **Asbestos Resource Program**
 - O&M Update
- 5. Focus Area Liaisons:**
 - **Superfund Sites**
 - Asbestos Site: LASOC Meeting Summary
 - Groundwater Site:
- 6. City Representative Reports**
- 7. Health Officer Report**
- 8. Old Business**
- 9. Public comment**
- 10. Adjourn**

If you prefer to attend this meeting remotely on Zoom or conference call.

To join the Zoom meeting:

<https://zoom.us/j/9984346152>

Meeting ID: 998 434 6152

For audio conferencing dial:

(253) 215-8782 or (669) 900-9128 or (346) 248-7799 or (312) 626-6799

Meeting ID: 998 434 6152

05.13.2020 BOH Meeting Minutes
6:00 PM EOC Meeting Room

Board Members Present: Laura Crismore (via phone), Sara Mertes (via phone), Jan Ivers, Deb Armstrong (via phone), Mark Peck (via phone), Maggie Anderson (via phone)
Board Members Absent: George Jamison
LCHD Staff: Kathi Hooper, Jennifer McCully, Toya Laveway, Jake Mertes (via phone), Dr. Black, Jinnifer Mariman (via phone), Dustin Webb, Trista Gilmore (via phone)
ARP Staff: Virginia Kocieda (via phone)
Public: Cora Gilmore (via phone), Ray Stout (via phone), Danielle Nason (via phone)

Agenda:	Discussion:	Action Item:
1. Call to order	Called to order at 6:02 PM by Jan Ivers.	
2. Approval of Minutes	April minutes approval: Sara Mertes made a motion to approve the March minutes, Laura Crismore seconded. Motion passed unanimously.	
3. New Business	<p>Variance Request- Glen Lake Tracts: Jake Mertes explained residents are wanting to put an advanced septic on their property. They are having trouble meeting the setback distance. Residence request a variance setback to a right-of-way that no-one can authorize because it is public. They need 10 feet from the easement from the flood plane to the drain field; a setback to the County right-of-way and the flood plane to Glen Lake. There appear to be no negative effects if the variance is granted.</p> <ul style="list-style-type: none"> • Laura Crismore asked when the flood plane was first set. Jake answered it was originally delineated in 1980 with an aerial flyer over and estimate. • Laura motioned to grant residents the variance. Sara Mertes seconded the motion. Motion passed unanimously. 	
4. Program Reports: Public Health	<p>2019-nCoV (2019 Novel Coronavirus):</p> <ul style="list-style-type: none"> • Jennifer McCully updated the Board on the 2019-nCoV or 2019 Novel Coronavirus. There are currently 462 cases in Montana, 7 cases in Lincoln County. The last positive in the county was April 5. Call line is still going strong 8-5. There are a lot of questions regarding reopening and quarantine. • Dustin sent out a checklist for gyms similar to the restaurant checklist. They will review and initial, sending back as confirmation of understanding. 	

<p>Environmental Health</p>	<p>Management burns approval process: The burn season this year was 35 days- the month of April with extension of 5 days into May. 836 residential burn permits were issued, 8 management burn approvals, 2 at the landfill, and 2 violations issued. Overall air quality was good. There were a couple of issues with management burns close to neighboring properties. Next year would like to give neighbors notice so there are no surprises when the burns are close to their properties.</p>
<p>Solid Waste and Recycling ARP</p>	<p>No update</p> <p>O&M Update: Virginia stated Operations of Maintenance is still postponed because of COVID, there is still nothing official to report. Cooperative agreement set to end with EPA and DEQ, then a MOA to fund County ARP.</p> <p>8 bids were sent out for County abatement, receiving 4 back. Will begin the first week of June. Another structure is leaking and set to be demolished. Working with County Commissioners on details as far as managing that demo.</p> <p>All files used and saved have been transferred to external drives and are available at the Libby and Troy libraries. They are now available online as well. A link has been added on the Facebook page.</p>
<p>5. Focus Area Liaisons</p>	<p>Asbestos Site</p> <ul style="list-style-type: none"> ▪ LASOC Meeting – May 26, 4:00-6:00 PM: Virginia reported this meeting will be a Zoom meeting in place of March’s cancelled meeting. ▪ O&M Plan Document Final Document link is on the Health Department site. ▪ ICIAP has been finalized and posted. ▪ Property owner role in O&M: Virginia reported the County is opposed to placing the burden of abatement upon property owners. It has been indicated to DEQ that the County will act on behalf of property owners. Working on getting that into place. <p>Groundwater Site: No update</p>

<p>6. City Representative Reports</p>	<p>No update</p>	
<p>7. Health Officer Report</p>	<p>Dr. Black reiterated the importance of keeping testing available to county residents.</p>	
<p>8. Old Business</p>	<p>The Shed variance request: In February, the owner of the SHED asked for a variance on their wood burning pizza oven and fireplace. A letter was sent to the owner explaining what needed to be done. As of today, the health department had not gotten the required information. Kathi reiterated that there may be a device that could be installed to help with emissions as Libby is one of the only places that has a PM2.5 issue due to geography and weather patterns.</p> <ul style="list-style-type: none"> ▪ Cora Gilmore, SHED owner, stated that she had done research. She can pay Rick's Rental to come and clean the chimney, but a catalytic converter would be around \$6,000. With business being shut down or at minimal operations, that kind of expenditure is too high at this time. Cora will have Chad and Rick do measurements so she can see what kind of inserts are possible. She had been under the understanding that the pizza oven had already been approved. It would cost \$4,000-\$12,000 to do a propane fireplace insert which wouldn't give the ambiance that customers enjoy at the SHED while dining and is unique to her business. ▪ Laura asked they can get the data requested to at least get an idea of emissions. Cora stated the fireplace hasn't been used since the beginning of March. Maggie asked if there is any way to get the testing done now- to light a fire and see what kind of particles are in the air initially? Cora stated she can do that but would like to get the chimney cleaned first. She asked if a date and time can be set up to get that done. She can contact Dustin to get that scheduled. ▪ Cora inquired if the business were to sell, would the variance be carried over to a new owner? Kathi replied that a new plan review begins with each new owner but will look into it. Jake stated that with homeowner changeover, the variance is for the owner, not the fireplace. He suggested being consistent here as well. <p>Panoramic View update: Kathi gave background on the Panoramic View Dust Abatement. She had typed up a draft order, shared with Board members, and sent out with changes. They have 5 days from receipt of order to request a BOH meeting. BOH has 45 days to schedule. Stimson Lumber Company is included, as they own part of the road.</p> <ul style="list-style-type: none"> ▪ Danielle stated owners of property got together and a Kalispell Company is scheduled to come oil within the subdivision. She asked if it would be enough if owners did this 	

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 6:00 PM EOC Meeting Room

	<p>annually. Kathi responded that the order included the access road so this would not be sufficient. Mark stated he will talk to Jerry Bennett. The County may be able to grab the road boss and see which parts are necessary to oil. Mark asked Danielle to email him so they can start a line of communication. Danielle replied that property owners want to do what is right for those affected by dust, but in a way financially possible for homeowners.</p> <ul style="list-style-type: none"> ▪ The proposed abatement order was tabled 	
9. Public Comment	No comments	
10. Adjournment	<p>Mark made the motion to adjourn, Laura seconded. Motion passed unanimously. Meeting adjourned at 7:35 PM Next meeting June 10 at 6:00 PM</p>	

Chair, Board of Health _____ Secretary, Board of Health _____ Date _____

Lincoln County
City-County Board of Health Agenda
Emergency Meeting
4:00 PM, May 28, 2020
EOC Meeting Room

1. Call to Order

2. Pledge of Allegiance

3. Roll Call

Attendance: Jan Ivers, George Jamison (via phone), Sara Mertes (via phone), Laura Crismore (via phone), Mark Peck (via phone)

4. Covid-19 Update

- Jenn reports 485 confirmed cases in Montana, 4 new Montana cases. 7 cases have been throughout Lincoln County, with 1 Lincoln County death. No new cases here in the county since April 5.

5. Health Officer Order

- Kathi presented a hard copy of local Health Officer Order draft. A copy was sent previously to Board members via email for review. This draft order mirrors the Governor's orders for phase 2. The current phase 1 order expires May 31. Phase 2 increases the number of people at a table from 6 to 10, capacity from 50% to 75%, and groups can increase to 50. Events larger than 50 should cancel or contact the Health Department.
- Moving into phase 2, the Health Department will focus on education and contact tracing.

6. Health Officer Update

- Dr. Black expresses concern with group sizes increasing.
- Targeted surveillance testing continues. Insurance information is going to be needed at time of testing again, so there may be a cost deterrent.
- CARD continues to collaborate with the local Health Department on continuation of testing for at least another year
- George asks for clarification on the necessity of the new order. He questions if any authority is given up by not having it.
 - Jinnifer explains the directives issued by the Governor hold a level of uncertainty as to how local level enforcement can be carried out. County Attorneys across the state have held meetings on how to make sure local level enforcement can occur and agreed that local orders are the best option.
 - Mark would like the order revised, as there are a lot of 'whereas' statements. He received the draft order an hour before the meeting and feels more time is needed to revise and then approve later.
 - Kathi will revise the draft, sending it out to Marcia and Jinnifer to review. It will be posted on the Health Department site for public comment by 4 pm

Monday. The EOC will be closing this Friday, so meetings will resume in the Commissioner's office Monday, where the final draft can be voted on.

7. Public comment

- None at this time.

8. Adjourn

Next meeting on Monday, June 1st at 4 pm. Sara makes the motion to adjourn, Laura seconds. All in favor. Meeting adjourned at 4:42 pm.

Lincoln County
City-County Board of Health Agenda
Emergency Meeting
4:00 PM, June 1, 2020
Courtroom

1. Call to Order

2. Pledge of Allegiance

3. Roll Call

Attendance: Jan Ivers, Sara Mertes (via phone), Laura Crismore (via phone), Mark Peck, Maggie Anderson (via phone)

4. Health Department Update

- Kathi reports the COVID Information Line has moved back to the Health Department from the EOC. It is going to be Monday through Friday 8 am to 5 pm. Testing has been changed to 2 days per week, Monday and Thursday at 1:00 pm.

5. Health Officer Update

- Dr. Black emphasizes the importance of the Health Officer Order being approved; it will provide the Health Officer the ability to enforce the Governor's directive.

6. Health Officer Order

- Health Officer order was revised and reviewed by 2 attorneys. Jan asks for comments, questions, or motion to approve.
 - Laura motions to approve Health Officer Order, Sara seconds the motion. Motion passes unanimously.

7. Public comment

- None at this time.

8. Adjourn

Mark makes the motion to adjourn, Laura seconds. Motion passes unanimously. Meeting adjourned at 4:06 pm. Next meeting on Wednesday, June 10th at 6 pm in the Commissioner's Office.

Pandemic Influenza Plan Review Checklist

Jurisdiction: Lincoln County Plan Reviewer: T Laveway

Date the plan was written: 2016

Date of Review: June 2020

Note: These are some of the common elements found in basic plans plus elements specific to pan flu. Some items listed here might not be appropriate for your plan or situation. Plans should fit the community in which they were developed.

Element	Yes	No	Needs to be created or updated		Target date for creation or update
			Yes	No	
Approval Signature Page (Jurisdictional authority approving the plan)	X			X	
Record of Changes	X			X	
Record of Distribution	X			X	
Table of Contents	X			X	
Purpose Statement	X			X	
Scope (States the limits to which the plan can be implemented)	X			X	
Situation (Describes what impact widespread influenza would have on your county or tribe)	X			X	
Planning Assumptions (Lists what must be in place or exist in order for the plan to be used)	X			X	
Roles & Responsibilities (Describes emergency responsibilities of the local Public Health Board, public health officials, lead PH officer or Tribal Chairs, and Tribal Health Directors, and other emergency response partners)	X			X	
Concept of Operations (1. The steps or processes to implementing the functions for a Pan Flu response; 2. Includes strategies for implementing the plan; 3. Often includes a statement acknowledging the adoption of the National Incident Management System (NIMS) and the policies on training for personnel to ensure compliance with NIMS requirements)	X			X	
Risk Communications (Public information procedures; could exist as another plan and only need reference in the Pan Flu plan)		X	X		June 2021
Tactical Communications (How information can be sent and received during a pan flu event; could exist as another plan and only need reference in the Pan Flu plan)		X	X		June 2021
Plan Review and Maintenance (How and when is the plan reviewed. Usually includes a statement about exercise and training of the plan)	X			X	

Optional Elements for a Pandemic Influenza Plan			Needs to be created or updated		Target date for creation or update
	Yes	No	Yes	No	
Mass Care elements specific to public health <i>(Shelter health, temporary clinic, provisions for mental health, etc.)</i>	X			X	
Appropriate Memos of Understanding (MOU) or Agreement (MOA)	X			x	
Mass Fatality responsibilities		X	X		June 2021
Resource providers or request procedures		X		X	
A list of references pertinent to the plan		X		X	

Lincoln County
Pandemic Influenza Response Plan
June 2020

This document contains the plans and protocols regarding pandemic influenza outbreak. 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 Pandemic Influenza Response Plan

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

Signature

Date

Dr. Brad Black, MD
Health Officer

Signature

Date

Janet Ivers, Chair
Board of Health

Signature

Date

Kathi Hooper, Director
Health Department

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
1/2016	Total re-write		
6/2019	Update to LCHD roles and responsibilities		

Record of Distribution

Plan Holder Name	Agency/Department	Form of Plan	Distribution Date

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Introduction: Severe influenza pandemics represent one of the greatest potential threats to the public's health. Pandemics are distinct from seasonal influenza epidemics that happen nearly every year. Seasonal influenza epidemics are caused by influenza viruses that circulate around the world. Over time, people develop some degree of immunity to these viruses and vaccines are developed annually to protect people from serious illness. Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus. A pandemic virus strain can spread rapidly from person to person and, if severe, can cause high levels of disease and death around the world. Additionally new vaccines must be developed and therefore are not likely to be available for months, during which time many people could become infected and seriously ill.

Purpose: The Lincoln County Pandemic Influenza Response Plan provides guidance to the health and medical community and other partners in health regarding detection, response and recovery from an influenza pandemic. This is a function specific plan that addresses pandemic influenza outbreak or the threat of outbreak and supports Lincoln County's comprehensive emergency plans. The plan is prepared with the knowledge that situations will arise that is more or less significant than planned for. Some situations may be unexpected and are not address in this plan.

This plan strives to:

- Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe the coordination, roles and decision making structure that will incorporate Lincoln County Public Health, the health care system in Lincoln County, other local agencies and state and federal agencies during a pandemic.
- During an influenza pandemic, LCHD and local partners in health will use the plan to achieve the following goals:
 - Limit the number of illnesses and deaths
 - Immunize and/or treat as many individuals as possible
 - Preserve continuity of essential government functions
 - Minimize social disruption and economic losses
- The plan will be coordinated with the Lincoln County Emergency Preparedness plans and activities and will be coordinated with the plans of state and federal partners.
- Address the unique challenges posed by a pandemic that may necessitate specific leadership decisions and response actions.

Scope & Authority: This Pandemic Influenza Response Plan is limited in scope to events that affect or potentially affect public health. This plan also contains activities that will be conducted during non-emergency phases. The implementation and responsibility of activation of the response portion of this plan is the Health Department Director, Health Officer, Board of Health or appointed designee(s) of these listed individuals and entities.

Pandemic Influenza

There are several characteristics of a pandemic influenza that differentiates it from other public health emergencies.

- It has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the health care system throughout the nation.
- A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce.
- It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus.
- Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation and utilities, could be disrupted during a pandemic.
- Finally, the pandemic, unlike many other emergency events, could last for several weeks, if not months.

Planning Assumptions

- An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
- There will be a need for heightened global, national and local surveillance.
- Lincoln County will not be able to rely on local mutual aid resources. State or federal assistance to support local response efforts may be limited.
- Antiviral medications will be in short supply. Local supplies of antiviral medications may be prioritized by the Health Officer for use in hospitalized influenza patients, health care workers providing care for patients and other priority groups based on current national guidelines.
- A vaccine for the pandemic influenza strain will likely not be available for six to eight months following the emergence of a novel virus.
- As vaccine becomes available, it will be distributed and administered by LCHD based on current national guidelines.
- Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing strategies and public education to control the spread of the disease in the county.
- The number of ill people requiring outpatient medical care and hospitalization could overwhelm the local health care system.
- Hospitals and clinics will have to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems.
- The local health care system may have to respond to increased demands for service while the medical workforce experiences 25-35% absenteeism due to illness.
- Demand for inpatient beds and assisted ventilators will increase by 25% or more and prioritization criteria for access to limited services and resources may be needed.

- Emergency Medical Service responders will face extremely high call volumes for several weeks and may face 25-35% reduction in available staff.
- The number of fatalities experienced during the first few weeks of a pandemic could overwhelm the resources of Medical Examiner's Office, hospital morgues and funeral homes.
- The demand for home care and social services will increase dramatically.
- There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, agriculture and communications.
- Social distancing strategies aimed at reducing the spread of infections such as closing schools, community centers and other public gathering points or cancelling public events may be implemented during a pandemic.
- Some persons will be unable or unwilling to comply with isolation directives. For others, social distancing strategies may be less feasible (for example, homeless populations who live in congregate settings). It will be important to develop and disseminate strategies for infection control appropriate for these environments and populations.
- The general public, health care system, response agencies and elected leaders will need continuous updates on the status of the pandemic outbreak, impacts on critical services, the steps LCPH is taking to address the incident and steps response partners and the public can take to protect themselves.

Roles and Responsibilities

Under the Montana Department of Health and Human Services (DPHHS) Emergency Operations Plan (EOP) Annex M, state authorities outline local, state, and federal health jurisdictions' responsibilities in a pandemic influenza event. The following table describes specific responsibilities and roles of LCHD employees during a pandemic influenza event.

Lincoln County Health Department

- Promote vaccination for disease prevention and conduct seasonal influenza vaccination clinics
- Conduct active surveillance for communicable disease with key surveillance partners
- Provide educational resources to community members
- Coordinate planning with other community partners monitor influenza levels in the community as directed by DPHHS's influenza reporting rules
- Educate the public, health care system partners, response partners, businesses, community-based organizations and elected leaders about influenza pandemics, expected impacts and consequences and preventive measures.
- Partner with local clinics and labs to quantify suspected and confirmed flu cases
- Monitor Health Alert Network (HAN) and CDC news releases for messages regarding influenza activity that identifies location, strains detected, and if any circulating strains are showing resistance to antivirals
- Communicate CDC and DPHHS surveillance findings and recommendations with key surveillance partners

- Work with local media members to disseminate infection control materials (cough etiquette, hand washing) to community members
- Review pandemic plans with local emergency response and healthcare partners to identify a situation-specific plan of action
- Depending on severity, work with local government officials and administration of care facilities to consider closures of schools, restricting visitation to residents or patients of care facilities, cancelling large community events, and other social distancing techniques
- Should civil unrest occur, work with local law enforcement regarding security of key infrastructure and educational campaigns for the populace
- Should the community's need for resources exceed local capabilities, PHEP funds may be used to a certain degree to acquire resources when in communication with DPHHS
- Should the community's need for resources greatly exceed local capabilities, contact Montana State level PHEP employees to request Strategic National Stockpile resources as directed in the LCHD EMC Plan

Responsibilities of other Entities in Lincoln County:

Lincoln County Health Officer

- In order to carry out the purpose of the public health system, in collaboration with federal, state, and local partners, local health officers or their authorized representatives shall take steps to limit contact between people in order to protect the public health from imminent threats, including but not limited to ordering the closure of buildings or facilities where people congregate and canceling events per MCA rule 50-2-118

Lincoln County City-County Board Of Health

- In order to carry out the purposes of the public health system, in collaboration with federal, state, and local partners, each local board of health shall adopt regulations that do not conflict with MCA 50-50-126 or rules adopted by the department for the control of communicable diseases

Healthcare Partners

- Participate in an organized response plan facilitated by LCHD to maximize the health care system's ability to provide medical care during a pandemic.
- Essential functions this group will address:
 - Direction and control – coordinate with the LCHD
 - Surveillance and detection – coordination with Lincoln County Communicable Disease Coordinator to develop enhanced local influenza surveillance activities.
 - Worker safety and infection control – share information with LCHD to enhance infection control plans to triage and isolate infections patients and protect staff.

- Triage and patient care – Share response plans that address medical surge capacity to sustain the health care delivery capabilities when routine systems are overwhelmed.
- Continuity of operations – develop approaches on how healthcare providers can continue to operate with reduced work force due to illness.

Schools

- The local school superintendents will appoint a representative to sit on the Emergency Operations group. Schools may be closed for an extended period in response to a developing pandemic.
- School nurses represent a possible source of medical resource for surge during a pandemic.

Managers of Critical Infrastructure and Key Resources

- Critical resources include water purification facilities, waste disposal facilities, sewage plants and public safety facilities could be jeopardized.
- Managers of critical infrastructure and key resources should plan for staff shortages approaching 50 percent and assure that supply chains are as robust as possible.
- Key resources include financial and banking services and food and grocery suppliers. Managers of key resources should be sure that emergency plans support operations with a diminished work force and interrupted supply chains.

Medical Examiner's/Coroner's Office

- Lead mass fatality planning and response efforts.
- Coordinate with and support hospital regarding mass fatalities planning and response.
- Incorporate funeral home directors into planning efforts for pandemic response.
- Coordinate planning and development of victim assistance centers.

Concept of Operations

General Concepts:

- LCHD and all response partners will operate under the Incident Command System (ICS) as further defined by the Lincoln County Response Plan throughout the duration of the pandemic response.
- Activation of the Pandemic Influenza Response Plan will be made by the Health Officer in consultation with PHEP Coordinator and the City-County Board of Health for Lincoln County based on the WHO Pandemic Influenza Phases.
- Response actions will emphasize the spread of infection and provide frequent communication and education to the public about the pandemic, the public health response and steps the public can take to reduce the risks of infection.

Direction and Control: LCHD is the lead agency in coordinating the local health and medical response to a pandemic with local, state and federal agencies and officials. During Pandemic Phase, LCHD will activate an ICS and incident command post to coordinate the county-wide public health and medical response during a pandemic. These activities are provided in depth in Lincoln County's Emergency Operation Plans.

Vaccine and Antiviral Mediations: Vaccine serves as the most effective preventative strategy against outbreaks of influenza, including pandemics. However, dissemination of an effective influenza vaccine during a pandemic faces several challenges:

- A pandemic strain could be detected at any time and production of a vaccine could take six to eight months after the virus first emerges.
- The target population for vaccination will ultimately include the entire United States population.
- It is expected that demand for vaccine will initially outstrip supply and administration of limited vaccine will need to be prioritized based on national guidelines and in consultation with the MT DPHHS.
- Antiviral medications may be useful for controlling and preventing influenza prior to the availability of vaccines, however, there is a limited supply of antiviral drugs effective against pandemic strains.

Non-Pharmaceutical Interventions: For more detail see Lincoln County Health Department's Non-Pharmaceutical Intervention Plan

Isolation and Quarantine:

- During all phases of a pandemic, person's ill with influenza will be directed to remain in isolation in health care settings or at home, to the extent possible.
- Hospitals will implement isolation protocols for all patients suspected of being infected with pandemic influenza.
- Once person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases will be of limited value in preventing further spread of the disease.
- Quarantine of contacts of influenza cases may be beneficial during the earliest phases of a pandemic and in response to an influenza virus that has not achieved the ability to spread easily from person-to-person.

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.
- 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.
- 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.

Public Health Services: During a pandemic, LCHD may suspend routine department operations to provide staff for flu clinics, triage centers and telephone triage services. The health officer or Public Health Manager will assess the need to reprioritize department functions and will direct the mobilization of staff to meet emerging needs of the pandemic.

Recovery: Recovery from an influenza pandemic will begin when it is determined that adequate supplies, resources and response system capacity exists to manage ongoing activities without continued assistance from pandemic response systems.

- In consultation with the healthcare providers and local elected leaders, the health officer will recommend specific actions to be taken to return the health care system and government functions to pre-event status.
- LCHD will assess the impact of the pandemic on the community's health as measured by morbidity and mortality and report findings to all response partners.
- Preparedness program will conduct an after action evaluation of the pandemic response. The evaluation will include recommendations for amendments to this plan.