

Lincoln County
City-County Board of Health Agenda
Lincoln County Courthouse
6:00 PM, March 12, 2024

- **Call to Order**
 - Pledge of Allegiance
 - Roll Call
- **Administrative Items**
 - Discussion of By-laws
 - HB 890 – Recording of Meetings
 - Meeting Frequency
- **Public Comment on Items Not on Agenda**
- **Public Comment on Non-Action Agenda Items**
- **Approval of Minutes**
 - *Action Item:* Approval of 1/9/24 minutes
- **Unfinished Business**
- **New Business**
 - *Action Item:* Tony Berget Variance Request
 - Health Department Annual Report
 - PHEP Plan Reports
 - *Action Item:* Sample Transport Plan Checklist Signature
 - *Action Item:* Rabies Policy Signature
- **Program Reports:**
 - **Public Health**
 - **Environmental Health**
 - Air Quality – Revised Annual PM 2.5 Standard
 - **Solid Waste and Recycling**
 - Annual Report
 - Eureka Landfill
 - Expansion Update
- **General Comments from Board Members**
- **Adjourn**

Zoom meeting ID: 998 434 6152

For audio conferencing dial (253) 215-8782 or (669) 900-9128, meeting ID: 998 434 6152

MISSION STATEMENT

The City-County Board of Health for Lincoln County works to prevent disease and illness, ensures a healthy environment and promotes healthy choices by setting county-wide policies to protect the health of Lincoln County residents.

PUBLIC COMMENT

The Board encourages public comment and time is designated for public comment on every agenda. Public comment on non-action agenda items and non-agenda items is welcomed during the general public comment period. Action items will include public comment as follows:

- Presentation of the action item
- Board motion and second
- Board discussion
- **Public comment**
- Additional Board discussion
- Board vote

GROUND RULES

1. Plan comments to be concise, relevant, and meaningful.
2. Keep questions and comments respectful in content and tone.
3. Submit lengthy, detailed comments or supporting documentation in writing
4. Address the problem not the person.
5. Be prepared by reviewing the agenda and pertinent information.
6. Listen with an open mind.
7. Focus on the mission statement.
8. Encourage participation of all board members and attendees.
9. Public participation according to Operating Procedure #2:
 - Participants 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 audibly.
 - Persons wishing to speak, including Board members, shall first be recognized by the Chair. One speaker shall be given the floor at a time and may not re-enter the discussion without being given recognition by the Chair.
 - Verbal comments will be limited to 3 minutes per individual or as time permits.
10. Participants ask the chair for permission to speak. Participants are to give their full name and topic.
11. Questions or remarks shall be addressed to the board as a body and not to any member of the board or staff without permission from the chair.
12. If a remark has been made, the attendee can agree with what was previously stated. Repetition is unnecessary.

Everyone is responsible for enforcing ground rules.

Lincoln County
City-County Board of Health Minutes
Eureka- North Lincoln County Annex
6:00 PM, January 9, 2024

- **Call to Order**
 - Pledge of Allegiance
 - Roll Call
 - Patty Kincheloe, Lannie Fehlberg, Jim Seifert, Jan Ivers, Amy Fantozzi (Zoom).
- **Administrative Items**
 - *Action Item:* Board candidate recommendation
 - Josh's term expired in November but was reappointed on December 6th by the commissioners to renew his term for another three years. Diana Carvey's term expired in December and she did not reapply. Two applications were received for the position, but one was a Flathead resident which disqualified them. That left Amy Fantozzi as the only applicant. Lannie motioned to recommend Amy for the board position. Jim seconded. Patty opposed. Everyone else favored. Motion carried.
 - *Action Item:* Election of officers
 - Jim nominated Amy for chair. Jim nominated Jan for vice chair. Jim nominated Lannie for secretary. By acclamation, these will be the officers for the 2024 board of health.
- **Public Comment on Items Not on Agenda**
 - Patty said she would like to see more advertising for resources for the Trego area.
- **Public Comment on Non-Action Agenda Items**
 - None at this time.
- **Approval of Minutes**
 - *Action Item:* Approval of 10/24/23 minutes
 - Lannie motioned to approve the minutes. Patty seconded. All in favor. Motion passes.
- **Unfinished Business**
 - None at this time.
- **New Business**
 - Community Health Improvement Plan
 - Jenn McCully gave the board an overview of the Community Health Improvement Plan for the Lincoln County Health Department.

- **Program Reports:**
 - **Public Health**
 - Lincoln County Connections
 - Jenn McCully presented the Lincoln County Connections website as well as Credible Mind. Lincoln County Connections is an online resource guide that provides access to local resources and events. Credible Mind is a digital platform that provides expert-curated and scientifically backed mental health and self-care resources.
 - Zero to Five
 - Dorey Rowland went over the goals and accomplishments that Zero to Five has been able to achieve and provide for children and families of Lincoln County.
 - **Environmental Health**
 - Air Quality
 - Burning closed the second week in November. 22 management burn permits were issued and 14 of those burns were completed. Dustin is working on revamping the open burning program and will submit that to the firesafe council for their review. There is discussion with DEQ about a second non-regulatory air monitor to be located in Eureka.
 - Retail Establishment Inspections
 - Lincoln County had a record number of paid licenses totaling 300. Of those 300, 97% of inspections were completed.
 - **Solid Waste and Recycling**
 - Eureka Landfill
 - Kathi said there are some changes going to be happening at the Eureka landfill starting in February or March. The engineering, soils work, and bid process for some concrete work has begun. The Z wall will be updated and moved to help with traffic flow.
 - Expansion Update
 - Construction on the Libby Landfill expansion is expected to start this year.
- **City Representative Reports**
 - **Libby:** None at this time.
 - **Troy:** None at this time.
 - **Eureka:** None at this time.
- **Health Officer Report**
 - Dr. Black was not present for this meeting.
- **Adjourn**
 - Meeting adjourned at 7:39 p.m.



Lincoln County Health Department
418 Mineral Avenue
Libby, MT 59923
Phone: (406) 283-2442
Fax: (406) 293-5640
www.lincolnmthealth.com

Report to City-County Board of Health for Lincoln County
Re: Pandemic Influenza Response Plan
March 12, 2024

After reviewing the Pandemic Influenza Response Plan that was approved and signed by the BOH in March 2023, no updates or changes were made in Fiscal Year 2024. Significant updates were made in Fiscal Year 2023.

Thanks,

A handwritten signature in blue ink, appearing to read "Jennifer McCully", is written over a light blue circular stamp.

Jennifer McCully
Public Health Manager
PHEP Coordinator

Lincoln County Communicable Disease Response Plan

January 2023

This document contains the plans and protocols regarding the investigation, identification, and containment of illnesses caused by pathogens, radiological hazards, and toxins. 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.

Promulgation of Authorization

This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public’s health and safety in Lincoln County against communicable diseases. City-County Board of Health for Lincoln County acknowledges that Lincoln County Health Department has the responsibility and duty to execute this plan in defense of public health.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. Lincoln County Health Department, in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercise required to support this plan.

All partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the Public Health Emergency Preparedness and Response Capabilities National Standards (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.


All partners and stakeholders are responsible for advising Lincoln County Health Department of any changes in their own procedures or operations that could affect any emergency responses undertaken.

This plan is hereby approved for implementation. It supersedes all previous editions.



Signature
Amy Fantozzi, Chair
Board of Health

1-10-2023
Date



Signature
Brad Black, MD
Health Officer

1-12-2023
Date

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
1/2016	Total re-write		
3/2020	Updated active surveillance contact list and expanded active surveillance list.		
2/2022	Added paragraph about outbreaks and emergency events		
1/2023	Added promulgation of authorization. Updated active surveillance contact list.		

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Introduction

Communicable disease outbreaks, epidemic and pandemics are a threat to the public health and well-being. This plan was developed to be specific for guidelines for the prevention, mitigation and response to communicable diseases. Montana law requires the reporting of suspected communicable diseases to the local Health Department. Timely reporting of suspected disease helps public health officials to conduct follow-up on cases of significance to protect the public's health, limit further spread of disease and assure that those affected are screened and treated appropriately. This will also help identify outbreaks or emerging health concerns.

Purpose

This plan was developed to ensure communicable disease monitoring and to reduce disease-related morbidity and mortality in an effort to save lives, mitigate loss and assist in preventing further catastrophe. The role of the LCHD is to:

- Gather and report communicable disease data: As directed by Montana ARM Chapter 114, data regarding reportable illnesses in the jurisdiction to Montana Department of Health and Human Services (DPHHS) will be gathered and sent in a confidential manner
- Education: Provide accurate and comprehensive information about communicable diseases to the affected individual and provide guidance to health professionals as needed
- Delineate responsibilities to LCHD staff members: A team approach is considered the most successful manner to monitor and respond to emergency events
- Create a partnership with key surveillance partners and stakeholders: Communicate with designated key surveillance partners regarding the most effective methods of reporting and response during planning

Scope & Authority

This communicable disease 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.

Protocol

Reportable diseases and suspicious trends should be reported to the Health Department as soon as possible for investigation. Those requiring immediate reporting include: Anthrax, Botulism, Plague, Poliomyelitis, SARS-CoV disease, Smallpox, Tularemia, Viral Hemorrhagic Fevers or any unusual illness or cluster of illnesses. A list of these reportable diseases and conditions and the timelines within which they must be reported are found on Appendix A. Reportable diseases fall within HIPAA medical privacy exceptions for release of information; therefore, patient consent is not required.

Reporting Contacts

For reporting during regular hours: Monday–Friday 8:00–5:00 phone the Communicable Disease Coordinator at 406-283-2463 or fax reports to 406-283-2466.

For reporting after hours, holidays and weekends follow the 24/7 Emergency Contact System Protocol by calling the Lincoln County Sheriff's Office Dispatch. Dispatch will call the public health call down list until someone is available to take the report:

- **Health Department 24/7 contact: Lincoln County Sheriff's Department Dispatch at 406-293-4112.**

If you are unable to locate anyone locally and the report requires immediate response, please phone the Department of Public Health and Human Services (DPHHS) Communicable Disease 24/7 reporting number at 406-444-3075 and they will put you in contact with someone from CD/EPI at DPHHS.

Routine Disease Surveillance Protocol

The following protocol has been developed to ensure consistency in reporting and investigation of reportable communicable diseases. This protocol is applicable to all communicable diseases that may be reported in Lincoln County.

Disease reports may be received by LCHD by phone or confidential fax from hospitals, laboratories, physicians, the State Health Department, individuals or other health jurisdictions.

All reports will be reviewed by the Communicable Disease Coordinator, Disease Intervention Specialist or a team member within 24 hours of receipt. The team member assigned will be responsible for case investigation, implementation of control measures and follow up, and completion and submission of reporting forms.

In the event of a report of communicable disease the following steps should be taken:

1. Confirm the report of communicable disease. This may be done by contacting the laboratory or health-care provider.
2. If the report comes as a result of testing by a physician.
 - a. Contact the physician to coordinate notification of the patient, assure that the physician knows the diagnosis and has communicated that to the patient before the Health Department makes contact with the patient.
 - b. Physicians should also be encouraged to inform the patient that the Health Department may be calling to investigate communicable diseases.

3. Notify other professionals as necessary. This may include:
 - a. The Sanitarian in cases of food borne illness, rabies or when exposure is not limited to humans.
 - b. The Health Officer and/or other medical providers in cases requiring mass prophylaxis, unusual events or when large numbers of people are involved.
 - c. Veterinarians would be notified in the case of animal illness or when increased surveillance of the animal population is required.
4. If the reported illness involves a case or case contact outside of Lincoln County, fax the information to MT DPHHS at 1-800-616-7460 for referral to the appropriate jurisdiction.
5. Locate the appropriate disease specific form and interviewing tool available from the DPHHS CD/Epi. In the cases of animal bites or potential rabies exposure follow the Rabies Prevention and Control Policy and Procedure.
6. Review recommendations for treatment, isolation and communicability. The standard resource is the current American Public Health Association Control of Communicable Diseases Manual -- current edition is 21st dated 2022.
7. Initiate contact with the individual named in the report maintaining confidentiality in all contacts.
8. Conduct case investigation using the appropriate and most current guidelines. Solicit information about potential source, other contacts and treatment.
9. Educate the client about the disease and appropriate precautions including treatment, work restrictions, follow-up testing and prevention of spread of the disease.
10. Follow-up with any contacts assuring compliance with screening and treatment as appropriate. If contacts are out-of-county, report them via epass or fax to DPHHS.
11. Assure that necessary steps are taken to eliminate exposure of others to disease. This may include closure of food establishments, quarantine of animals or isolation of people. Increased surveillance may be implemented to identify additional cases. In taking these steps the Board of Health may be required to take action.
12. In the event that a communicable disease is of interest to the general public and the media assure that accurate information is given to the media and that client confidentiality is protected. Press releases and media contact are the responsibility of the Public Information Officer in consultation with the Lead Local Public Health Official, Health Officer or Board of Health.

13. Cases will be reported to MT DPHHS within 7 days or within the time guidelines for that specific disease.
14. For most reportable communicable diseases, data entry is required through Montana Infectious Disease Information System (MIDIS) to complete case reports. Those diseases requiring paper forms may be faxed via the MT DPHHS confidential fax line 1-800-616-7460. *Email is not an acceptable method of disease reporting.*
15. Conduct ongoing surveillance and case investigation until all cases have resolved and potential incubation periods have expired.
16. Highly active surveillance will be utilized to solicit case reports throughout an outbreak or as long as the potential remains utilizing the active surveillance contact list.

During outbreaks, emergency events or a surge in cases, prioritization of cases may have to occur. The prioritized individuals will be those at highest risk of severe disease and congregate settings (schools, long term care facilities, corrections, group homes, etc.). During these events, staff may be pulled from other health department duties and trained in proper case investigation and contact tracing.

Active Surveillance Protocol

The following active surveillance contact list is utilized by the Communicable Disease Coordinator to conduct ongoing surveillance on a weekly basis. This is not an exhaustive list of providers or surveillance partners.

In the event of an outbreak or public health emergency the following expanded contact list would be contacted on a daily or more frequent basis to elicit case reports and assure ongoing reporting. Providers would be contacted by phone and/or fax as appropriate.

In the event of a mass outbreak or public health emergency all providers in Lincoln County would be notified of events however the following people have been designated as key contacts and are responsible for dissemination of information within their facilities.

Active surveillance contact list:

Name	Title	Phone	Email	Cell Phone
Quinn Nordwick	CPMC Lab	406-283-7090	qnord@cabinetpeaks.org	
Lacey Poirier	CPMC Infection Control	406-283-7059	lacpoi@cabinetpeaks.org	
Emily Gary	Libby Clinic Nurse	406-293-8711	emilygary25@yahoo.com	

Allison Mischenko	CHC Nurse	406-283-6912	allison.mischenko@northwestchc.org	
Krystal Fleenor	Eureka Health Nurse	406-297-3145	kfleenor@logan.org	

Expanded active surveillance contacts:

Name	Title	Phone	Email	Cell Phone
Sarah Soete	Libby Care Center Nurse	406-293-6285	ssoete@cascadiahc.com	
Dan Demmerly	Mountain View Manor Administrator	406-297-2541	ddemmerly@good-sam.com	
Joel Graves	Superintendent, Eureka School District	406-297-5650	jgraves@teameureka.net	
Ron Goodman	Superintendent, Libby School District	406-293-8811	goodmanrw@libbyschools.org	
Jacob Francom	Superintendent, Troy School District	406-295-4606	jfrancom@troyk12.org	

Appendix A

Communicable Disease Reporting in Montana

Immediately report suspected or confirmed cases to your local health department
If your Local Public Health Jurisdiction is unavailable – Call 406-444-6273 (available 24/7)

All reportable diseases listed below whether suspected or confirmed, or any unusual incident of unexplained illness or death in a human or animal with potential human health implications must be reported immediately to your local health jurisdiction as required by the Administrative Rules of Montana (ARM 37.114.203)

Acquired Immune Deficiency Syndrome (AIDS)	Lyme disease
Anaplasmosis	Lymphogranuloma venereum
Anthrax ^①	Malaria
Arboviral diseases, neuroinvasive and non-neuroinvasive ^① (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, St. Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)	Measles (rubeola) ^①
Arsenic poisoning (urine levels ≥ 70 micrograms/liter total Arsenic, or ≥ 35 micrograms/liter methylated plus inorganic arsenic)	Meningococcal disease (<i>Neisseria meningitidis</i>) ^①
Babesiosis	Mercury poisoning (urine level ≥ 200 micrograms/liter or urine level ≥ 20 micrograms/liter elemental mercury/gram of creatinine or blood level ≥ 10 micrograms/liter elemental, organic, and inorganic mercury)
Botulism (infant, foodborne, other, and wound) ^①	Mumps
Brucellosis ^①	Pertussis
Cadmium poisoning (blood level ≥ 5 micrograms/liter or urine level ≥ 3 micrograms/liter)	Plague (<i>Yersinia pestis</i>) ^①
Campylobacteriosis	Poliomyelitis ^①
<i>Candida auris</i> ^①	Psittacosis
Chancroid	Q Fever (<i>Coxiella burnetii</i>), acute and chronic
<i>Chlamydia trachomatis</i> infection	Rabies, human ^① and animal (including exposure to a human by a species susceptible to rabies infection)
Coccidioidomycosis	Rubella, including congenital ^①
Colorado tick fever	Salmonellosis (including <i>Salmonella</i> Typhi and Paratyphi) ^①
Cryptosporidiosis	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease ^①
Cyclosporiasis	Shigellosis ^①
Dengue virus infection	Smallpox ^①
Diphtheria ^①	Spotted fever rickettsiosis
Ehrlichiosis	<i>Streptococcus pneumoniae</i> , invasive disease
<i>Escherichia coli</i> , Shiga-toxin producing (STEC) ^①	Streptococcal toxic shock syndrome (STSS)
Gastroenteritis outbreak	Syphilis
Giardiasis	Tetanus
Gonorrheal infection	Tickborne relapsing fever
Granuloma Inguinale	Toxic shock syndrome, non-streptococcal (TSS)
<i>Haemophilus influenzae</i> , invasive disease ^①	Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
Hansen's disease (leprosy)	Trichinellosis (Trichinosis) ^①
Hantavirus pulmonary syndrome/infection ^①	Tuberculosis ^① (including latent tuberculosis infection)
Hemolytic Uremic Syndrome, post-diarrheal	Tularemia ^①
Hepatitis A, acute	Varicella (chickenpox)
Hepatitis B, acute, chronic, perinatal	<i>Vibrio cholerae</i> infection (Cholera) ^①
Hepatitis C, acute, chronic,	Vibriosis ^①
Human Immunodeficiency Virus (HIV)	Viral hemorrhagic fevers
Influenza (including hospitalizations and deaths) ^①	Yellow fever
Lead Poisoning (blood levels ≥ 5 micrograms/deciliter)	Outbreak in an institutional or congregate setting
Legionellosis	
Leptospirosis	
Listeriosis ^①	

^①A specimen must be sent to the Montana Public Health Laboratory for confirmation. Additional specimens may be requested by CDEPI.

Lincoln County
Pandemic Influenza Response Plan
March 2023

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.

The Pandemic and All-Hazards Preparedness Act (PAHPA), Public Law No. 109-417, was passed by the US Congress in 2006, then reauthorized (PAHPRA) Public Law No. 113-5 In 2013. These acts allow the US Department of Health and Human Services to advance national health security through several program areas, including the National Health Security Strategy, funding public health emergency preparedness and response, hospital preparedness, providing for stockpiling medical countermeasures, plus more.

PAHPRA continued the authorization for funding public health to the states and territories. To receive the funding, states must follow the aspects of the cooperative agreement and comply with the required tasks set forth each year by the CDC. Montana has chosen to disburse a portion of this grant funding to local and tribal jurisdictions, but it must be done through contract (via the task order agreement with Montana Department of Public Health and Human Services). Because the funds are federally based, any recipient or sub-recipient must comply with the originating Act.

Promulgation of Authorization

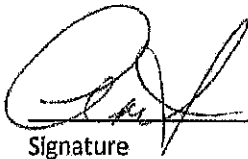
This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public's health and safety in Lincoln County against pandemic influenza. City-County Board of Health for Lincoln County (BOH) acknowledges that BOH, Lincoln County Health Officer and Lincoln County Health Department (LCHD) have the responsibility and duty to execute this plan in defense of public health.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. LCHD, in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercise required to support this plan.

Partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the Public Health emergency Preparedness and Response Capabilities National Standards (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.

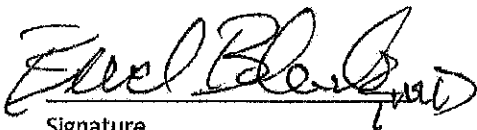
All partners and stakeholders are responsible for advising LCHD of any changes in their own procedures or operations that could affect any emergency responses undertaken.

This plan is hereby approved for implementation. It supersedes all previous editions.



Signature
Amy Fantozzi, Chair
Board of Health

3-14-23
Date



Signature
Brad Black, MD
Health Officer

3/14/23
Date

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
1/2016	Total re-write		
6/2019	Update to LCHD roles and responsibilities		
6/2020	Annual Review		
6/2022	Update roles and responsibilities		
1/2023	Added Promulgation of Authorization, added sections: public information, surveillance, resource providers, other prevention strategies and plan maintenance		

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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 or treatments may 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 may arise that are more or less significant than planned. Some situations may be unexpected and may not be addressed 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 Health Department, the health care system in Lincoln County, other local agencies and state and federal agencies during a pandemic.
- Achieve the following goals:
 - Limit the number of illnesses and deaths
 - Minimize social disruption and economic losses
 - Immunize and/or treat as many individuals as possible
 - Preserve continuity of essential government functions
- Coordinate with the Lincoln County Emergency Preparedness plans and activities and 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 plan is limited in scope to events that affect or potentially affect public health. This plan also contains activities that may be conducted during non-emergency phases. The responsibility for activation and implementation 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.

Situation

There are several characteristics that differentiate a pandemic influenza from other public health emergencies.

- It has the potential to suddenly cause illness in a very large number of people and 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 may 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 may not be able to rely on local mutual aid resources. State or federal assistance to support local response efforts may be limited.
- Antiviral medications may 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 and local community need.
- 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 and local community need.
- Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on nonpharmaceutical interventions 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 may 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 increased absenteeism due to illness.
- Demand for inpatient beds and ventilators may increase and prioritization criteria for access to limited services and resources may be needed.

- Emergency Medical Service responders may face extremely high call volumes for several weeks and may face 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 may 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 based on local community need.
- Some persons will be unable or unwilling to comply with isolation directives. For others, social distancing strategies may be less feasible (for example, 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 LCHD 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 describes specific responsibilities and roles of LCHD during a pandemic influenza event.

Lincoln County Health Department

- Promote routine vaccination and conduct seasonal influenza vaccination clinics.
- Conduct active surveillance for communicable disease with key surveillance partners
- Provide educational resources to community members including promoting disease prevention and healthy lifestyles.
- Coordinate planning with other community partners to monitor influenza levels in the community as directed by DPHHS's influenza reporting rules.
- Educate the health care system partners, response partners, businesses, community-based organizations and elected leaders about influenza pandemics, expected impacts and consequences and preventive measures including nonpharmaceutical interventions.
- 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 education materials 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 (for example: for traffic control)
- 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.
- Utilize Crisis and Risk Communication Plan for public information procedures.

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's health from imminent threats, including but not limited to ordering the closure of buildings or facilities where people congregate and canceling events per MCA 50-2-118.

Lincoln County City-County Board of Health (BOH): In order to carry out the purposes of the public health system, in collaboration with federal, state, and local partners, the local board of health shall identify, assess, prevent and ameliorate conditions of public health importance through epidemiological tracking and investigation, screening and testing and isolation and quarantine measures. The BOH may propose for adoption by the local governing body regulations that do not conflict with rules adopted by the department for the control of communicable diseases.

Governing Body: If a directive, mandate, or order is issued by the local health officer in response to a declaration of emergency or disaster by the governor as allowed in 10-3-302 and 10-3-303 or by the principal executive officer of a political subdivision as allowed in 10-3-402 and 10-3-403, it remains in effect only during the declared state of emergency or disaster or until the governing body holds a public meeting and allows public comment and the majority of the governing body moves to amend, rescind, or otherwise change the directive, mandate, or order.

Healthcare Partners

- Contribute to a task force and 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 – coordinate 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 infectious patients and protect staff.
 - Triage and patient care – share response plans that address medical surge capacity to sustain 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 task force. Schools may be closed for an extended period in response to a developing pandemic and based on local community need.
- School nurses represent a possible source of medical resources for surge during a pandemic.

Managers of Critical Infrastructure and Key Resources

- Critical resources including 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 and ensure 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 workforce 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.

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 Emergency Operations plan throughout the duration of

the pandemic response. Activation of this plan will be initiated by the Health Officer or designee in consultation with the City-County Board of Health for Lincoln County.

- Response actions will emphasize reducing the spread of infection and providing 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. LCHD will activate ICS and incident command to coordinate the county-wide public health and medical response during a pandemic. These activities are described in Lincoln County's Emergency Operation Plans.

Public Information/Risk communications: 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 LCHD is taking to address the incident and steps response partners and the public can take to protect themselves. The Crisis and Risk Communication Plan will be used for public information. Information will be shared with key partners through regular email updates and regular (weekly or daily depending on the situation) virtual meetings to share real time updates.

Surveillance and Contact Tracing: Disease surveillance, case investigation and contact tracing will be conducted as described in the Communicable Disease Response Plan.

Resource Providers: Should additional resources be needed; requests should be made to Lincoln County Emergency Management Agency.

Vaccine and Antiviral Medications: Vaccines serve as one of the most effective preventative strategies 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 may ultimately include the entire United States population.
- It is expected that demand for vaccine may initially outstrip supply and administration of limited vaccine will need to be prioritized based on national guidelines, in consultation with the MT DPHHS and based on local situation.
- 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, persons ill with influenza will be directed to remain in isolation in health care settings or at home, to the extent possible.
- Once person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases may 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 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 except churches
- 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 may be made jointly or independently by the health officer and the BOH regarding social distancing as authorized by MCA 50-2-116 and MCA 50-2-118.
- The health officer or designee may 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 boards regarding the closing of any public and private schools, colleges 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.

Other Prevention Strategies: Healthy habits to help protect against flu from CDC (CDC, 2021):

- **Avoid close contact:** Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- **Stay home when you are sick:** If possible, stay home from work, school, and errands when you are sick. This will help prevent spreading your illness to others.

- **Cover your mouth and nose:** Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk.
- **Clean your hands:** Washing your hands often will help protect you from germs. If soap and water are not available, use an alcohol-based hand rub.
- **Avoid touching your eyes, nose or mouth:** Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- **Practice other good health habits:** Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

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, Director 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 may conduct an after-action evaluation of the pandemic response. The evaluation may include recommendations for amendments to this plan.

Plan Maintenance

This plan is reviewed and signed by the Health Officer and Board of Health Chair or designee(s) annually.

Lincoln County

Laboratory Sample Transport Plan

March 2024

This document contains the plans and protocols regarding the investigation, identification, and containment of illnesses caused by pathogens, radiological hazards, and toxins. 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 Sample Transport Plan

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

Signature

Dr. Brad Black, MD, Health Officer

Date

Signature

Amy Fantozzi, Board of Health Chair

Date

Signature

Kathi Hooper, Health Department Director

Date

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
2016	Total Rewrite		
2/2024	Update Standard/Cat B and Rapid Tox Screen		

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Introduction

The Lincoln County Health Department (LCHD) has the ability to coordinate with local and state laboratories on a 24/7 basis. LCHD has a means of coordinating the transportation of routine laboratory and environmental specimens to the MT State laboratory and a safe means of coordinating the transportation of suspected hazardous laboratory and environmental specimens to the MT State Laboratory when a public health emergency is likely.

Purpose

This policy will outline the information needed to contact local and state laboratories, how specimens will be handled and how the local agencies will work together within the policies of the MT State Laboratory.

Contact Information:

MT State Laboratory:	800-821-7284	24-Hour
MT DPHHS (Epi Section)	406-444-0273	
MT DPHHS PHEP	406-444-0919	
MT DPHHS PHEP Duty Officer	406-444-3075	
Lincoln County Public Health	406-283-2465	406-293-4112 ext 5 24-Hour
Lincoln County Sheriff's Office	406-293-4112	ext 5
City of Libby Police	406-293-3343	
City of Troy Police	406-295-4111	
City of Eureka Police	406-297-2121	
LC Emergency Management Agency	406-293-6295	
Cabinet Peaks Medical Center Lab	406-283-7090	

Standard Lab Specimen Procedures:

This pertains to all patient specimens of public health concern collected from a patient in need of transport to the Montana Laboratory Services Bureau (MTLSB) **Category B specimens** are routine patient specimens or cultures that can be sent through the USPS, FedEx, or by courier using Category B packing and shipping. Examples: COVID nasal specimens, Salmonella cultures, or TB specimens.

1. The LCDH will call the appropriate State Epi/Lab Team member for specific instructions regarding the needs of the specimen in question to determine:
 - Appropriate collection of sample
 - Guidelines or recommendations in packaging and shipping the specimen safely
 - That the lab requisition form is filled out correctly and included with the specimen
 - The earliest arrival date at MTISB for testing
2. Routine specimens are marked accordingly and sent through the UPS/FedEx to MTPHL. There is no need for Chain of Custody (COC) for this type of transport.

US DOT regulation 49 CFR 173.199 outlines the requirements for packaging, marking, and documenting Category B materials. If the specimen is being shipped through UPS or FedEx, the shipper must reference IATA packaging instruction 650

<http://www.iata.org/whatwedo/cargo/dgr/Pages/download.aspx>, under "Infectious Substances".

3. Specimens are secured with packing inside a container supplied from the state lab with the appropriate completed forms inside, marked accordingly and mailed through the United State Postal Service. There is no need for chain of custody for this type of transport. DWES, CBAT and RTS should not be sent through the mail and *always* require COC.

Chemical/Biological Agent Transport (CBAT) Kit Procedures

The Chemical/Biological Agent Transport (CBAT) Kits are intended to provide a consistent method for collecting unknown/suspicious substances (i.e. white powders or suspicious solids or liquids) that may pose an immediate threat to public health or safety. These types of samples would be collected, using the tools and containers provided, by trained HAZMAT or law enforcement personnel. Samples should be prescreened for explosive, radiological, and chemical hazards prior to transport to the Montana Laboratory Services Bureau.

CBAT Kits are located at:

Lincoln County Health Department
418 Mineral Avenue
Libby, MT 59923

Kits are checked and inventoried annually.

Specimens would be collected by personnel trained in safety of working in a contaminated environment as well as evidence collection; i.e. HAZMAT.

If an unknown or suspicious substance specimen is in need of analysis, the following procedures will be followed:

1. The following agencies should be notified of an unknown substance threat. The first agency made aware of the threat will notify appropriate parties:
 - County Health Department: 406-283-2465
 - Law Enforcement Dispatch: 406-293-4112
 - County EMA: 406-293-6295
 - DPHHS Duty Officer phone number: 406-444-3075
2. LCHD will notify Montana Laboratory Services Bureau (MTLSB) of the situation. MTLSB phone number: 800-821-7284
3. Public Health, Environmental Health, Law enforcement and other credible sources i.e., FBI, DES, etc. will work to assess the situation to determine if a sample is a potential hazard that should be submitted for testing.

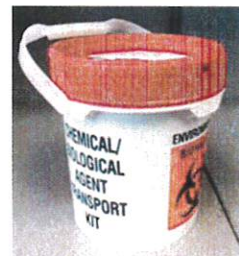
Note: MTLSB will only test substances known to have been associated with human exposure and submitted by one of these credible sources. If no human exposure has occurred, samples must be submitted on behalf of local, state, or federal response agency.

4. Trained emergency response (i.e. HAZMAT) personnel will use the CBAT for the collection of the unknown/ suspicious substance.

5. CBAT kit instructions and supplies are forms are contained in the kit.
6. The sample collector will initiate the chain of custody paperwork, which is located within the CBAT kit.
7. Specimens to be submitted for testing must be screened for explosive, radiological and chemical hazards. HAZMAT and MT DES Civil Support Team (CST) can perform this prescreen.
8. Once the specimen is assessed for hazards and if the specimen is in need of secure transportation, the following options will be available:
 - Health Department Staff
 - Lincoln County Sheriff's Department or MT Highway Patrol: 406-293-4112
 - The MTL SB courier is available on an emergency basis. Call 800-821-7284 to arrange a pick-up.
9. MTL SB should be notified while sample is in transit to estimate time of arrival and arrange for delivery.
10. An appropriate lab person (State or other) will be contacted with questions regarding specific concerns of safely packaging & shipping the specimen in question.
 - Use CBAT for environmental samples.
 - All instructions, procedures, flow charts items and supplies contained in the kit will be followed and used to collect and ship items or samples from victims potentially exposed to chemical or bio-hazardous agents.
 - All forms that have been supplied by the State Lab will remain inside the kits with the supplies..
11. MTL SB will notify Lincoln County Health Department with suspicious substance results.
 - LCHD will notify other team members per the Disease Surveillance policies and procedures.
 - State Health Dept. Epi or state lab personnel will be contacted within 2 hours by the local Epi person in charge for further guidance and as notification to them of what is occurring.
 - If/when determined local law enforcement would be notified to triage all credible threats and maintain evidence that may need to be preserved.

After testing at MTL SB is completed:

1. All specimens will be treated as evidence and will be returned to law enforcement after testing.
2. State officials will give results to submitter and local jurisdiction.



Drinking Water Emergency Sampling (DWES) Kit

The DWES kit is a ready-to-use method to ensure consistent collection and transport of samples to MTPHL. The DWES kit is to be used for collecting necessary samples from a drinking water facility during a suspected tampering or contamination event. These samples will help determine unknown contaminants that may be in the water supply. This is not for compliance and is only a preliminary attempt to determine the risk to public health. Necessary precautions or limitations of the water system should be practiced while the samples are being analyzed and until results are known.

In the event of a water tampering incident, water samples would be collected by a Registered Sanitarian.

Transportation to MTPHL will be provided by:

- Lincoln County Sheriff's Department or MT Highway Patrol 406-293-4112
- The MT LSB courier is available in the event of an emergency. Call 800-821-7284 to arrange a pick-up.

Chain of Custody paperwork is included in each kit.

DWES Kit is located at:

Lincoln County Health Department
418 Mineral Avenue
Libby, MT 59923

City of Libby Water Treatment Plant
199 Ravenwood Lane
Libby, MT 59923

Kits are checked and inventoried annually

If you intend to use this kit, notify both of the following numbers for assistance:

- **Laboratory Services (800) 821-7284 AND**
- **DEQ PWS at (406) 444-4400**



Rapid Toxic Screening

For collection of clinical specimens, i.e., blood and urine from patients suspected of having been exposed to agents of chemical terrorism. Sampling is completed by local hospital and the testing is done by the CDC. If a chemical threat event is suspected, the hospital emergency department would obtain samples.

The Rapid Toxic Screens are sent to MTLNB for forwarding to CDC for Rapid Toxic Screens, in the event of a large-scale chemical exposure. CDC must authorize the shipment, but can screen for over 100 chemical toxins.

Rapid Toxic Screen (Clinical Specimen Boxes)—These are printed with the Saf-T-Pak logo and are either STP-300 or STP-310



Category A Infectious Substances

Category A materials are defined as “an infectious substance in a form capable of causing permanent disability or life-threatening or fatal disease in otherwise health humans or animals when exposure to it occurs. An exposure occurs when an infectious substance is released outside of its protective packaging, resulting in physical contact with humans or animals.” These include, but are not limited to, human specimens submitted for Ebola testing and cultures submitted for confirmation of select agents (*B. anthracis*, *F. tularensis*, etc.) and verotoxigenic *E. coli* (such as STEC).

US DOT regulations 49 CFR 172 and 173 outline the requirements for packaging, marking, and documenting Category A materials. 49 CFR 172.704 outlines the training requirements for anyone involved in any part of the process. It is up to the shipper (facility offering these materials for transport) to ensure the proper materials and properly trained and certified staff are available. Failure to follow federal regulations can result in fines.

To address these requirements, MT DPHHS has made available training and training resources, along with materials suitable to transport Category A infectious materials. There are also some facilities that have purchased their own materials. It is the responsibility of the facility to have trained staff capable of packaging and shipping Category A infectious materials. The MT Public Health Laboratory maintains a statewide list of staff who have been trained and certified by their facility for the shipment of Category A infectious materials.

The closest facility to this jurisdiction that has Category A shipping materials and certified staff is:

Cabinet Peaks Medical Center

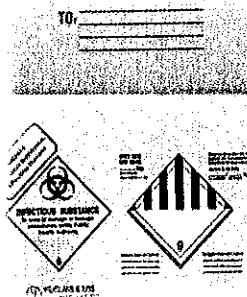
Jordan Green – Laboratory Manager

Dave Baker – Laboratory

The phone number and address for this facility is:

Cabinet Peaks Medical Center
209 Health Park Drive
Libby, MT 59923
406-283-7090

Infectious Substance (Category A) Shipping Containers



The following is an overview of each agency's current collection and transport policy for specimens of immediate concern:

Agency	Human Specimens	Environmental Samples
Cabinet Peaks Medical Center Laboratory	Staff trained on collection, Courier on-call for delivery	Staff trained on collection, Courier on-call for delivery
Lincoln County Sheriff's Office	Calls State crime lab for collection guidance on scene	Call Emergency Management Agency
Local Law Enforcement	Call Emergency Management Agency Calls State crime lab for collection guidance on scene	Call Emergency Management Agency
Montana Highway Patrol	Calls State crime lab for collection guidance on scene.	Call Lincoln County Emergency Management Agency
Local Fire Departments	Calls Law Enforcement	Calls Law Enforcement
Lincoln County Emergency Management Agency	If deemed credible threat to Public Health, notify LCHD/MT DPHHS. Maintain chain of custody.	If deemed credible threat to Public Health, notify HAZMAT and LCHD/MT DPHHS. Maintain chain of custody.

Each of the agencies listed above have protocols in place regarding collection and transport of specimens of *non-immediate concern*.

The hospitals have internal policies regarding transportation of specimens of *immediate concern*.

The primary responsibility of specimen collection, packaging and delivery of hospital *specimens of immediate concern* lies with the individual agency as spelled out in their policies. Their policies include notification of LCHD of any suspect or actual threats to the public's health.

ALL-HAZARD LABORATORY SPECIMEN TRANSPORT PLAN CHECKLIST

Jurisdiction: Lincoln County

Check here that item is included	
✓	1) NOTIFICATION TO PARTNERS: Does your plan include contact information for local and state partners who should be notified in a public health emergency? Does your plan include processes to consult with DPHHS Staff (Communicable Disease/Epidemiology and MT Public Health Laboratory) prior to implementing the transport plan for human specimens during outbreaks or involving reportable communicable conditions?
pg 5	2) PATIENT SPECIMEN COLLECTION: Does your protocol outline steps for acquiring clinical (patient) specimens of immediate concern? Does your protocol outline steps for the proper transport of category B specimens?
✓	3) ENVIRONMENTAL SAMPLE COLLECTION: Does your protocol address the collection of environmental samples for chemical or biological testing using the Chemical/Biological Agent Transport (CBAT) kit and/or the Drinking Water Emergency Sampling (DWES) kit? This will involve communication with the local Waterworks Operator, Sanitarian, or the regional HAZMAT team. Are the types of kits, their locations, kit tracking numbers, and contact person's information verified and updated in the MT Public Health Directory?
pg 6	4) SAMPLE SUBMISSION FORMS: Does the protocol address forms needed for submission of samples to the MT Laboratory Services Bureau (MTLSB)? Examples are MT Public Health Laboratory electronic request forms for clinical specimens and paper Chain of Custody forms for legal samples. Chain of custody forms are inside all CBAT and DWES kits.
✓	5) SAMPLE TRANSPORT: Does your protocol provide specific details regarding the different methods used to transport samples to the MTLBSB (e.g., laboratory courier, local law enforcement, private party, air transport, etc.) including contact information for these local partners?
pg 7-9	6) NOTIFICATION TO MT LSB: Does your protocol address contacting MTLBSB to request emergency courier service or to ensure staff is available to receive samples during non-business hours?
✓	7) KIT REPLACEMENT: Does your protocol include details on obtaining replacement DWES kits or CBAT kits or their supplies from MTLBSB as needed? Note: to protect the integrity of DWES sampling bottles, do not open the coolers unless performing an annual inventory. DWES sampling is not for compliance testing and there are no expiration dates on the bottles. During the annual inventorying, inspect the CBAT kit contents to ensure seals are intact and swabs and transfer pipets have not expired. Do not open the sampling packages inside the CBAT kit.
✓	Local Use/Notes:
every time	

The below signed acknowledge that the above protocol/plan has been reviewed/ revised and is satisfactory for FISCAL YEAR 2024

Chairperson – County Health Board	Date	County Health Officer	Date
LEPC/TERC Chair	Date		

Lincoln County Health Department
Rabies Prevention and Control Policy and Procedure
February 2024

APPROVAL AND IMPLEMENTATION

LCHD Rabies Prevention and Control Policy

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

Signature
Dr. Brad Black, MD
Health Officer

Date

Signature
Amy Fantozzi, Chair
Board of Health

Date

Signature
Kathi Hooper, Director
Health Department

Date

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
4/2018	Updated roles and responsibilities to reflect changes in Animal Control	J. McCully	
1/2019	Updated roles and responsibilities of LCSO and LCHD	K. Hooper	
2/2024	Updated roles and responsibilities and home quarantine notice	J. McCully	

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Introduction

Purpose: The purpose of the Rabies Prevention and Control Policy is to prevent any human death due to rabies. This policy is designed to coordinate an effective rabies control procedure between Public Health, Animal Control, law enforcement, veterinarians, the medical community and private citizens.

Goal: Prevent any human death due to rabies through:

1. Pre-exposure immunization
2. Animal vaccination
3. Animal bite follow-up
4. Post-exposure prophylaxis (PEP) recommendations of appropriate medical intervention and animal control measures.

If post-exposure treatment for rabies is not administered, administered incorrectly or administered too late, the infection almost always results in death.

Possible Exposures to Rabies: A rabies exposure is any bite, scratch or other situation in which saliva, cerebral spinal fluid, tears or nervous tissue from a suspect or known rabid animal or person enters an open wound, is transplanted into, or comes in contact with mucous membranes of another animal or person. Rabies is transmitted by introducing in these ways. The likelihood of rabies infection varies with the nature and extent of exposure. Human exposure to rabies virus always warrants evaluation for possible PEP treatment.

Exposure can be defined as:

- Classic bite in which the teeth penetrate the skin
- Non - bite in which there is a contamination of open wounds, abrasions, mucous membranes, or scratches to animal saliva or nervous system tissue
- When direct contact between a human and a bat has occurred or the exposed person cannot be certain a bite, scratch or mucous membrane exposure did NOT occur (e.g., a sleeping person awakens to find a bat in the room)
- Human to human as a result of organ or tissue transplantation.

Petting or handling a rabid animal, contact with blood, urine or feces of a rabid animal, ingestion of pasteurized milk or well-cooked meat from a rabid animal, or accidental inoculation with vaccines currently licensed for use in animals does not constitute rabies exposure.

Bat exposures are of particular concern (see appendix C). In recent years bats have been increasingly implicated as wildlife vectors capable of transmitting rabies to humans. It is important to carefully evaluate the circumstances of every incident that involves a bat in close proximity to a person, since bites from bats may be very small and not easily recognized. This is particularly important in cases where interviews with young children or persons with limited recall may not reveal a minor or undetectable injury inflicted by a bat bite. As a general rule, in situations where a bat is physically

preshomeent and the possibility of a bite exposure or mucous membrane contact is reasonably certain, post-exposure prophylaxis should be given unless timely capture and testing of the bat has excluded rabies.

Authority

1. Legal Authority

Montana Code Annotated (MCA)

- 37-2-301 Duty to report cases of communicable disease
- 50-1-1 Definitions (8) Local Health Officer
- 50-2-116 Powers and duties of local boards of health
- 50-2-118 Powers and duties of local health officers
- 50-2-120 Assistance from law enforcement officials
- 50-2-122 Obstructing local health officer in the performance of duties unlawful

Administrative Rules of Montana (ARM)

- 37.114.102 Local Board Rules
- 37.114.105 Incorporation by reference
- 37.114.201 Reporters
- 37.114.203 Reportable Conditions (rabies)
- 37.114.204 Reports and Report Deadlines
- 37.114.314 Investigation of a case
- 37.114.571 Rabies exposure
- 32.3.1201 Department of Livestock

Roles and Responsibilities

Lincoln County Health Department (LCHD):

- Consult with victims, veterinarians, medical providers and animal control officers
- Investigate human and pet rabies exposure incidents. Assure that health care providers are aware of possible exposure.
- Conduct an epidemiological investigation in every instance where a lab report indicates a positive case of rabies to elicit all possible persons/animals exposed
- Determine if PEP is recommended.
- Maintain patient confidentiality for animal bite reports
- Report all cases in which a person receives or is recommended to receive PEP to DPHHS
- Notify victim of lab results for rabies testing
- Ensure local animal control ordinances and regulations are established and updated as appropriate

- Continually assess rabies trends, and when appropriate, declare a community alert of quarantine and conduct a public information campaign

Lincoln County Sheriff's Office, Animal Control (LCSO):

- Conduct initial investigation of all bites and complaints
- Coordinate, track and locate the animal
- Ensure quarantine compliance
- If owner is noncompliant, take measures to ensure compliance
- Issue enforcement orders to noncompliant parties
- Provide education on animal bites, rabies and quarantines to animal owner
- Assure that confined animals are kept in isolation in safe, sanitary and humane conditions

Medical Providers:

- Administer treatment to bite victims
- Report all animal bites to LCSO and/or LCHD

Owner of Animal: (Defined as any person who owns, harbors, keeps or controls an animal.)

- Immunize all animals as appropriate and keep a valid vaccination certificate
- Deliver animal to quarantine facility if required by Animal Control Officer or LCHD
- Pay for fees associated with, but not limited to, treatment or examination by veterinarian, quarantine in isolation facility, euthanasia fees and preparation of specimens for testing
- Comply with quarantine order issued by Animal Control Officer

Shelter:

- House quarantined animals in a segregated area during observation period
- Prevent animal contact with the general public during quarantine period
- Contact animal owner and health department after the quarantine
- Report on the health of the animal at the end of the quarantine or if behavior/health changes

Animal bite policy (possible human exposure)

Bites, scratches and contact of open wounds, sores, rashes or mucous membrane (i.e.- eyes, nostrils, mouth or genitals) to saliva or nerve tissue of a suspected rabid animal is considered an exposure and should be reported. In addition, bats in proximity to an unattended young child, sleeping individual, or sensory or mentally impaired person may be considered a contact and should be reported. Any animal bite should be thoroughly cleansed with soap and water, as soon as possible, and medical attention should be sought immediately.

Report **ALL** animal bites to the LCSO and/or LCHD. A bite may be reported by any of the following: victims, witnesses, health care providers, law enforcement, dispatch or others. With assistance from

other agencies as requested, Animal Control is responsible for coordinating, tracking and locating the animal.

1. **Risk Exposure Assessment:** An Animal Control Officer (ACO) will make contact with the victim obtaining as much information as possible about the bite. The risk exposure assessment should include the following information:
 - Location and date of bite
 - Name and demographics of victim
 - Species and physical description of animal
 - Name and demographics of the owner
 - Type of encounter
 - Type of exposure
 - Provoked/not provoked
 - Animal behavior
 - Animal vaccination status
 - Status or disposition of the animal
 - Anatomical site and severity of bite

2. The biting animal must be assessed for vaccination status. The animal may be a(n):
 - a. Vaccinated owned pet
 - b. Unvaccinated/under vaccinated owned pet
 - c. Stray
 - d. Wild animal

3. **Vaccination Status:** Animals NOT meeting the definition of “currently vaccinated” include:
 - Dog, cat, ferret, horse, cattle, or sheep whose first vaccination was given less than one month before exposure
 - Dog, cat, ferret, horse, cattle, or sheep whose previous vaccination expired
 - Dog or cat that was given an initial vaccination and not boosted one year later
 - Dog, cat, ferret, horse, cattle, or sheep vaccinated by anyone other than a licensed veterinarian
 - Any wild animal, or wild and domestic animal crosses

4. **Animal Management:** Observation of domestic animals must be instituted regardless of vaccination status.
 - a. Owned dog or cat with current rabies immunization:
 - If there is proof of a current rabies vaccination, the animal may be taken to the shelter for the 10-day quarantine with day of the bite being day zero. At the discretion of the LCHD, LCSO or their designee, the animal may be released from the shelter for home quarantine if the owner agrees to the terms of the Home Quarantine Agreement (Appendix G). LCSO may check on the animal at any time during the ten days.

- At the end of the 10-day quarantine period, the animal must be evaluated by a licensed veterinarian or the LCHD or their designee. If no symptoms have developed, there is no danger of rabies exposure for the person bitten.
 - Animals showing any signs of illness during the 10 days must be taken to a veterinarian immediately and LCHD must be notified at the same time.
 - Should the animal die or somehow get loose and disappear the ACO must be notified immediately by the owner. ANY dead animal, regardless of manner of death, must be immediately taken to a veterinarian or LCHD for rabies testing.
 - Failure of the owner to comply with the quarantine requirements will result in the animal being required to complete the quarantine at a shelter.
 - The owner must pay the confinement costs at the time of release or have a payment plan in place.
 - Re-vaccinate animal after 10-day quarantine.
- b. Unvaccinated/under vaccinated owned pet: Animals with no current rabies proof of immunization
- If the current vaccination cannot be provided, the animal may taken to the shelter for the 10-day quarantine with day of the bite being day zero.
 - After 10 days the animal is eligible for release to the owner, if no sign of illness is present.
 - The owner must pay the confinement costs at the time of release or have a payment plan in place.
 - Animals showing any signs of illness during the 10 days must be taken to a veterinarian immediately and LCHD must be notified at the same time. The animal may be euthanized and sent to a laboratory for rabies testing.
 - Animals must receive vaccine after the 10-day quarantine is complete, not before as this may interfere with clinical signs
- c. Stray cat or dog: If the animal appears to be a stray and cannot be found, the victim is urged to seek immediate medical attention and discuss exposure and PEP with Health Department.

If the animal appears to be a stray and has been captured

- Stray dogs and cats that bite individuals that are caught may be either confined at the expense of the County for the 10-day quarantine or euthanized and rabies tested.
- Animals showing any signs of illness during the 10 days must be taken to a veterinarian immediately and LCHD must be notified at the same time. The animal may be euthanized and sent to a laboratory for rabies testing.

d. Wild animal

- Any wild animal shall be euthanized and sent to a lab for rabies testing.
 - Health Department will recommend rabies post-exposure treatment for anyone bitten by certain wild animals that are not captured based on the current exposure assessment (appendix D).
5. Update the victim: Victims will be notified by LCHD of the outcomes of the 10-day quarantine or rabies test.
6. With the collaboration of LCSO, LCHD and medical providers, PEP will be recommended if necessary (see page 12).

Possible animal exposure policy

If a known positive animal exposes a domestic animal (See appendix D):

Animal Quarantine: When domestic animals are exposed to known or suspected rabid animals, the owner of the domestic animal is required to provide proof of vaccination records from a licensed veterinarian.

If the suspect rabid animal is not located, the domestic animal will be quarantined according to the provisions below based on the vaccination status of the animal victim. Wild, high-risk species (raccoon, fox, skunk, bat and bobcat) which cannot be located for testing should be considered rabid for quarantine purposes.

If the biting animal is totally unknown, but suspected to be a high-risk rabies vector, MT DOL will counsel the owner on signs, symptoms, and incubation period of rabies. A veterinarian should be consulted if symptoms occur.

- **Animal exposes a VACCINATED animal:** Currently vaccinated animals exposed to a known or suspected rabid animal shall be revaccinated immediately by a licensed veterinarian and quarantined as required by MT DOL. "Currently vaccinated" means vaccinated by a licensed veterinarian with a USDA approved rabies vaccine appropriate for the species of one- or three-years duration of immunity, with the date of the animal's exposure to rabies being before the one-, or three-year period (whichever is applicable) has elapsed. It is the owner's responsibility to produce documentation of current rabies vaccination by a licensed veterinarian. **In the absence of proof, the animal should be considered unvaccinated.** Any illness must be evaluated by a licensed veterinarian on premise and, if considered possibly rabid, reported immediately to the LCHD. The owner should be sent a letter with a Home Quarantine Agreement Form (see appendix G).
- **Animal exposes an UNVACCINATED animal:** Any dog, cat, or ferret not currently vaccinated that is exposed to a known or suspected rabid animal shall be placed under rabies quarantine as

required by MT DOL (at the owner's expense). If the dog, cat, or ferret is killed or dies within the quarantine period and there is a potential for human exposure, it must be sent for rabies testing.

Procedure for Rabies Testing

If an animal that has bitten someone dies or is killed during a quarantine period, the animal must be tested for rabies. This requirement is for all animals whether proof of rabies vaccination has been provided or not. Testing will also be completed if there was a possible human bat exposure and the bat is captured.

Domesticated or wild animals: Arrange to have the animal's head collected by Animal Control Officer. Pack the head in cold packs. Store in the refrigerator until shipment arrangements are made.

Small animals: Keep the animal cool and store the animal in the refrigerator until shipping arrangements can be made.

Bat: Do not place the bat in formalin or glycerol saline. Do not freeze the bat but keep refrigerated. If not dead, the bat must be humanely destroyed (ether). Place the bat into a large bat mailer container.

1. Complete the Diagnostic Laboratory Request form including (Appendix F):
 - a. Type of animal
 - b. The name, address and phone number of the victim
 - c. When the incident occurred
 - d. The circumstances of the incident
 - e. The vaccination status of the animal
 - f. Shipping date
2. Prepare the specimen by double bagging to prevent fluid seepage.
3. Place specimen in a cool pack mailer or Styrofoam container with frozen cold packs. Pack newspaper, etc., around the specimen to keep it in place, and to keep it from freezing (bat).
4. Complete the rabies testing lab form and place it inside the mailer/container. The lab form should be placed in a sandwich bag on top of the double bagged specimen or secured to the inside lid of the mailer/container. The sandwich bag will protect the paperwork from possible fluid seepage that can occur during shipment.
5. Be sure to have the specimen ready for mailing on Monday through Thursday. If shipped later in the week, the thawing specimen will most likely sit unattended over the weekend. Be sure to keep in mind any holiday lab closures.
6. Ship specimens by overnight delivery only.
7. State laboratory staff will contact LCHD with results.
8. LCHD will relay the results to the victim, the healthcare provider/facility, the animal owner, and any other response partners, including all potentially exposed individuals.

PEP Recommendation

1. *Wound treatment recommendations:*
 - a. Immediate thorough cleansing with soap and water.
 - b. Evaluate for Tetanus booster and need for antibiotics.
 - c. Emergency room visit based on severity of bite
2. Vaccination recommendations
 - a. If the animal is on quarantine await the 10 days before initiating prophylaxis UNLESS animal becomes symptomatic during the 10 day period. *Treatment should be started immediately*, and the animal euthanized and sent for testing.
 - b. *Incident with skunk, fox, coyote or raccoon - post-exposure prophylaxis treatment will be started.* Where the animal is captured, and lab results indicate that the exposing animal is NOT rabid, post-exposure treatment will be discontinued.
 - c. *Incident with bat post-exposure prophylaxis treatment may be started.* Where the bat is captured, and lab results indicate that the exposing bat is NOT rabid, post-exposure treatment will be discontinued.
3. Deviation from recommended post-exposure vaccination schedules. Most interruptions in the vaccine schedule do not require re-initiation of the entire series.
 - a. Minor deviations: can resume as if the patient were on schedule. Example: Patient misses day 7 dose and presents for vaccine on day 10. Day 7 dose to be administered NOW and remaining dose would maintain same interval between doses such as day 17 and 31.
 - b. Substantial deviations: will require serologic testing 7 to 14 days after administration of final dose in series.
4. Precautions and Contraindications
 - a. Immunosuppression: For persons with broadly defined immunosuppression, PEP should be administered using all 5 doses of vaccine (on days 0, 3, 7, 14, and 28) with the understanding that the immune response still may be inadequate. No immunosuppressive agents should be administered during PEP unless essential for the treatment of other conditions. If PEP is administered to either an individual taking immunosuppressive medications or an immunosuppressed individual, antibody response must be tested (serum specimens collected 1-2 weeks after PEP should completely neutralize challenge virus at least at a 1:5 serum dilution by the rapid fluorescent focus inhibition test – RFFIT).
 - b. Pregnancy: If adequate exposure the Risk/benefit ratio to vaccination during pregnancy indicates that post exposure treatment should be provided.
 - c. Allergies: is not contraindicated, should be administered with caution.

Post-exposure animal bite investigation procedure: When a healthcare provider or facility evaluates a victim for an animal bite, it is their responsibility to file the Animal Bite Form as soon as possible. When a bite occurs the bite report form must be faxed to LCSO and/or LCHD for follow up.

Confidentiality

Information contained in a notifiable disease report made from a health care provider to Public Health is confidential. However, the information can be released to animal control officers and other agencies when necessary for public health. The statute limits both the type of information shared and the number of people in receipt of the records. Confidential information should only be given to people who need it to complete the public health response. For example, to ensure that the animal bite is investigated appropriately the identity of the victim may have to be released to animal control officers, when the victim is needed to identify the biting animal. If the animal can be classified as a dangerous dog it may also be necessary to share details about the attack such as wound site and the severity of the injury.

List of Appendices:

Appendix A: Contact Information

Appendix B: MCAs & ARMs

Appendix C: Montana Rabies Exposure Assessment Tree

Appendix D: DOL Domestic Animal Rabies Exposure Assessment Tree

Appendix E: Animal Bite Report Form

Appendix F: Diagnostic Laboratory Request Form

Appendix G: Home Confinement Agreement Form

Appendix A: Contact Information

Lincoln County Health Department

418 Mineral Avenue

Libby, MT 59923

406-283-2442

Confidential Fax: 406-283-2466

After Hours: 406-293-4112

Montana Veterinary Diagnostic Laboratory

Marsh Laboratory

1911 West Lincoln

PO Box 997

Bozeman, MT 59718

406-444-4885

Law Enforcement

Animal Control

Emergency: 911

Non-Emergency Dispatch: 406-293-4112 ext: 5

Montana Department of Livestock

Animal Health Division

PO Box 202001

Helena, MT 59602-2001

406-444-2043

Cabinet Peaks Medical Center

209 Health Park Drive

Libby, MT 59923

406-283-7000

Fish Wildlife and Parks

385 Fish Hatchery Rd

Libby, MT 59923

406-293-4161

Montana Department of Public Health and Human Services

406-444-0273

Confidential Fax: 800-616-7460

Appendix B: Montana Rabies Related Statutes and Administrative Code

Montana Code Annotated (MCA)

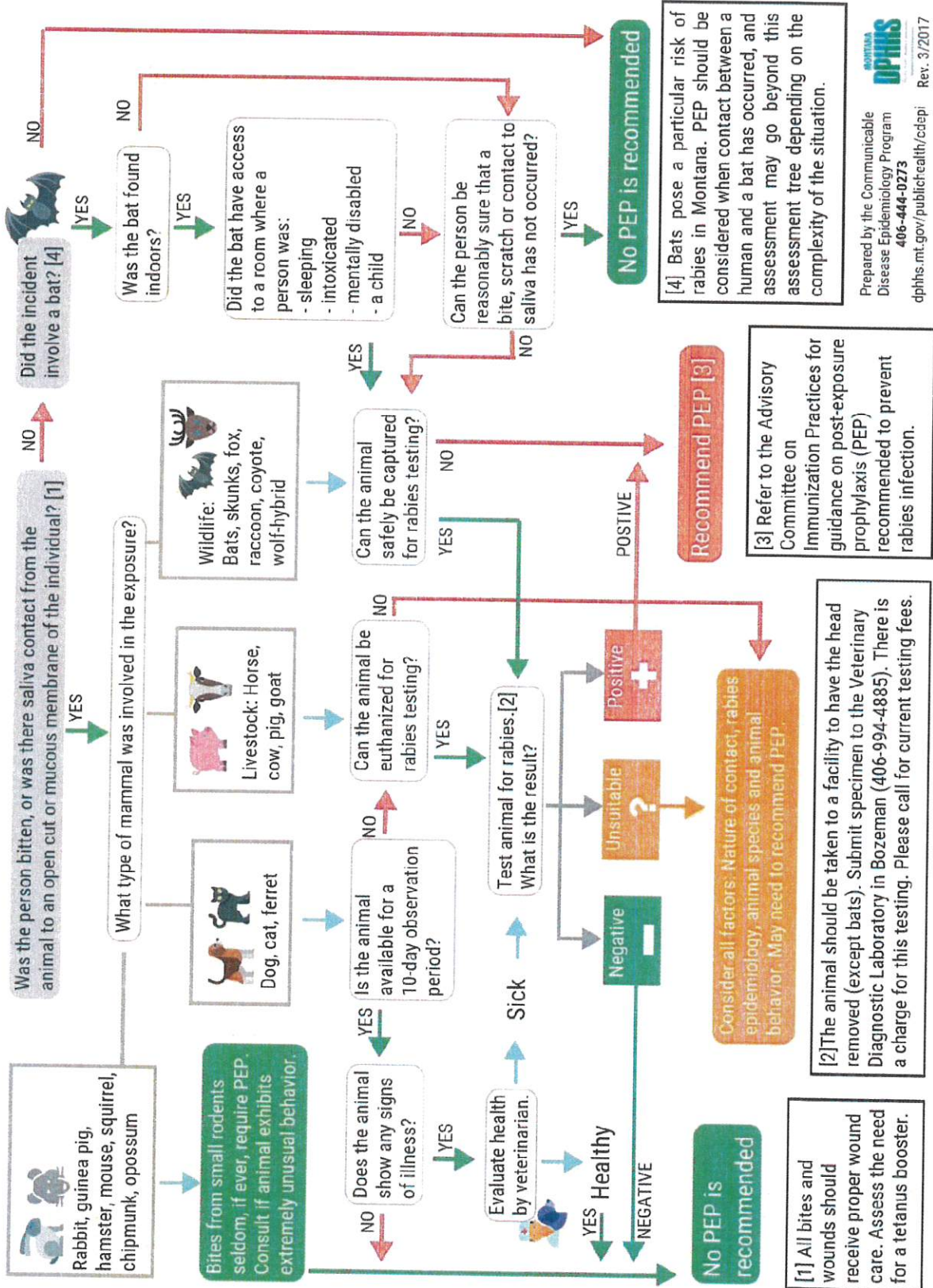
- 37-2-301 Duty to report cases of communicable disease
- 50-1-1 Definitions (8) Local Health Officer
- 50-2-116 Powers and duties of local boards of health
- 50-2-118 Powers and duties of local health officers
- 50-2-120 Assistance from law enforcement officials
- 50-2-122 Obstructing local health officer in the performance of duties unlawful

Administrative Rules of Montana (ARM)

- 37.114.102 Local Board Rules
- 37.114.105 Incorporation by Reference
- 37.114.201 Reporters
- 37.114.203 Reportable Conditions: Rabies in a human or animal; exposure to a human by a species susceptible to rabies infection
- 37.114.204 Reports and Report Deadlines
- 37.114.314 Investigation of a case
- 37.114.571 Rabies exposure
- Additional reporting requirements through Department of Livestock (ARM 32.3.1201 through 32.3.1207) describe management of animals and complement DPHHS rules.

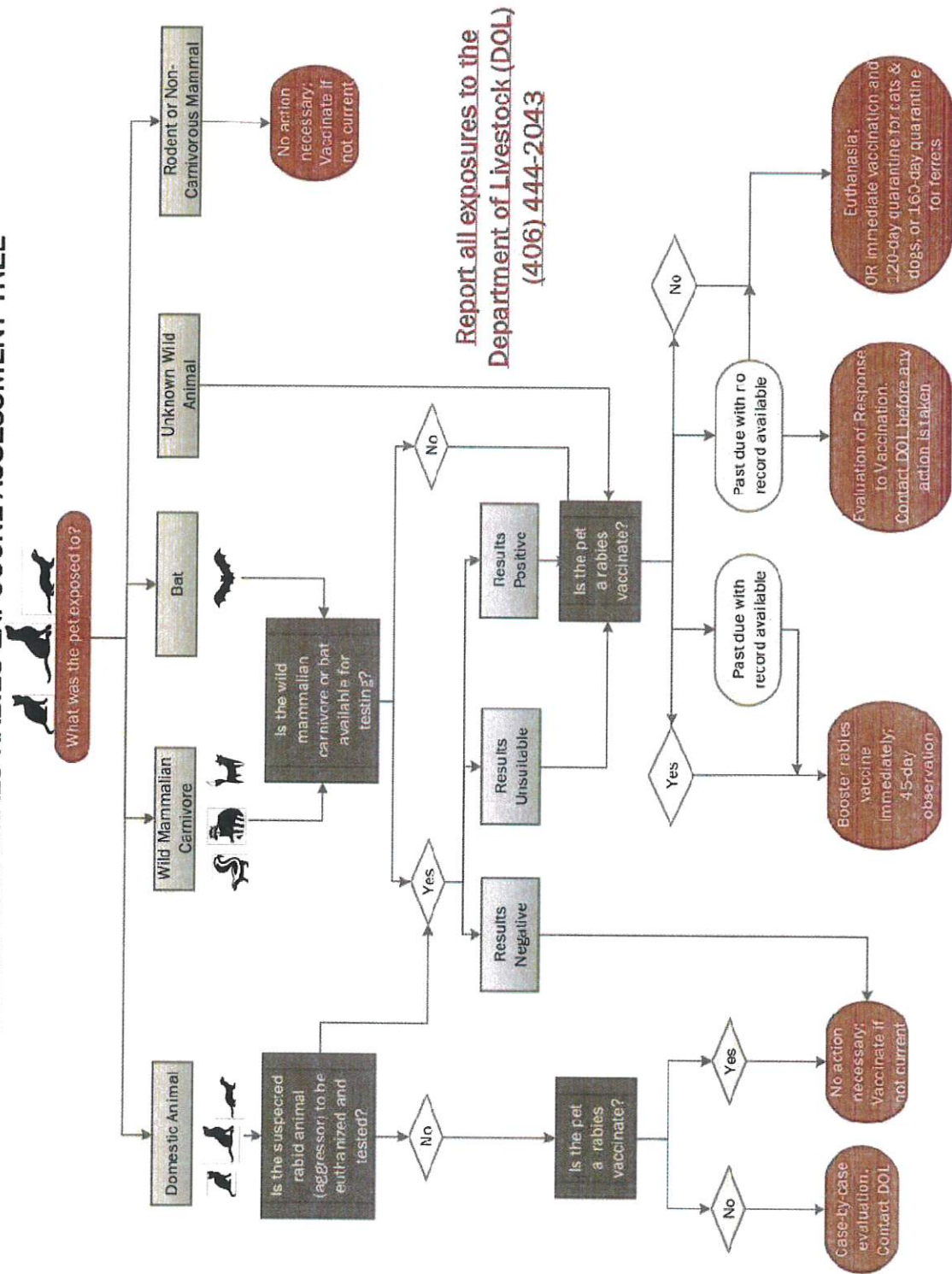
Appendix C: Montana Rabies Exposure Assessment Tree

Montana Rabies Exposure Assessment Tree



Appendix D: DOL Domestic Animals Rabies Exposure Assessment Tree

Montana Department of Livestock DOMESTIC ANIMALS RABIES EXPOSURE ASSESSMENT TREE



Appendix E: Animal Bite Report Form

LINCOLN COUNTY PUBLIC HEALTH
418 Mineral Ave
Libby, MT 59923
Phone: (406) 283-2447
Confidential Fax: (406) 283-2466

LINCOLN COUNTY SHERIFFS DEPARTMENT
512 California Ave
Libby, MT 59923
Phone: (406) 293-4112
Fax: (406) 293-3171

ANIMAL BITE REPORT FORM

Report Cases to Animal Control Officer at (406) 293-4112
Then, fax completed form to Lincoln County Public Health at (406) 283-2466

Section 1- Completed by Health Care Provider

Patient Last Name: _____ Patient First Name: _____
Patient DOB: _____ MALE FEMALE
Physical Address: _____ City/State: _____ Zip: _____
Primary Phone: _____ Parent/Guardian (if <18): _____
Injury/Exposure Information:
Date of Incident: _____ Time: _____
Part of Body Injured: _____ Skin Broken: YES NO
Treatment: _____
Date Treated: _____
Tetanus Vaccine Administered: YES NO Date of Last Tetanus booster: _____
Description of Animal: _____ Location of Incident: _____
How Injury occurred: _____

Treating Physician: _____ Reporting Facility: _____

Section 2- Lincoln County Health Department use Only

Animal Control Officer: _____ **Badge: #** _____
Animal Owner: _____ Owner Phone: _____
Owner Physical Address: _____ City/State: _____
Animal Name: _____ Breed: _____ Color/s: _____
Age: _____ Male Female Neutered/Spayed License No: _____
Rabies Vaccinated: YES NO UNK Last Rabies Vaccination: _____
Veterinarian: _____ Phone: _____
Injury Provoked: YES NO Prior Bites Reported: YES NO

Disposition:

- Animal Cannot Be Located
- Animal Died/Euthanized
- Animal Quarantined for _____ days [] Shelter [] Vet [] Home Start Date: _____
- Animal Specimen Shipped to Laboratory Date: _____
 - Positive
 - Negative
 - UnsuitableDate: _____

Follow Up:

- Animal examined at the end of quarantine and deemed healthy for release Date: _____
- Patient Refused Post Exposure Prophylaxis Date: _____

Appendix F: Diagnostic Laboratory Submission Form

MONTANA VETERINARY DIAGNOSTIC LABORATORY REQUEST - SINGLE ANIMAL

1911 West Lincoln Street
Bozeman, MT 59718-4132
www.liv.mt.gov/lab



phone: 406-994-4885
fax: 406-994-6344
email: mvdl@mt.gov

Clear Specimen Fields

Clear All Fields

LABORATORY USE ONLY	
DATE: _____	CASE NUMBER: _____

Please Check if Contact Information has Changed Report By: Standard Mail Fax Email Copy to Owner

Submitter Signature: _____ Owner Name: _____

Veterinarian (please print): _____ Owner Address: _____

Clinic: _____ Account #: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Species: <input type="checkbox"/> Bovine <input type="checkbox"/> Equine <input type="checkbox"/> Porcine <input type="checkbox"/> Ovine <input type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/> Avian <input type="checkbox"/> Wildlife <input type="checkbox"/> Other: _____	
Animal ID: _____	Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> M/C <input type="checkbox"/> F <input type="checkbox"/> F/S Breed: _____
Date Collected: _____	Date Submitted: _____ Date Died: _____ Previous Case#: _____
Blood: <input type="checkbox"/> Whole <input type="checkbox"/> Clot <input type="checkbox"/> Serum	Tissues: <input type="checkbox"/> Fixed <input type="checkbox"/> Fresh
Urine: <input type="checkbox"/> Cysto <input type="checkbox"/> Free Catch	Feces: <input type="checkbox"/> Swabs: _____ <input type="checkbox"/> Slides: _____ <input type="checkbox"/> Other: _____
	Quantity: _____ Quantity: _____ Specify: _____
	Source: _____

Tissues: _____

History: _____

ROUTINE LABORATORY TESTS • SEE MVDL FEE SCHEDULE FOR COMPLETE LISTING • CHECK ALL THAT APPLY

<input type="checkbox"/> ABORTION STUDY Includes Histology, Bacteriology <input type="checkbox"/> Additional Tests: _____	<input type="checkbox"/> CLIN MICRO / BACTERIOLOGY <input type="checkbox"/> Culture Only <input type="checkbox"/> Culture & Sensitivity <input type="checkbox"/> Dermatophyte & PAS <input type="checkbox"/> Non-Dermatophyte Fungal <input type="checkbox"/> Direct Smear Evaluation <input type="checkbox"/> Fecal Occult Blood <input type="checkbox"/> Trichomonas Culture <input type="checkbox"/> Campylobacter Culture <input type="checkbox"/> Other: _____	<input type="checkbox"/> CLINICAL PATHOLOGY Please mark here & specify on reverse
<input type="checkbox"/> CYTOLOGY Site: _____ <input type="checkbox"/> FNA <input type="checkbox"/> Imprint <input type="checkbox"/> Smear Slides: <input type="checkbox"/> Stained <input type="checkbox"/> Unstained	<input type="checkbox"/> MOLECULAR DIAGNOSTICS (PCR) Specify: _____	<input type="checkbox"/> NEONATAL DIARRHEA STUDY Includes Histology, Bacteriology, Serum IgG, Cryptosporidia, Virus ID Age (Required): _____ <input type="checkbox"/> Additional Tests: _____
<input type="checkbox"/> CSF ANALYSIS SG, Microprotein, Cytospin, Cytology Plus Microprotein Referral Fee	<input type="checkbox"/> OTHER TESTS: _____	<input type="checkbox"/> PATHOLOGY <input type="checkbox"/> Necropsy <input type="checkbox"/> Histopathology
<input type="checkbox"/> FLUID ANALYSIS Total Cell Count, TP, SG, Cytology	<input type="checkbox"/> PARASITOLOGY <input type="checkbox"/> Flotation <input type="checkbox"/> Ectoparasites <input type="checkbox"/> Heartworm ELISA <input type="checkbox"/> Giardia Evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> SEROLOGY SMALL ANIMAL <input type="checkbox"/> FeLV <input type="checkbox"/> FeLV & FIV <input type="checkbox"/> FIP <input type="checkbox"/> Other: _____
<input type="checkbox"/> BONE MARROW CYTOLOGY		<input type="checkbox"/> VIROLOGY <input type="checkbox"/> Virus Identification
<input type="checkbox"/> CYTOLOGY with CULTURE		
<input type="checkbox"/> RABIES <input type="checkbox"/> Human Exposure <input type="checkbox"/> Non-Human Exposure <input type="checkbox"/> Exposure Unknown		

LABORATORY USE ONLY:

<input type="checkbox"/> Pathology	<input type="checkbox"/> Rabies	<input type="checkbox"/> Clinical Pathology
<input type="checkbox"/> Clinical Micro/Bacteriology	<input type="checkbox"/> Virology	<input type="checkbox"/> Cytology
<input type="checkbox"/> PCR	<input type="checkbox"/> Serology	<input type="checkbox"/> Referral:

MVDL is an accredited AAVLD Laboratory and a member of the USDA National Animal Health Laboratory Network. Completed submission forms or any other means of test service request create a contractual agreement of services with MVDL. All submitted specimens become the property of MVDL. Submitted specimens may be subjected to additional testing as determined by state or federal animal health or foreign animal disease surveillance mandates.

MVDL LABORATORY REQUEST FORM- SV43 CLINICAL PATHOLOGY

Legend: L – EDTA; S – Serum (1 mL minimum); SL – 2 slides; U – Urine (5 -10 mL)

CASE NUMBER:

CLINICAL PROFILES – S, L, SL, U

- SMALL ANIMAL HEALTH SCREEN**
SA Panel, CBC/Differential, UA
- LARGE ANIMAL HEALTH SCREEN**
LA Panel, CBC/Differential, Fibrinogen, UA
- SMALL ANIMAL CLINICAL PROFILE**
SA Panel, CBC/Differential
- LARGE ANIMAL CLINICAL PROFILE**
LA Panel, CBC/Differential, Fibrinogen
- SA PRE-ANESTHETIC PROFILE**
BUN, Cre, ALT, ALP, Glu, TP, CBC/Differential
- FELINE PROFILE**
SA Panel, CBC/Differential, TT4, FIA, FeLV, FIV
- EQUINE FITNESS PROFILE**
AST, GGT, T Bil, CK, TP, Alb, Glob, Ca, PO₄, Na, K, Cl, TCO₂, CBC/Differential, Fibrinogen

ENDOCRINOLOGY – S

- CANINE THYROID PANEL**
cTT4, TSH, FT4, TT3
- THYROID PANEL – Feline**
TT4, FT4, TT3
- CANINE TOTAL T4**
- TOTAL T4 – Feline, Equine**
- CANINE TSH**
- FREE T4 – Canine, Feline**
- TOTAL T3 – Canine, Feline, Equine**
- CORTISOL – Canine, Feline, Equine**
- ACTH STIMULATION**
Cortisol, PRE & POST
Specify: _____ hr post ACTH
- DEXAMETHASONE SUPPRESSION**
Cortisol, PRE & POST
Specify: _____ hr post dose
Specify: _____ hr post dose

BIOCHEMISTRY PANELS – S

- SMALL ANIMAL PANEL**
CK, AST, ALT, ALP, Glu, Chol, TP, Alb, Glob, Ca, PO₄, BUN, Cre, T Bil, Na, K, Cl, TCO₂ (Amylase – Canine only)
- LARGE ANIMAL PANEL**
CK, AST, GGT, ALP, Glu, TP, Alb, Glob, Ca, PO₄, BUN, Cre, T Bil, D Bil, Na, K, Cl, TCO₂, Mg
- SMALL ANIMAL HEPATIC PANEL**
ALT, AST, ALP, GGT, T Bil, D Bil, TP, Alb, Glob, Chol, BUN, Glu
- SMALL ANIMAL RENAL PANEL**
BUN, Cre, TP, Alb, Glob, Ca, PO₄, Na, K, Cl, TCO₂
- CANINE ENDOCRINE PANEL**
Ca, PO₄, TP, ALB, ALP, ALT, AST, Chol, Na, K, Cl, Glu, T4
- FELINE GERIATRIC PANEL**
ALP, ALT, AST, GGT, BUN, Cre, PO₄, TT4
- ELECTROLYTE PANEL**
Na, K, Cl, TCO₂
- EXPANDED ELECTROLYTE PANEL**
Ca, PO₄, Mg, Na, K, Cl, TCO₂

OTHER SERUM CHEMISTRY – S

- PLI – Canine, Feline**
- BILE ACIDS – Canine, Feline, Equine**
- PHENOBARBITAL – Do not use serum separator tube**
- INDIVIDUAL BIOCHEMICAL TEST**
Specify: _____

HEMATOLOGY – L, SL

- CBC/DIFFERENTIAL**
WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, Platelets, WBC Differential, Plasma Protein Parasite screen, (Reticulocyte, if indicated)
- LARGE ANIMAL CBC/DIFFERENTIAL**
CBC, Fibrinogen
- SMALL ANIMAL CBC/WITHOUT DIFFERENTIAL**
- LARGE ANIMAL CBC/WITHOUT DIFFERENTIAL**
- RETICULOCYTE COUNT**
- FELINE ANEMIA PANEL**
CBC/Differential, FeLV, FIV, FIA
- FIBRINOGEN**
- HEMOTROPIC PARASITE SCREEN**

URINALYSIS – U

- URINALYSIS**
Specific Gravity, Dipstick (Glucose, Bilirubin, Ketones, Blood, pH, Urobilinogen), Sulfosalicylic Acid Protein, Sediment Evaluation
- URINALYSIS WITH CULTURE/SENSITIVITY**

MISCELLANEOUS TESTS

- BLOOD CROSS MATCH – S, L**
(Donor & Recipient)
- CANINE DIRECT COOMBS – L, SL**
- BUFFY COAT EXAM – L**
- INDIVIDUAL COAGULATION TEST – Citrate Plasma**
 PT APTT
- IgG – S**
 Bovine Equine
- NITRATE – Ocular fluid, S**

SV43 Revision 6-12-19

Appendix G: Home Quarantine Agreement Form

Lincoln County

HOME QUARANTINE NOTICE

You are hereby required to confine your animal for _____ days from the date of this notice in compliance with Montana State laws governing rabies management. Placing this animal in quarantine means that the animal must be kept separate from human beings and other animals in order to observe any signs of rabies and also to prevent human beings or other animals from being exposed to a potentially fatal disease.

If the animal shows any signs of illness or behavioral changes during the quarantine period, you must report such to the Lincoln County Sheriff's Office (LCSO) immediately and have the animal evaluated by a veterinarian. The animal may not roam at large or be left outside unsupervised. The animal shall not be taken from the quarantine area except to be transported to a veterinarian for examination or euthanasia. You will not sell, give away, euthanize, or otherwise dispose of this animal during the quarantine period. Escape from quarantine is regarded as a violation of this order and must be reported to LCSO immediately. If the animal dies during the quarantine period, the LCSO must be notified immediately, and the animal will be tested for rabies.

LCSO must be permitted to make periodic observations and/or examinations of the animal at the place of quarantine during this period. At the end of the quarantine period, the animal must be evaluated by a licensed veterinarian or Animal Control Officer. Unvaccinated/under-vaccinated animals must receive the rabies vaccine after the quarantine is complete.

Failure to heed this notice and abide by the restrictions herein will subject the animal to seizure by the ACO for shelter quarantine at the owner's expense and the owner will be subject to any penalties prescribed by State Law.

I have received this Quarantine Notice and will comply with instructions set herein:

Dated: _____ Owner/Keeper: _____

OWNER IDENTIFICATION

Name: _____ Home Telephone: _____

Work Telephone: _____

Address: _____

Address of where the animal is quarantined: _____

Telephone of where the animal is quarantined: _____

ANIMAL IDENTIFICATION

Type of animal: _____ Breed: _____

Name: _____ Male or female: _____

Veterinarian: _____

Date of current rabies vaccination: _____

Description: _____

EVALUATION

Comments: _____

Authorized Signature: _____ Date: _____