Lincoln County
City-County Board of Health Agenda
Lincoln County Courthouse, Libby
6:00 PM, October 14, 2025

- **Call to Order**
  - Pledge of Allegiance
  - Roll Call
- **Administrative Items**
  - Closed session per § 2-3-203(4), MCA – Litigation strategy discussion with BOH defense counsel Jordan Y. Crosby with Ugrin Alexander Zadick, P.C. re *Steiger et al v. BOH et al*, DV-27-2024-187
  - *Action Item* – BOH Meeting Location/Schedule
- **Public Comment on Items Not on Agenda**
- **Approval of Minutes**
  - *Action Item:* Approval of 7/8/25 and 9/15/25 Minutes
- **Unfinished Business**
  - *Action Item* – Behavioral health recommendation to commissioners
- **New Business**
  - *Action Item* –Superfund Focus Area Liaison Facilitator Request to LASOC
  - *Action Item* – Operating Procedure #3 (Variance) Update
  - *Action Item* – Animal Control Regulation Update
  - *Action Item* – Communicable Disease Response Plan
  - *Action Item* – Pandemic Influenza Response Plan
  - *Action Item* – Risk Communications Draft
  - Vaccine Policy Discussion
- **Program Reports:**
  - Zero to Five
  - Public Health
  - Environmental Health
  - Solid Waste and Recycling
- **Public Comment**
- **General Comments from Board Members**
- **Adjourn**

ZOOM Login – Meeting ID: **5451478326** / Password: **59923**

Lincoln County
City-County Board of Health Minutes
North Lincoln County Annex, Eureka
6:00 PM, July 8, 2025

- **Call to Order**
  - Pledge of Allegiance
  - Roll Call
    - Amy Fantozzi, Jan Ivers, Amy Casazza, Jim Siefert, Jim Hammons (Zoom), Kristin Smith (Zoom), Patty Kincheloe.
    - Present in person were Kathi Hooper, Robin Blumberg, Zach Sherbo, Eric Maule, Cory Burk, Buck Schermerhorn and Noel Durham. Alissa Fifield, George Jamison, Scott Shindledecker and Ray Stout were present on Zoom.

- **Administrative Items**
  - Variance Request Procedure Discussion
    - Kathi Hooper reviewed Operating Procedure #3. Health Department will create a variance application form. Kristin requested that staff report follow same format as general requirements. Jim S. requested that variances are recorded in public record with deed.
    - *Public comment on non-action agenda item* – None at this time

- **Public Comment on Items Not on Agenda**
  - Jan recommends that all BOH meetings be in Libby. Board members discussed. Meeting schedule will be on next agenda.
  - No public comment at this time

- **Approval of Minutes**
  - *Action Item:* Approval of 5/13/25 Minutes
    - Amy motioned to approve the 5/13/25 minutes. Kristin seconded. No public comment. All in favor. Motion passed.
- **Unfinished Business**
  - Crisis Response Update
    - Deb Burrell, Lincoln County Care Coordinator, provided update. Deb stated that both grants have been signed, the drop-in center is in the hiring process, and the mobile response team was shut down in November 2024.
    - *Public comment on non-action agenda item* – None at this time
- **New Business**
  - *Action Item:* Maule Variance Request
    - Robin presented a variance request for permitting of an elevated sand mound (ESM) to replace two unpermitted systems at 674 Glen Lake Drive, Eureka. The proposed ESM cannot meet the setback requirement of 10' from property boundaries.

- Kristin motioned to approve the variance request subject to approval from the road district. Patty seconded. No public comment. All in favor. Motion passed.

- *Action Item*: Letter to EPA RE: Libby Asbestos Superfund Site
  - George Jamison discussed the importance of preserving the CARD's collection of patient data and the EPA's Five-Year Review of the Libby Asbestos Superfund Site. He encouraged BOH members to attend EPA's public meeting in Libby on July 15.
  - Jim S motioned to approve the letter to EPA. Kristin seconded. No public comment. All in favor. Motion passed.

- **Program Reports:**
  - Zero to Five
    - Alissa gave an overview of Zero to Five activities including events in Libby, Troy, Eureka, Trego and Yaak. Headwaters will visit Libby and Trego next month.
  - Public Health
    - Zach shared that the Montana Clean Indoor Air Act was updated to include vaping during the last legislative session. He also reviewed a recent Public Health Awareness Notice posted by the Health Department that discussed Narcan, sharps disposal, and Hepatitis C and harm reduction.
  - Environmental Health
    - Robin said that a new sanitarian has been hired and will start July 28. Program staff have been busy with retail establishment inspections and summer events. The number of septic permits issued so far in 2025 is approximately the same as last year at this time. A meet and greet at the county shelter is scheduled for August 30th.
  - Solid Waste and Recycling
    - Kathi shared that customer traffic continues to increase at county landfills, and the Eureka Landfill hit a new record of 656 visitors on July 7th. The Libby Landfill expansion is scheduled to be completed by October. Board members discussed the need for increased cardboard recycling.

- **Public Comment**
  - George Jamison suggested forwarding the BOH's letter to EPA to the individuals copied on the LASOC letter.

- **General Comments from Board Members**
  - Jan asked if there is information to present at EPA's upcoming meeting. George explained that there is no mandatory public comment period for five-year reviews.
  - Patty said that she learned a lot at the Confluence conference that she and Jan attended. It was the first Confluence to include Board of Health training.

- **Adjourn**
  - Next meeting is scheduled for October 14th in Libby.

Lincoln County
City-County Board of Health Minutes
Lincoln County Courthouse, Libby
6:00 PM, September 15, 2025

- **Call to Order**
  - Pledge of Allegiance
  - Roll Call
    - Amy Fantozzi, Kristin Smith, Jim Seifert, Jan Ivers. Patty Kincheloe attended on Zoom. Quorum present. Attending in person: Kathi Hooper, Zach Sherbo, Noel Duram, DC Orr, George Jamison. Attending on Zoom: Danielle Faris, Robin Blumberg, Jason Rappe, Ray Stout, Melody Kraayveld.
- **Administrative Items**- None
- **Public Comment on Items Not on Agenda**
  - DC Orr expressed his concern about the two wells that were drilled for the new concrete batch plant. He is concerned that these wells are spreading contamination. DC asked if the board should be involved and who could require independent testing of these wells.
- **Unfinished Business-** None
- **New Business**
  - Discussion of Libby Groundwater Superfund- Controlled Groundwater Area
    - Jason Rappe gave an overview of the Groundwater Superfund and institutional controls including the proposed Controlled Groundwater Area. He requested BOH participation in a planned working group.
  - *Action Item*- Appointment of Superfund Liaison
    - George Jamison gave an explanation of what the role of the focus area liaison would entail. Board members asked George questions about the expectations and responsibilities of the position. The board members decided that it would be best to have two representatives.
    - Public Comment – DC Orr stated that mayor asked BOH to stop petition for CGA in 2019 and that buy water plan should not have enriched Libby.
    - Kristin nominated Amy and Jan. Jim seconded. All in favor. Motion carried.
- **Public Comment**
  - George said this community needs more involvement with the superfund sites so that educated decisions can be made.
  - Noel questioned if the two wells that were drilled for the concrete plant could be tested to see if the plume is shifting. Jason explained that there are sentinel wells east of the plume that EPA can test.
- **General Comments from Board Members**
  - Jim expressed his concerns of immunizations possibly not being accessible.
- **Adjourn**
  - Meeting adjourned at 7:00 PM

ZOOM Login – Meeting ID: 5451478326 / Password: 59923

City-County Board of Health for Lincoln County
418 Mineral Ave
Libby, MT 59923

October 14, 2025

Libby Asbestos Superfund Oversight Committee (LASOC)
c/o Lincoln County Commissioners
512 California Ave
Libby, MT 59923

RE: BOH/LASOC Liaisons and Facilitator Services

Dear Commissioner Teske,

At their September 15, 2025 meeting, the City-County Board of Health for Lincoln County (BOH) appointed Amy Fantozzi and Jan Ivers as Superfund Focus Area Liaisons. These liaisons are currently working to gain a detailed understanding of the EPA's recent Five-Year Review (FYR) report for the Libby Asbestos Superfund Site and will be organizing follow up activities. They will also be engaged in reviewing the OU3 Feasibility Study once it becomes available.

Due to the technical nature of these documents, the volume of information, and the timelines for response, the BOH is formally requesting LASOC's assistance in providing a facilitator. The facilitator will be essential in helping coordinate review activities, organize discussions, and guide communication between involved parties. Once a facilitator is available, the liaisons will begin forming a workgroup to follow up on FYR topics.

Please identify a primary contact person who will serve as the main point of communication between LASOC and the BOH Focus Area Liaisons.

Thank you for your time and collaboration. We look forward to continuing our shared efforts to protect public health and support informed community engagement throughout this process.

Sincerely,

Amy Fantozzi
Chair

Operating Procedure #3
City-County Board of Health for Lincoln County
October 2017 (rev October 2025)

Purpose: The purpose of this document is to outline the procedures for handling requests for variances to Lincoln County's Health and Environment Regulations.

The following Procedures apply to the City-County Board of Health (BOH) and any committees thereof.

General Requirements:

- A person who owns or is in control of a property subject to Health and Environment Regulations may apply to the Board for a variance.
- The BOH may grant or renew a variance if it finds:
  1. A variance from a requirement of these regulations does not conflict with state or federal law;
  2. The variance does not create a danger to public health or safety; and
  3. Compliance with the regulation from which a variance is sought would produce hardship without equal or greater benefit to the public.
- The BOH may place conditions on a variance and the person subject to the variance shall adhere to those conditions. Failure to adhere to the conditions is cause for revocation of the variance and other appropriate legal action.
- ~~Variances are non-transferable and remain valid only for the applicant to whom they are granted.~~

Application:

- An application for a variance ~~may be in the form of a letter~~must be submitted on the form provided by the Lincoln County Health Department (Department) and must contain the following information:
  1. Applicant's name, address and contact information;
  2. Specific regulation and provision from which a variance is requested;
  3. Legal description or address of property where variance would apply;
  4. Detailed and accurate description of the circumstances under consideration, including an explanation of why compliance is not justified and description of alternatives considered;
  5. Any other relevant information that the D~~d~~epartment or BOH may require.
- The application will be submitted to the ~~Lincoln County Health~~ Department ~~(Department)~~.

Decision:

- The Department may grant a temporary variance for up to ninety (90) days.
- The Department will forward the application to the BOH with their advisory opinion.
- The application will be considered at the BOH's next regularly scheduled meeting, provided that the application is received at least fourteen (14) days prior to the scheduled meeting date. At this meeting, the applicant may appear in person or be represented by another person.
- The BOH will make a final decision within thirty (30) days following the hearing, unless it notifies the applicant that more time is needed.
- The final decision must be in writing and signed by the BOH chair.
- Approved variances must be recorded with the Lincoln County Clerk and Recorder.

HEALTH AND ENVIRONMENT REGULATIONS

Chapter 2: LINCOLN COUNTY ANIMAL CONTROL ~~POLICIES AND~~ REGULATION~~S~~

(Revised July 2020, October 2025)

SUBCHAPTER 1: GENERAL PROVISIONS

2.1.101 INTENT: The purpose of this regulation is to protect the health, safety and welfare of the people of Lincoln County.

2.1.102 AUTHORITY: Authority for regulations promulgated in this rule is provided for in MCA 50-2-116.

2.1.103 DEFINITIONS:

As used in these policy and regulations, the following definitions apply:

(1) "Adequate Shelter" means provision of and access to shelter that is suitable for the species, age, condition, size, and type of each animal; is safe and protects each animal from injury, rain, sleet, snow, hail, direct sunlight, the adverse effects of heat or cold, physical suffering, and impairment of health; is properly cleaned; and, enables each animal to be clean and dry.

(2) "Animal" means any domesticated animal or livestock.

(3) "Animal Rescue Organization" means a group or individual who takes in unwanted, abandoned, stray or shelter pets and offers them for adoption.

(4) "At Large" means off the premises of its owner and not under the immediate control of its owner or authorized agent by the owner, either by leash, voice, or signal control; or by complete confinement within or upon a vehicle. Dogs controlling or protecting livestock or in other related agricultural activities, dogs engaged in hunting related activities, and police service dogs are excluded from this definition. Behaviors included within the definition of "at large" include any of the following:

(a) Chasing vehicles or bicycles in public streets, ways, parks, or easements;

(b) Rummaging through or scattering garbage or rubbish;

(c) Interfering with vehicular or pedestrian traffic.

(5) "Bite" means a laceration, bruise, or puncture inflicted by the teeth.

(6) "Boarding Facility" means a commercial establishment, that is open to the public, where pets are housed, fed, and cared for in exchange for compensation provided by the pet's owner.

(7) "Department" means Lincoln County Health Department

~~(5)~~(8) "Health Officer" means the Lincoln County Health Officer or their designated representative.

~~(6)~~(9) "Kennel" means any household or establishment where five (5) or more dogs are kept and maintained exclusively in that kennel, or~~, two (2) or more unaltered~~

dog(s) and/or cat(s) are kept for the purpose of breeding, or dogs and/or cats are offered for sale, trade, profit, or barter. All animal rescue organizations, animal shelters and boarding facilities are also deemed to be kennels no matter the number of dogs and/or cats onsite at any given time. Veterinary hospitals, grooming parlors, and pet shops are excluded from this definition.

~~(7)~~(10) "Owner" means any person who owns, harbors, or keeps a dog or cat.

~~(8)~~(11) "Officer" means ~~any employee of the Lincoln County Health Department, or~~a duly appointed law enforcement officer.

~~(9)~~(12) "Properly Cleaned" means that carcasses, debris, food waste, and excrement are removed from the primary enclosure with sufficient frequency to minimize the animals' contact with the above-mentioned contaminants.

~~(10)~~(13) "Vaccination" means the inoculation of a dog or cat with anti-rabies vaccine, administered by a licensed veterinarian.

~~(11)~~(14) "Vicious Dog" means a dog which harasses, chases, bites, or attempts to bite any human being without provocation or which harasses, bites, or attempts to bite any other animal without provocation. A police service dog that bites or chases any person while engaged in the lawful performance of its duties is not considered a vicious dog under this definition.

SUBCHAPTER 2: COMPLIANCE REQUIREMENTS

2.2.101 DOG LICENSING, LICENSE TAGS, AND EXEMPTIONS

(1) Any person keeping, harboring, or maintaining any dog in Lincoln County over six (6) months of age must duly register and license the dog as provided below:

(a) Licenses are issued by the ~~Lincoln County Health~~ Department at the Lincoln County Animal Shelter and at other designated locations.

(b) Before a dog license is issued, the owner of the dog must present a certificate from a recognized veterinarian stating that the dog has a current rabies vaccination. Rabies vaccination and control requirements are administered by the ~~Lincoln~~ City-County Board of Health for Lincoln County. The license is canceled if the rabies vaccination expires.

(c) The applicant must pay the license fee to ~~Lincoln County Health~~the Department before the license is issued. License fees are approved by the County Board of Commissioners as part of the Lincoln County Health Department Fee Schedule. The current Fee Schedule is herein incorporated by this reference. No refunds will be made on any dog license for any reason whatsoever.

(d) Upon issuance of a dog license, the ~~Lincoln County Health~~ Department will issue a copy of the license and a metal tag imprinted with the corresponding license number for each dog licensed. License tags must be worn by the licensed dog on a collar or harness of substantial quality and strength. It is

lawful to remove the collar or harness and license tag only when the dog is under the immediate control of its owner or authorized agent or when the dog is being maintained and prepared for competition in a licensed dog show or match.

(2) If any license tag for a dog is lost or destroyed, a duplicate may be issued by the ~~Lincoln County Health~~ Department upon proof of existing license and payment of the required fee.

(3) Dog license tags are not transferable from one dog to another. It is unlawful for any owner or any other person to use any license tag on any dog other than the one for which it was issued.

(4) These licensing requirements are subject to the following exemptions:

(a) Any dog whose owner, keeper or possessor is a non-resident of Lincoln County and is temporarily within the county for thirty (30) days or fewer is not required to be licensed in Lincoln County.

(b) Any dog brought into Lincoln County for the sole purpose of participating in any dog show or contest is not required to be licensed in Lincoln County.

(c) Any dog which has been properly trained as a service dog and is now acting in that capacity must be licensed but is exempt from license fees.

(d) Any government owned police service dog must be licensed but is exempt from license fees and is not required to wear the license tag.

(e) Lincoln County residents sixty-five (65) years of age or older are ~~allowed to have one dog~~ exempt from fees for one annual dog license tag.

~~(5) Failure to license a dog in accordance with these rules is a violation of Lincoln County Ordinance 2018-03 and constitutes a misdemeanor punishable by imprisonment in the Lincoln County Jail not to exceed one (1) week, a fine not to exceed $25.00, or both.~~

2.2.102 KENNEL LICENSING

(1) A kennel license is required for any organization, person, family, or household meeting the definition of "kennel." Application for a kennel license must be made to the ~~Lincoln County Health~~ Department. The intended facilities are subject to inspection by the Department and/or an officer. The permit shall be issued upon the following conditions:

(a) There must be adequate shelter and secure enclosure(s) for the animals on the premises.

(b) Proof of current rabies vaccination must be provided for each dog over six (6) months of age.

(c) Veterinary care provided when needed to prevent suffering or disease transmission.

(d) The owner uses suitable means of disposing of animal feces so that it does not become a nuisance or a health hazard.

(e) In the ~~investigating officer's~~Department's opinion, the animals receive proper care, food, water, shelter and humane treatment.

(f) The kennel license shall list the maximum number of animals over the age of six (6) months allowed on the premises and if the holder of the permit exceeds that number, it shall be grounds for revocation of all permits for that location;

(g) ~~Lincoln County Health~~The Department shall approve or deny the application based on the information submitted by the applicant and on the ~~recommendation of the investigating officer~~results of the inspection. ~~Lincoln County Health~~The Department may issue a conditional permit, but must state the permit conditions on the document and ensure that the applicant is advised of the conditions;

(h) The applicant must pay the kennel license fee to ~~Lincoln County Health~~the Department before the permit is issued. Kennel license fees are approved by the County Board of Commissioners as part of the Lincoln County Health Department Fee Schedule. The current Fee Schedule is herein incorporated by this reference.

(i) All premises for which a kennel license is issued may be subject to annual inspections by the Department~~an officer~~. ~~The~~ Additional inspections may ~~also~~ be instigated if a complaint is received. The ~~officer~~Department, on determining that such premises are not being maintained and/or conditions of the permit are not met, may revoke the kennel license.

(j) Within ten (10) days of the birth of a litter which is to be for sale, the owner must apply for a kennel license.

(k) If the holder of a kennel license moves, he or she must provide written notice to the ~~Lincoln County Health~~ Department of their new address within thirty (30) days of moving. ~~An officer~~The Department will then conduct an inspection and take appropriate action under this section based on any changes at the permit holder's new residence, if relocation is in Lincoln County.

(l) The kennel license i~~s~~f valid until December 31 of the year it is issued, unless revoked ~~for one (1) year from the issue date~~;

(m) Kennel licenses must be renewed within thirty (30) days of the expiration date or the application will be treated as a new application.

(2) Failure to license a~~-~~ kennel in accordance with these rules, as adopted by the ~~Lincoln~~ City-County Board of Health for Lincoln County~~, constitutes a misdemeanor under section 50-2-124, Montana Code Annotated, and~~ is punishable by a ~~fine~~ civil penalty not less than $10 or more than $200. Each day of violation constitutes a separate offense.

2.2.103 IMPOUNDMENT

(1) A dog or cat may be impounded without notice if any of the following conditions exist:

(a) Any dog or cat is being kept or maintained contrary to the provisions of this policy;

(b) Any dog found at large contrary to the provisions of the Lincoln County Dog Control Ordinance;

(i) Any dog at large upon any private property may be taken up by the owner or lawful occupant of the property and promptly delivered to the Lincoln County Animal Shelter for impoundment.

(ii) An officer may impound an at large dog on private property with the permission of the owner or lawful occupant of the property.

(c) Any dog that is not licensed or wearing a license tag as required by the Lincoln County Dog Control Ordinance and this policy;

(d) Any sick or injured dog or cat whose owner cannot be located;

(e) Any abandoned dog or cat;

(f) Any dog or cat to be held for quarantine;

(g) Any vicious dog found in violation of the Lincoln County Dog Control Ordinance.

(2) The procedure for impoundment is as follows:

(a) All dogs or cats impounded will be held for seventy-two (72) hours, not including weekends or legal holidays. If the impounded dog or cat has a license or other identification tag, the officer will notify the owner of said dog or cat within twenty-four (24) hours, not including weekends or legal holidays, by telephone or personal notice that the dog or cat has been impounded and where it may be redeemed. The officer will further notify the owner of his right to redeem the dog or cat within seventy-two (72) hours, not including weekends or legal holidays.

(b) If, after the prescribed time limit, the impounded dog or cat is not claimed by its owner and the appropriate fees paid, the dog or cat may be adopted to a private individual upon payment of the necessary fees and, if required, compliance with the licensing regulations or transferred to another agency for adoption. In the event an unclaimed dog or cat is not adopted or transferred to another agency, it may be humanely euthanized.

(c) A critically sick or injured dog or cat may be humanely euthanized to end suffering prior to the seventy-two (72) hour holding period defined above if an owner cannot be identified, contacted or located.

(d) Impoundment fees are approved by the County Board of Commissioners as part of the Lincoln County Health Department Fee Schedule. The current Fee Schedule is by this reference incorporated herein. In addition, boarding fees and all reasonable and actual expenses incurred during the impoundment must be paid to Lincoln County Health Department when the animal is reclaimed.

2.2.104 QUARANTINE

(1) In the event that a dog or cat has been bitten by, or exposed to, any animal suspected to have been infected with rabies, it shall be taken by the officer and securely and separately impounded. All such dogs or cats shall be quarantined for a period of forty-five (45) days or as directed by the Montana State Veterinarian, except as specified below:

(a) In the case of an unvaccinated dog or cat which is known to have been bitten by a laboratory confirmed rabid animal, the bitten dog or cat must be immediately destroyed or quarantined for a period of 120 days or as directed by the Montana State Veterinarian.

(b) In the case of a vaccinated dog or cat which is known to have been bitten by a laboratory confirmed rabid animal, the dog or cat shall be revaccinated within twenty-four (24) hours and quarantined for a period of forty-five (45) days or as directed by the Montana State Veterinarian following revaccination; or if the dog or cat is not revaccinated within twenty-four (24) hours, it shall be isolated and quarantined for 120 days or as directed by the Montana State Veterinarian. The dog or cat shall be ~~destroyed~~ humanely euthanized if the owner does not comply with the provisions of this subsection.

(c) If the owner of the dog or cat cannot be identified, contacted or located and the dog or cat is injured, sick or feral, the dog or cat may be humanely euthanized and the body sent in to the state lab for rabies testing.

(2) In the event that a dog or cat has bitten a human, the animal shall be securely quarantined for ten (10) days or as directed by the Montana State Veterinarian. An unvaccinated animal must be vaccinated immediately after the quarantine period.

(3) After the quarantine period, if the dog or cat is determined to be free of rabies, the owner may reclaim the dog or cat upon the payment of the boarding fees and, if required, licensing and vaccination.

(4) If any dog or cat under quarantine is diagnosed as being rabid, it shall be disposed of only under the orders and directions of the officer in his or her absolute discretion. Upon the positive diagnosis of rabies infection of any dog or cat in the county, the officer shall immediately notify the City-County Board of Health. Such Board may issue orders it deems necessary to be expedient for the protection of the public.

SUBCHAPTER 3: ENFORCEABILITY AND PENALTIES

2.3.101 ENFORCEABILITY: The provisions of this regulation are enforceable by the Lincoln County Sheriff's Office, the Health Officer, the Department, or any other law enforcement personnel with jurisdiction.

2.3.102 POWERS AND DUTIES OF THE DEPARTMENT

(1) The Health Officer is authorized to enter upon private property, at reasonable times and after attempting to notify the property owner, for the purpose of making such inspections as are necessary to determine compliance with the requirements of this regulation.
(2) The Health Officer will determine whether or not this regulation applies after an inspection of the property or area.
(3) The Health Officer will serve a written Notice of Violation and/or Notice to Appear and Complaint on the person who owns, leases or occupies the property on which a violation of this regulation exists.

2.3.103 PENALTIES: Except as provided in the Lincoln County Dog Control Ordinance and 2.2.102(2) of these regulations, violation of any part of these regulations is punishable by a civil penalty as provided in §50-2-124(1) of the Montana Code Annotated. Each day of violation will constitute a separate offense.

SUBCHAPTER 4: SEVERABILITY AND CONFLICT OF ORDINANCE

2.4.101 CONFLICT: In any case where a provision of this regulation is found to be in conflict with a provision of any zoning, building, fire, safety or health regulation of Lincoln County, existing on the effective date of the regulation, the provision which establishes the higher standard for the protection of public health and safety shall prevail.

2.4.102 SEVERABILITY: If any provision of this regulation is declared invalid by any court or tribunal, the remaining provisions of this regulation shall not be affected thereby.

~~Jan Ivers~~Amy Fantozzi Date
Chairperson

Brent Teske Date
Governing Body – Lincoln County Commissioners

LINCOLN COUNTY
HEALTH DEPARTMENT

Lincoln County
Communicable Disease Response Plan

This document contains the plans and protocols regarding the investigation, identification, and containment of illnesses caused by pathogens. Should an actual event occur, the response may vary depending on the type of emergency. This plan will be reviewed and updated annually or as necessary by the Health Director, Public Health Emergency Preparedness Coordinator, or designer. This version supersedes all previous versions of this document.

Lincoln County Health Department | 418 Mineral Ave. Libby, MT 59923 | 406-283-2463

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 (LCHD) has the responsibility and duty to execute this plan in defense of public health.

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

_____ _____

Signature ***Date***

Brad Black, MD
Health Officer

_____ _____

Signature ***Date***

Amy Fantozzi, Chair
Board of Health

_____ _____

Signature ***Date***

Kathi Hooper,
Health Department Director

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.		
11/14/2024	Updated active and expanded surveillance contacts and communicable disease reporting in Montana form-rev. June 2024.		
10/07/2025	Formatting, add HD Director signature line, update active surveillance contacts		

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Introduction

Communicable disease outbreaks, epidemics and pandemics are a threat to 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 to save lives, mitigate loss and assist in preventing further catastrophe. The role of LCHD is to:

- Gather and report communicable disease data: As directed per **ARM 37.114.201**, 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 way 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 includes 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, 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 406-283-2467 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. Ex.5**

If you are unable to contact 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 406-444-0273 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, follow up, 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 because 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 contacts 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 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 sources, 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 act.

12. If a communicable disease is of interest to the public and the media, assure that accurate information is given 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 to the MT DPHHS confidential 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 been 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
Lyn Thompson	CPMC Lab	406-283-7090	lthompson@cabinetpeaks.org	
Lacey Poirier	CPMC Infection Control	406-283-7059	lacpoi@cabinetpeaks.org	
Dawn Munsel	Libby Clinic Nurse	406-293-8711	Dawn.munsel@libbyclinic.org	
Lacey Uithof	NW Community Health Center (CHC)	406-283-6912	Lacey.uithof@northwestchc.org	
Krystal Fleenor	Logan Health Eureka	406-297-3145	kfleenor@logan.org	
	Family Health and Wellness Libby	406-293-3113		
	Family Health and Wellness Eureka	406-297-3266		

Expanded active surveillance contacts:

Name	Title	Phone	Email	Cell Phone
Sarah Soete	Libby Care Center of Cascadia	406-293-6285	ssoete@cascadiahc.com	
Dan Demmerly	Care Center of Cascadia	406-297-2541	ddemmerly@cascadiahc.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	
Christina Schertel	Superintendent, Troy School District	406-295-4321 x1	cschertel@troyk12.org	

Appendix A-List of Reportable Diseases in Montana

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Communicable Disease Reporting in Montana

Suspected or confirmed cases of the following diseases must be reported to your local or tribal health department, per ARM 37.114.201. Additionally reportable is any unusual incident or unexplained illness or death in a human or animal with potential human health implications, per ARM 37.114.203. If your Local or Tribal Public Health Jurisdiction is unavailable, call 406-444-0273 (*available 24/7*).

- Acquired Immune Deficiency Syndrome (AIDS)
- Acute flaccid myelitis (AFM) ①
- Anthrax①
- Arboviral diseases, neuroinvasive and non-neuroinvasive①
  - (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, St. Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)
- Arsenic poisoning (urine levels ≥70 micrograms/liter total arsenic or ≥35 micrograms/liter methylated plus inorganic arsenic)
- Babesiosis
- Botulism (infant, foodborne, wound, and other) ①
- Brucellosis①
- Cadmium poisoning (blood level ≥5 micrograms/liter or urine level ≥3 micrograms/liter)
- Campylobacteriosis
- *Candida auris*①
- Carbapenemase-producing carbapenem-resistant organisms (CP-CRO) ①
- Chancroid
- *Chlamydia trachomatis* infection
- Cholera①
- Coccidioidomycosis
- Colorado tick fever
- Coronavirus Disease 2019 (COVID-19)
- *Cronobacter* in infants①
- Cryptosporidiosis
- Cyclosporiasis
- Dengue virus infection
- Diphtheria①
- *Escherichia coli*, Shiga toxin-producing (STEC) ①
- Gastroenteritis outbreak
- Giardiasis
- Gonorrheal infection
- Leptospirosis
- Listeriosis①
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- Measles (rubeola) ①
- Melioidosis①
- Meningococcal disease (*Neisseria meningitidis*) ①
- Mercury poisoning (urine level ≥10 micrograms/liter or urine level ≥10 micrograms/liter elemental mercury/gram of creatinine or blood level ≥10 micrograms/liter elemental, organic, and inorganic mercury)
- Mpox
- Multisystem inflammatory syndrome in children (MIS-C)
- Mumps
- Pertussis
- Plague (*Yersinia pestis*) ①
- Poliomyelitis①
- Psittacosis
- Q Fever (*Coxiella burnetii*), acute and chronic
- Rabies, human① and animal
  - (including exposure to a human by a species susceptible to rabies infection)
- Rickettsial diseases (including Rocky Mountain spotted fever, other spotted fevers, flea-borne typhus, scrub typhus, anaplasmosis, and ehrlichiosis)
- Rubella, including congenital①
- Salmonellosis (including *Salmonella* Typhi and Paratyphi)①
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease①
- Shigellosis①
- Smallpox①

Granuloma inguinale
Group A *Streptococcus*, invasive disease
Haemophilus influenzae, invasive disease①
Hansen's disease (leprosy)
Hantavirus pulmonary syndrome/infection①
Hemolytic uremic syndrome, post diarrheal
Hepatitis A, acute
Hepatitis B, acute, chronic, perinatal
Hepatitis C, acute, chronic, perinatal
Human Immunodeficiency Virus (HIV)
Influenza (including hospitalizations and deaths) ①
Lead levels in a capillary blood specimen ≥3.5 micrograms per deciliter in a person less than 16 years of age
Lead levels in a venous blood specimen at any level
Legionellosis
Streptococcus pneumoniae, invasive disease
Streptococcal toxic shock syndrome (STSS)
Syphilis
Tetanus
Tickborne relapsing fever
Toxic shock syndrome, non-streptococcal (TSS)
Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
Trichinellosis (Trichinosis) ①
Tuberculosis① (including latent tuberculosis infection)
Tularemia①
Varicella (chickenpox)
Vibriosis①
Viral hemorrhagic fevers①
Yellow fever
Outbreak in an institutional or congregate setting

Additional Laboratory Requirements for submission of Selected Specimens/Reports:

① a specimen must be sent to the Montana Public Health Laboratory for confirmation, per ARM 37.114.313. Additional specimens may be requested by CDEpi. For additional information, contact the Montana Public Health Laboratory at 1-800-821-7284.

Isolates: In addition to selected conditions noted above, suspected or confirmed isolates of Multidrug-Resistant Organisms (MDRO) of significance, including Carbapenem-resistant organisms (CRO), Vancomycin-intermediate or resistant *Staphylococcus aureus* (VISA or VRSA) must be sent to MTPHL for confirmation, when possible.

Influenza specimens may be requested for confirmation of severe presentations/mortality and outbreaks, or subtyping for surveillance purposes. In addition, suspected novel influenza strains are required to be submitted for confirmation and additional testing by CDC.

ARM 37.114.313: In the event of an outbreak, emergence of a communicable disease or a disease of public health importance, specimens must be submitted at the request of the department until a representative sample has been reached as determined by the department.

DPHHS DISEASE REPORTING | Rev. June 2024

LINCOLN COUNTY
HEALTH DEPARTMENT

Lincoln County

Pandemic Influenza Response Plan

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 designer. This version supersedes all previous versions of this document.

Lincoln County Health Department | 418 Mineral Ave. Libby, MT 59923 | 406-283-2463

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

_____ _____

Signature ***Date***

Brad Black, MD
Health Officer

_____ _____

Signature ***Date***

Amy Fantozzi, Chair
Board of Health

_____ _____

Signature ***Date***

Kathi Hooper,
Health Department Director

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		
03/2024	Annual Review	BOH	
10/2025	Edit formatting, add HD Director signature line		

Table of contents

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 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 people 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 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: 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): 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 **MCA 10-3-303** or by the principal executive officer of a political subdivision as allowed in MCA **10-3-402** and MCA **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 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 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 designated 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 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, people who are 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 designated may review social distancing strategies and current epidemiology and coordinate with leadership of communities 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.

LINCOLN COUNTY HEALTH DEPARTMENT

Lincoln County Health Department (LCHD)

Risk Communications Plan

September 2025

This document contains protocols, procedures and resources to execute emergency response communications. Should an actual event occur, the response may vary depending on the type of emergency. This plan will be reviewed and updated annually or as necessary. This version supersedes any previous versions of this document.

Lincoln County Health Department | 418 Mineral Ave. Libby, MT 59923 | 406-283-2463

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

_____ _____

Signature Date

Dr. Brad Black, MD
Health Officer

_____ _____

Signature Date

Amy Fantozzi,
Board of Health Chair

_____ _____

Signature Date

Kathi Hooper,
Health Department Director

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
3/2017	Total re-write		
09/2025	Change formatting, update BOH Chair, update HAN cover sheet example, updated media contacts, removed press release information form.		

Table of contents

Introduction

Communication with the community will take place any time there is a public health concern or event. The Lincoln County Health Department Risk Communication Plan was developed to serve as the primary mode for communicating with the public and media during an actual or perceived public health crisis. The intent of the plan is to supplement communication activities that cannot meet the demand for public information when it escalates beyond the day-to-day ability to supply it. This plan may be activated to support the County's Emergency Operations Plans (EOP), or it may be activated proactively by the Public Health Officer (PHO) or designated.

Section I: Purpose, Scope and Assumptions

Purpose

This plan was developed to ensure public notification and education to save lives, mitigate loss and assist in preventing further catastrophes. The role is to provide complete, accurate, timely, consistent and credible information to the media and public. Therefore, the purpose of the Risk Communications Plan is to:

- **Gather and disseminate incident data:** Obtain verified, up-to-date information from appropriate sources, including subject-matter experts within the Department, the Incident Commander and staff of the emergency management.
- **Inform the public: Provide** accurate and comprehensive information about a public health incident, considering the unique needs of special audiences, such as the elderly, people with disabilities, minorities, schools and individuals who cannot normally be reached by mass communication. It is critical to provide emergency information in a timely fashion.
- **Analyze public perceptions of the response:**
    - Stop rumors and correct misinformation in a timely fashion.
    - Provide response agencies with insight into community information needs and expectations.
- **Share information with partners and stakeholders:** Communicate with designated public information counterparts, regional health jurisdictions and medical centers.

Scope

The Risk Communication Plan is limited in scope to events that affect or potentially affect public health. The implementation and responsibility of activation of this plan is the PHO or appointed designee. The PHO responds to all media inquiries and coordinates the release of information to the public on behalf of LCHD. The PHO will work in conjunction with the department Public Information Officer (PIO), county PIO and the Joint Incident Command (JIC), if applicable.

Assumptions

- Some events will bring out the media in force, creating many demands on emergency public information systems.
- When a public health emergency or incident has occurred, any information is released, and the list of appropriate recipients will be reviewed and approved by the PHO or appointed designee prior to being released.
- Key contacts may vary depending on the nature of the situation.
- The public in Lincoln County will need and want safety information and real time status reports on risks, threats and emergency operations in Lincoln County.
- Public information needs will change as incidents develop.
- In the absence of real time updates, the public and news media may propagate rumors and misinformation about Lincoln County and the incident operations.

Section II: Roles and Responsibilities

The Public Health Manager or designee will serve as the PIO for LCHD. The PIO is responsible for assuring that the appropriate information is provided to the public, county officials and community partners. The information must be accurate, timely and consistent with other agencies.

The PIO is responsible for:

- Establishing communications links and release information to local agencies, jurisdictions, stakeholders and partners, media, DPHHS stakeholders and the county Emergency Management
- Gathering and coordinating information about the emergency with federal, state, county and city spokespersons
- Developing communication and outreach products (i.e. talking points, briefings, fact sheets, news releases and public service announcements)
- Notifying media of emergencies and provide initial information regarding the event
- Reading and approving all media advisories before release
- Acting as spokesperson or designate duties
- Ensuring preparation for media briefings and preparing other speakers before interviews
- Scheduling periodic media briefings
- Moderating all news briefings, advising the media on protocol
- Responding to inquiries from local, state and national government agencies
- Coordinating emergency public information with other local, state and federal agencies
- Analyzing the impacted community to identify diverse groups which may require additional planning to ensure the information about the crisis is received and understood
- Analyzing public perception of ongoing events and adjust, if necessary, to messages
- Maintaining such logs or other records as deemed necessary

Sections III: Concept of Operations

In the event of a public health emergency, crisis, or disaster, this plan will be implemented by the PHO or designee. Activation is triggered by the emergency's Incident Commander. Any information released and the list of appropriate recipients will be reviewed and approved by the PHO or their designee **prior to being released.**

A review of this process will occur with each use and steps to improve efficiency will be made as they are identified. This plan will also be reviewed annually by the PHEP coordinator to remain current and accurate.

Communication Methods:

Possible methods to disseminate information.

- Landline telephones
- Fax
- Cell phones
- Email & newsletters
- Flyers
- Surveys & feedback forms
- Notes home with students
- Calling trees
- Town halls & public meetings
- CodeRed
- Text alert systems
- Health Alert Network
- Billboards & digital signs
- County and Health Department websites
- Social Media
- Press releases & media briefings
- Door to door canvasing
- Translated materials
- Accessible formats
- Community Health Workers

Health Alert Network (HAN) Protocol

Introduction: The Montana Health Alert Network (HAN) is a network used to distribute important health messages from Centers for Disease Control and Prevention (CDC) and the Montana Department of Public Health and Human Services (DPHHS). HAN messages are typically received from DPHHS and may address a broad spectrum of health-related issues. Lincoln County Health Department is expected to review these messages and to respond to them in a timely manner, disseminating the information as appropriate.

Purpose: This plan was developed to ensure that HAN messages from DPHHS are received by Lincoln County Public Health are distributed to appropriate audiences to protect public health.

Procedures for response

Receiving HAN Message:

- HAN messages may be sent from DPHHS to Lincoln County Public Health by email and phone to primary and secondary HAN contacts listed in the Public Health Directory. It will be sent by telephone in the form of an automated message providing a call back number for more information and instructions for receipt confirmation.
- When a HAN message is received the contact will acknowledge receipt and evaluate the content of the HAN message to determine its urgency and distribution criteria.
- 24/7 receipt of messages:
    - Messages may be received by email at zsherbo@libby.org or by phone at 406-334-4595. Email messages can be accessed during non-business hours by primary and secondary HAN contacts.
    - Staff will be assigned to monitor email and office phone Monday – Friday.
    - Staff will be assigned to monitor email 24/7

Distributing HAN Message:

- All email or fax messages will use a cover letter designed for HAN distribution with key contact information (see Appendix A). The message will be edited, and local information will be added as appropriate.
- The primary or secondary HAN contact will review the contents of the message and determine the appropriate recipients. List may include, but is not limited to:
    - Healthcare Providers
    - Hospitals
    - Clinics
    - Labs
    - Schools
    - Emergency Services
    - Law Enforcement
    - Functional Needs
    - Sanitarians
    - Emergency Management
    - Board of Health
    - Media
    - Pharmacies

- A HAN message that requires an immediate response during non-business hours will be distributed by email as usual, however, may also be delivered by telephone or in person at the direction of the Public Health Officer.

Local Health Alert messages

Local health alert messages may be created to address local situations requiring increased vigilance and response or to address emerging situations.

- All local messages will be sent with approval from the Health Department Director, Sanitarian or Health Officer
- All local alerts regarding emerging situations will be sent to state officials at hhshan@mt.gov

Levels of Health Alert Messages

Health Alert messages will be sent using a system which duplicates the state and federal system of:

- Alert – conveys the highest level of importance, warrants immediate action or attention
- Advisory – provides important information for a specific incident or situation; may not require immediate action
- Update – provides updated information regarding an incident or situation; unlikely to require immediate action

Testing of HAN system

HAN contact information will be tested, reviewed and updated on a quarterly basis.

Section V: Appendices

Appendix A – Public Information Guide

IMMEDIATE Public Information Guide

BE FIRST, BE RIGHT, BE CREDIBLE

1. **Assess the crisis**
   - What information do you need? What do you know? What don't you know?
   - What is the extent and degree of the crisis?
   - What steps are being taken by what government agencies?
   - What should be public do?
   - When will you get back to them with more info?

2. **Identify your audiences:**
   - Who is your audience?
   - What will be your audience's greatest concerns?

3. **Determine communication methods:**
   - Consider the best way to reach your audience. Determine when, where and how you will communicate with them.
   - Prepare alternate methods for message delivery.
   - Schedule message updates.

4. **Develop your three IMMEDIATE key messages:**
   - Think about the top three things your audiences need to know.
   - Support your messages with accurate information.
   - Enhance your message with experts who are knowledgeable and skilled in speaking with the media.

5. **Focus on message integrity:**
   - Be honest about what you know and don't know.
   - Be clear about what is being done and when you anticipate having more information.
   - Be explicit about what the public can and should do.
   - Don't report information that you do not know with *certainty* to be credible.

6. **Create a crisis communication strategy if the crisis will expand beyond one operational period.**

Appendix B – HAN Cover Sheet Template for Fax/Email

Lincoln County Public Health Emergency Preparedness

HEALTH ALERT NETWORK

Date: xx/xx/xxxx

This is a Lincoln County Alert Network Advisory: xxxx-xx

This HAN message carries a recommendation of: UPDATE

Please see attachment for HAN information.

Categories of Health Alert Messages

Health Alert: Conveys the highest level of importance about a public health incident.
Health Advisory: Provides important information about a public health incident.
Health Update: Provides updated information about a public health incident.

***Information Service*:** Passes along low level priority messages that do not fit other HAN categories and are for informational purposes.

LINCOLN COUNTY
HEALTH DEPARTMENT

Lincoln County Health Department
418 Mineral Avenue, Libby, MT 59923
Phone: 406-283-2447 | Fax 406-283-2466

Appendix C – Media Contacts

Media	Contact	Address	Phone	2nd phone	Fax	Email
Newspapers						
The Western News	General Manager-Suzanne Resch	P.O.Box 1377, Libby	406-293-4124		406-293-7178	sresch@thewesternnews.com
Kootenai Valley Record	Ray Stout	507 Mineral Ave, Libby	406-293-2424			kvrecord@gmail.com
The Montanian		317 California Ave, Libby	406-901-3644			news@montanian.com
Flathead Beacon Productions	Media Director-Hunter D'Antuono	69 North Main St, Suite B Kalispell	406-257-9220			hunter@flatheadbeacon.com
Daily Interlake		727 E. Idaho, Kalispell	406-755-7000			community@dailyinterlake.com
Tobacco Valley News	Nikki Meyer	PO Box 307, Eureka	406-297-2514			nikki@tobaccovalleynews.com
Radio						
Montana Public Radio University of Montana		32 Campus Dr, Missoula	406-243-4931			ISDN@mtpr.org
Television						
MontanaSky		912 West 9th St., Libby	406-752-4335	406-293-4335		support@montanasky.net