

LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH MEETING
LEWIS AND CLARK PUBLIC HEALTH CONFERENCE ROOM

ZOOM Web Meeting

May 28, 2020

(Note: Meeting time 1:00-3:00pm)

REGULAR BOARD MEETING AGENDA

1:00	CALL TO ORDER	
1:00	REVIEW OF AGENDA	
	1. Review and Revision of Agenda.....	Pg. 1
1:05	MINUTES	
	2. Minutes of April 23, 2020.....	Pg. 2
1:10	ACTION ITEM	
	3. Lead Regulation Presentation and Open Public Comment Period.....	Pg. 6
	4. Aging Well Resolution	Pg. 19
1:50	BOARD DISCUSSION	
	5. - Communicable Disease Transport Plan & Reporting Protocol checklists	Pg. 21
2:15	HEALTH OFFICER'S REPORT	
	6. Report on Current Health Department Issues	
	- COVID-19 Update	Pg. 44
2:45	PUBLIC COMMENT	
	7. Public comments on matters not mentioned above.....	Pg. 45

Adjourn

Our mission is to improve and protect the health of all Lewis and Clark County Residents

ADA NOTICE

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LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana

BOARD AGENDA ITEM

Meeting Date

May 28, 2020

Agenda Item No.

1

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Review of Agenda

PERSONNEL INVOLVED: Board Members

BACKGROUND: Time is allowed for board members to review the agenda and to add any new agenda items.

HEALTH DIRECTOR'S RECOMMENDATION: Approval

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Berg						
Collins						
Eck						
Hunthausen						
Johnson						
Murgel						
Oliver						
Ream						

LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana

BOARD AGENDA ITEM

Meeting Date

May 28, 2020

Agenda Item No.

2

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Minutes April 23, 2020

PERSONNEL INVOLVED: Board Members

BACKGROUND: Upon approval, the minutes represent official actions of the Board of Health. Every effort is made to have these recommended minutes accurately portray the proceedings and procedures of the board.

HEALTH DIRECTOR'S RECOMMENDATION: Approval

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
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**LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH – MINUTES
1930 9th AVE, HELENA, MONTANA 59601
Zoom Meeting, 1:00 p.m.
April 23, 2020**

Members Present by Zoom

Justin Murgel, chair
Commissioner Andy Hunthausen, vice chair
Mayor Wilmot Collins
Kammy Johnson
Jenny Eck
Brie Oliver (Arrived at 1:11 p.m.)
Dr. Mikael Bedell
Tyler Ream
Raymond Berg

Members Absent

Staff Present by Zoom

Drenda Niemann Gayle Shirley
Jolene Helgersen
Jacqueline Isaly
Eric Merchant
Kathy Moore
Frank Preskar
Heather Parmer

Guests Present by Zoom

Mary Ann Dunwell, State Representative
Nicky Twitchell,

Justin Murgel, chair, called the meeting to order at 1:00 p.m. A quorum was established. Introduction of board members, staff, and guests were made.

REVIEW OF AGENDA

Mr. Murgel announced that action item 4 will be tabled to the May agenda.

MINUTES

Mr. Murgel asked if there were any corrections or additions to the February 27 and March 26, 2020, minutes. Raymond Berg announced that the March 26 minutes should read that he abstained from voting on the variances because he grew up in the area of the variances and not because he knew the applicant. The Board approved the amended minutes as written.

ACTION ITEM

Hearing Officer Recommendation, Ms. Holly Ressler Variance:

Kammy Johnson, Hearing Officer, and Frank Preskar, Sanitarian, gave a brief account of the Ressler variance hearing held on April 22, 2020. Ms. Johnson recommended approval of the variance. She said the request met all of the Montana Department of Environmental Quality criteria for granting a variance. In answer to questions from Raymond Berg, Ms. Johnson said that there were 11 mobile homes and 1 stick built home on the property. There are several permits for this property, but there may also be systems installed prior to the permitting program. Mr. Preskar said he doesn't know the exact number of septic systems in the county as the county planning department didn't have an addressing program or addresses, and some permit records do not match home addresses. In answer to a question from Mr. Murgel, Mr. Preskar said the mobile homes are supplied water by two on-site wells and the stick built home is connected to the City of Helena water system. The City of Helena will not allow any additional connections to their water system without annexation and connection to the sewer system, which is not possible at this time. Mr. Berg moved to ratify the hearing officer recommendation for approval. Jenny Eck seconded the motion. The motion carried 9-0.

BOARD DISCUSSION

FY 2021 Draft Budget: Heather Parmer, Finance Coordinator, referenced the FY21 draft budget summary (page 25 of the board packet). Revenues and expenditures are unknown at this time. A full-time Behavior Health Specialist position has been added to the FY21 budget. In answer to a question from Ms. Eck, Drenda Niemann, Health Officer, said that outreach education funding is unknown at this time as we are waiting on funding from our grants to budget for the upcoming fiscal year. Ms. Niemann gave an overview of the budget timeline. Ms. Niemann will schedule a Board Finance meeting for May.

Finance Report: Ms. Parmer referenced the FY20 comparison to budget and cash flow for July 2019 through April 2020 (pages 25-26 of the board packet). Ms. Parmer noted that the department is 75% of the way through its fiscal year. Total revenue to date is \$1,490,943, or 63% of the amount budgeted; actual expenditures are \$1,895,781 or 72% of the amount budgeted. Revenues are under expenditures by \$404,838; total ending cash is \$553,487.

HEALTH OFFICER'S REPORT

Drenda Niemann, Health Officer, announced that the governor's directive regarding COVID-19 reopening is to open the State of Montana in 3 phases. The directive is available on the Public Health Web page. Public Health is available for technical assistance and guidance during reopening. Ms. Niemann continued discussing Public Health's response role, the criteria for reopening, and out-of-state travel. In answer to a question from Mr. Berg, Ms. Niemann said that testing supplies in Lewis and Clark County (L&CC) are adequate for now. We are encouraging providers test liberally. In answer to a question from Mayor Collins, a medical provider needs to order a COVID-19 test before the test will be performed. All tests are sent to the state lab for diagnosis. In answer to questions from Ms. Eck, Ms. Niemann said antibody testing is not currently being done in L&CC. If some counties are, they are doing so in the private sector, not statewide. Ms. Niemann also said that testing right now is only being done for those who show symptoms. Tests are not indicated for asymptomatic patients. Patients are being screened for symptoms prior to testing. Public Health's guidance recommendation for places like God's Love and the Friendship Center is to continue to screen for symptoms, maintain physical distancing, personal hygiene, environmental cleaning, isolation and quarantine, and limit interaction. In answer to questions from Mr. Berg, Ms. Niemann said Public Health will monitor for an increase in COVID-19 cases and surge capacity levels within the health department and hospital in order to determine if L&CC should move forward or backward during phases. Title 50 allows for the health department to be more restrictive than the state but not less restrictive. In answer to a question from Brie Oliver, Ms. Niemann discussed the department's guidance for bars and churches during phase 1, enforcement process, and alternative shelter plans. Ms. Eck requested that the Board receive more COVID-19 policy updates. Ms. Niemann said she would increase her board correspondence and add additional board updates to the schedule.

PUBLIC COMMENT

State Representative Mary Ann Dunwell announced that this pandemic underscores the importance of health officers, board of health and boards of health policy. She is grateful to the Public Health staff. She wished that we were going slower with the reopening phases.

Nicky Twitchell opined that it is poor optics on the governor's part to allow bars and casinos to open during phase 1 when yoga studios, which can easily achieve the social distancing requirements, cannot.

HEALTH OFFICER'S REPORT continued

In answer to a question from Mr. Berg, Mr. Murgel said that a motion is not needed regarding the governor's directive. A vote would only be needed if the Board were to be more restrictive than the governor's directive. Mr. Berg made a motion for the Board to maintain the current restrictions and to be more restrictive than the governor's plan. Mr. Berg said that it is too soon for the opening of phase 1. Ms. Eck made a substitute motion to follow the governor's order with the exception of our current orders for bars and casinos. Mr. Berg seconded the motion. In answer to a question from Ms. Oliver, Mr. Murgel said that the 6-foot restriction or a group of 10 or less was maintained for phase 1. Commissioner Hunthausen cautioned the board in their motion. He said that he or others are not scientists or public health officials and not to make their decisions based on feeling. We should rely on our public health professionals to make recommendations. If federal, state and local public health are in some level of agreement on the direction of the phased plan, we should follow based on factual data rather than personal feelings. In answer to a question from Ms. Oliver, Ms. Niemann said that in her opinion we should stick with the governor's order and implement those orders well, which is what public health has control over at the local level. We will use all of the protective measures that we know of to be true to protect our community by implementing technical assistance and guidance. Questions we submit to the governor are usually responded to quickly. There may be a chance that yoga facilities may be added into phase 1. Public Health has to rely on the criteria that has been set at the national level that is also being used at the state and local level. The criteria that we will use for reopening between phases is 14 steady days of a downward trend in cases, normal hospital operations, surge capacity is not needed, and testing is available. Ms. Niemann proceeded to share the case numbers from the State of Montana Response COVID-19 Map, which the health department is using to help base their criteria on for reopening. Mr. Berg withdrew his motion. Ms. Eck announced that if the board would like to move forward with the plan as is and not go forward with the 2 motions, that she would recommend reconvening in two weeks to allow for review of the metrics. Ms. Oliver recommended that the Board send a support letter for small health centers that provide physical activities after receiving clarification from the governor.

The meeting adjourned at 3:10 p.m.

Justin Murgel, Chair

Drenda Niemann, Secretary

**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana**

BOARD AGENDA ITEM

Meeting Date

May 28, 2020

Agenda Item No.

3

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS Lead Regulation Presentation and Open Public Comment Period

PERSONNEL INVOLVED: Kathy Moore, Environmental Services Division Administrator & Jan Williams, Environmental Health Specialist

BACKGROUND Ms. Moore and Ms. Williams will give a brie presentation on the Lead Regulations and will open the public comment period.

HEALTH DIRECTOR’S RECOMMENDATION: N/A

ADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
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Ream						

SECTION 1.0 AUTHORITY, DEFINITIONS, AND SCOPE

1.1 TITLE

These regulations will be known and cited as: THE REGULATIONS GOVERNING SOIL DISPLACEMENT AND DISPOSAL IN THE EAST HELENA SUPERFUND AREA IN LEWIS AND CLARK COUNTY, MONTANA.

1.2 AUTHORITY

The Lewis and Clark City-County Board of Health promulgates these regulations under the authority of Section 50-2-116(2) (c) (v), Montana Code Annotated (MCA).

1.3 FINDINGS

The Lewis and Clark City-County Board of Health finds that:

- (1) The United States Environmental Protection Agency (EPA) has identified and designated the City of East Helena and the surrounding area as a Superfund site and in 1984 placed the site on the EPA's National Priorities List for clean-up and remediation under the Comprehensive Environmental Response, Compensation, and Liability Act); and
- (2) The East Helena Superfund Site, Operable Unit No. 2, Residential Soils and Undeveloped Lands: Final Record of Decision (ROD), September 2009, identifies institutional controls that have been selected and approved by the EPA; and
- (3) The lead smelter, formerly owned by ASARCO, was the primary source of lead and arsenic soil contamination; and
- (4) East Helena and the surrounding area, as shown on the Administrative Boundary map attached to these regulations as Attachment A, contains lead and arsenic contaminated soils; and
- (5) Regulation of soil displacement within the Administrative Boundary is necessary to prevent lead and arsenic contamination of uncontaminated areas, prevent recontamination of remediated areas, and prevent potential health risks to humans; and
- (6) These regulations are necessary to protect public health and to control environmental lead and arsenic contamination within the Administrative Boundary.

1.4 DEFINITIONS

ADMINISTRATIVE BOUNDARY means the boundary area identified in Attachment A.

BOARD means the Lewis and Clark City-County Board of Health.

CLEANED UP means a property has been remediated to acceptable risk-based cleanup levels of lead and arsenic as detailed in the East Helena Superfund Site, Operable Unit No. 2 Residential Soils and Undeveloped Lands Final Record of Decision, September 9, 2009 (see Table 2.2). ~~levels of contamination using EPA approved remediation methods which may be either in-situ treatments, such as deep tilling, or removal and replacement of contaminated soils.~~

COMMERCIAL PROPERTY OR SITES means property or sites having profit as a chief aim, excluding daycares, schools, and agricultural property.

CONTAMINATED SOIL means soil containing lead and/or arsenic in excess of background concentrations, identified in the “Remedial Investigation of Soils, Vegetation and Livestock for East Helena Site (Asarco), East Helena, MT”;EPA Work Assignment No. 68-8L30.0 May 1987 .

CUBIC YARD means a volume of soil equal to a cube one yard long on each side, which is approximately the size of an average desk or washing machine.

ENVIRONMENTAL SERVICES DIVISION means a component of the Lewis and Clark ~~City-County Health Department~~Public Health.

EPA means the United States Environmental Protection Agency.

LEAP means the Lead Education and ~~Abatement Assistance~~ Program of the Environmental Services Division of ~~the~~ Lewis and Clark Public Health~~City-County Health Department.~~

LETTER OF EXEMPTION means a letter sent to property owners whose property does not have lead concentrations above 500 mg/kg and which exempts the owner from obtaining a soils displacement permit when disturbing more than 1 cubic yard of soil.

MG/KG means milligram per kilogram and is approximately equivalent to parts per million (ppm).

QUALIFIED RESIDENTIAL YARD means a yard that was in existence prior to the release of the 2009 EPA ROD on September 17, 2009, and any part of that yard has at least one section with lead concentrations at or above 1000 ppm, or an arsenic average concentration at or above 100 ppm.

PERMIT means the written authorization from the Lead Education and **Abatement Assistance** Program to disturb soil within the Administrative Boundary.

PERSON means any individual, corporation, company, association, society, firm, partnership, Joint Stock Company or any branch of state, federal or local government; or any other entity that owns rents, or leases property subject to this regulation.

PROJECT means a plan or proposal resulting in or requiring the displacement of more than one cubic yard of soil.

RCRA means the Resource Conservation and Recovery Act, 42 U.S.C. Section 6901, et seq.

RELOCATION means the movement of any volume of soil from one location to another location.

REPOSITORY means an EPA-approved location for the disposition of contaminated soils.

REPRESENTATIVE means a person that is authorized to act as an official delegate or agent for another person.

ROD means the 2009 EPA Record of Decision for the East Helena Superfund Site Operable Unit 2.

SOIL DISPLACEMENT means the relocation of one cubic yard or more of soil. Soil displacement does not include tilling if no excess soil is removed from the area.

SOIL SAMPLING means the collection and analysis of surface soil samples taken either as part of the Superfund clean-up action or taken in response to meeting conditions of this permit process.

TILLING means to prepare land for the raising of crops as by plowing or harrowing, or to cultivate or dig with a rototiller.

TOPSOIL PRODUCTION AND SALES means the excavation of topsoil within the Administrative Boundary area for the purposes of sale or other consideration,

1.5 SCOPE

- (1) These regulations apply only to parcels of land lying within the Administrative Boundary of Lewis and Clark County.
- (2) These regulations apply to all persons engaging in soil displacement in excess of one cubic yard within the Administrative Boundary exclusive of tilling when no soil is removed from the parcel.

- (3) These regulations apply to all land use types, including but not limited to residential, commercial, recreational, rights-of-ways, and industrial.
- (4) These regulations do not apply to parcels where:
 - a. the undisturbed native, average soil lead levels are less than 500 mg/kg lead, or
 - b. the property has been cleaned up to less than 500 mg/kg lead-
- (5) In accordance with Section 9621(e) of Title 42 of the United States Code, nothing contained in this section or these regulations shall require or be construed to require the obtaining of a permit by any agency, employee, or contractor of the United States, the State, or the Montana Environmental Custodial Trust (MECT) for activities conducted entirely within the Administrative Boundary and carried out in compliance with the provisions of the Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S. C Section 9601, et seq. and the Resource Conservation and Recovery Act, 42 U.S.C. Section 6901, et seq., and approved by EPA.

SECTION 2.0 PERMIT PROCEDURES AND REQUIREMENTS

2.1 PROHIBITED ACTIVITY

No person shall displace soil within the Administrative Boundary without first complying with the permit procedures and requirements as provided in this section.

2.2 APPLICATION PROCESS FOR PERMIT

- (1) Application for a permit to displace soil within the Administrative Boundary is made by completing a permit ~~application~~ application available at the LEAP office, Room 201, East Helena City Hall, 306 East Main Street, East Helena, MT 59635 or online at LewisAndClarkHealth.org.
- (2) The applicant must submit all information required by these regulations before the LEAP staff must begin review of the application.
- (3) The applicant is required to submit information including, but not limited to:
 - a. Name and address of property owner
 - b. Name and address of applicant, if different than the property owner.
 - c. Address and legal description of location of proposed activity
 - d. Description of the proposed activity
 - e. Depth of any proposed excavation
 - f. Volume of soil to be excavated or displaced
 - g. Describe proposed method for controlling contaminated dust.

- h. Describe proposed method for handling contaminated soil.
 - i. Location of final disposal site.
 - j. Source of replacement soil.
 - k. Name of contractor or other representative, if applicable.
- (4) Upon receipt of a complete application, LEAP staff must schedule an appointment within 5 working days to finalize the project plan. During the appointment, LEAP staff will develop a project timeline with the applicant or his/her representative. The project timeline will include:
- a. Start date
 - b. Proposed end date
 - c. Proposed date and time of final inspection
- (5) Prior to permit approval, LEAP must review existing soil sampling and clean-up information for the site, if any exists.
- (6) ~~If no record of sampling or clean-up exists, For undeveloped lands sampling is required to be conducted following the Soil Sampling Program For Undeveloped Land Quality Assurance Project Plan. the applicant or his/her representative must sample soil for lead or arsenic following LEAP/EPA sampling protocol and the requirements of the 2009 ROD. Residential Yards~~ in existence prior to the release of the 2009 EPA ROD on September 17, 2009 will be sampled by LEAP at no cost to the owner.
- (7) The person doing the work must complete training for certification as described in Section 3.
- (8) Upon applicant's compliance with the requirements of this Section, LEAP must issue a permit in writing and the applicant or his/her representative must comply with the terms of the permit.
- (9) Permits are valid for 2 years after date of issue. If work is not completed within 2 years, a new permit must be obtained.
- (10) All permits issued by LEAP must ~~be in compliance~~ comply with the conditions set forth in the 2009 ~~Record of Decision~~ and must meet the clean-up criteria for the land use identified in Table 2.2.
- (11) Emergency actions may be conducted by an applicant or their representative without a permit. The emergency action taken must be reported to LEAP as soon as possible and by the next business day at the latest. Emergencies may include water or sewer line leaks, natural gas line leaks, hazardous waste spills and other urgent events.

2.3 INSPECTIONS

- (1) Upon completion of the project, the applicant or the applicant's representative must notify the LEAP staff that the project is ready for a final inspection to determine compliance with these regulations.
- (2) Upon notification of project completion, LEAP will perform a final site inspection within 5 working days.
- (3) During the final inspection LEAP staff will:
 - a. verify that work was conducted within the area described on the permit; and
 - b. verify that excess soils generated by the project are properly capped or have been removed to an approved repository; and
 - c. photograph the project site to document that the permit requirements were met; and
 - d. verify that the work has been completed in compliance with the permit requirements by signing and dating the permit.
- (4) Upon final inspection and approval of the project, LEAP staff must file the permit and documentation of project completion in the LEAP office. Summary information must be entered into the Soils Database by LEAP and will become part of the permanent site record. The permit will be the official record of compliance with the 2009 ROD and will be maintained on file for public review.

2.4 PERMIT FEES

No fees will be charged either to obtain a permit or to participate in the training or certification program held by the ~~LEAP Lead Education and Abatement Program (LEAP) of the Lewis and Clark City-County Health Department.~~

2.5 CONTROL OF EXCESS SOIL DISPOSAL AND REPLACEMENT SOIL STANDARDS

- (1) All excess soils removed from any property within the Administrative Boundary that is determined by LEAP or EPA to ~~be contaminated exceed cleanup criteria~~ must be transported by the applicant or the applicant's representative to one of the EPA approved repositories identified on the permit.
- (2) Excess soil from residential areas may be reused only on the property of origin if applicant demonstrates that lead concentrations are less than 500 milligrams per kilogram (mg/kg) and arsenic levels are below 100 mg/kg. Non-residential properties may reuse excess soil on the property of origin if clean-up criteria listed in Table 2.2 can be met.

- (3) Soil brought in for replacement or backfill will meet the replacement requirements listed in Table 2-1.

TABLE 2-1 REPLACEMENT SOIL REQUIREMENTS

Parameter	Requirements
Lead	\leq 50 100 mg/kg
Arsenic	\leq 30 45 mg/kg

2.6 CLEAN-UP ACTION LEVEL

- (1) Soils from qualified residential yards and vacant lots developed prior to the release of the 2009 ROD on September 17, 2009, will have soils excavated and disposed of when any section of a yard is found to have:
- A soil lead concentration greater than 1,000 milligrams/kilogram (mg/kg). All portions of the yard with soil lead greater than 500mg/kg will be cleaned up; or
 - An average yard arsenic concentration of greater than 100 mg/kg
- (2) Clean-up criteria for all land uses are listed in Table 2-2

Table 2-2 East Helena Superfund Site Operable Unit 2 Clean-up Criteria

Land Use	Frequency of use	Clean-up Criteria	
		Lead	Arsenic
Existing Residential and Public Use	Frequent or daily	If any sample unit is greater than 1,000 mg/kg, then all areas greater than 500 mg/kg	Yard average greater than 100 mg/kg
Proposed Residential and Public Use	Frequent or daily	Greater than 500 mg/kg	Greater than 100 mg/kg
	Adjacent to occupied residential or public use	Greater than 1,000 mg/kg	Greater than 100 mg/kg

Roads, Alleys, and Railroad Rights-of-Way (ROWs)	Adjacent to Recreational or Industrial/Commercial	See Land Use	See Land Use
Drainages, Floodplains, and Irrigation Ditches	Adjacent to occupied residential or public use	Greater than 1,000 mg/kg	Greater than 100 mg/kg
	Adjacent to Recreational or Industrial/Commercial	See Land Use	See Land Use
Recreational Land	Infrequent	Greater than 3,245 mg/kg	Greater than 794 mg/kg
Industrial and or Commercial	Frequent or daily	Greater than 1,482 mg/kg	Greater than 572 mg/kg
Agricultural and/or Undeveloped Land	Infrequent	Greater than 3,245 mg/kg	Greater than 794 mg/kg
	Frequent or Actively Managed	Greater than 1,482 mg/kg	Greater than 572 mg/kg

Note: mg/kg = parts per million = milligrams per kilogram (mg/kg)

SECTION 3.0 CERTIFICATION PROGRAM

3.1 CERTIFICATION

- (1) Certification means that a person has demonstrated knowledge of these regulations and is able to undertake projects in compliance with these regulations.
- (2) Certification is free.
- (3) Applicants, applicant's representatives, contractors, construction workers, and property owners may obtain certification from LEAP. Certification is a privilege extended to an applicant, contractor, construction worker, and property owner, and is not a right.
- (4) Application for certification must be in writing and must contain the name, address, and phone number of the individual and other information deemed necessary by LEAP.
- (5) To become certified, an individual must attend and satisfactorily complete the LEAP's certification program:
 - (a) Training will be provided by LEAP on an appointment basis, as needed.
 - (b) Training includes, but is not limited to the following topics:
 - Reducing or eliminating exposure to lead from soil during excavation.
 - Information about personal protective clothing.

- Requirements for covering loads of soils prior to hauling to reduce blowing dust.
 - Methods and best management practices for dust control at construction sites.
 - Proper cleaning of equipment before leaving a construction site.
 - Acceptable disposal or reuse of excess soils.
- (6) Certification will depend upon completion of training.
- (7) Certification is valid for two years.
- (8) Certification is a prerequisite for any excavation of soil in excess of 1 cubic yard with lead concentrations greater than 500 mg/kg and/or arsenic concentrations greater than 100 mg/kg.-
- (9) Any person may attend training and become certified.

SECTION 4.0 VIOLATIONS AND ENFORCEMENT

4.1 VIOLATIONS

- (1) Failure to have a permit.
- (2) Failure to post the permit at the site.
- (3) Failure to comply with the permit requirements.
- (4) Failure to allow access by Health Department representatives will invalidate the permit and/or other written record of compliance with these regulations which are necessary to document that all work was completed in compliance with the 2009 ROD.

4.2 PENALTIES FOR VIOLATIONS

Violations of any of the provisions of these regulations are a misdemeanor and are punishable as provided for in Section 50-2-124, Montana Code Annotated.

4.3 INJUNCTIONS

The County Attorney may commence an action to restrain and enjoin acts in violation of these regulations. Violation of any such injunction is subject to punishment by the issuing court.

SECTION 5.0 ACCESS, APPEAL AND SEVERABILITY

5.1 ACCESS RIGHTS

- (1) Health Department representatives are authorized and directed to make such inspections as are necessary to determine compliance with these regulations.
- (2) It is the responsibility of the owner, occupant, or contractor of a property to give Health Department representatives free access to the property at reasonable times for the purpose of making such inspections as are necessary for determining compliance with these regulations.
- (3) No person may interfere with representatives of the Health Department in the discharge of their duty.

5.2 APPEAL

- (1) If a permit is denied or the department determines the permit requirements have not been met, the applicant or his/her representative may appeal the denial to the Board.
- (2) A written request for an appeal must be submitted to the Environmental Services Division Administrator at least 10 days prior to the next regularly scheduled board meeting or the appeal hearing. The request must include:
 - (a) A description of the proposed activity
 - (b) The boundaries and location of the proposed activity; and
 - (c) A summary of the reason for the appeal
- (3) Board Chair, in consultation with the Environmental Services Division Administrator and the Health Officer will determine whether the appeal will be heard by the Board or its designated hearing officer.
- (4) The Board or its designated hearing officer will hear the applicant's appeal and the permit requirements at a regularly scheduled board meeting or a specially scheduled appeal hearing, whichever occurs first.
- (5) The Board or its designated hearing officer must provide a decision in writing to the property owner or his/her representative within 10 working days after the hearing.
- (6) Decisions of the Board or the designated hearing officer may be appealed to District Court.

5.3 SEVERABILITY

In the event that any section, subsection, or other portion of these regulations is for any reason held invalid or unconstitutional, such section, subsection, or portion will be considered a separate provision of these regulations and such holding will not affect the validity of the remaining portions of these regulations which will remain in full force and effect.

SECTION 6.0. REVISION, REPEALER AND EFFECTIVE DATE

6.1 REVISION

Revisions to these regulations may be made by the Board as needed to ensure proper administration and to allow for improved mitigation measures or procedures for protecting the previously conducted clean-up activities. The Board must hold a public hearing before any revision to these regulations.

6.2 REPEALER

All previous rules, regulations, resolutions and ordinances as adopted by the ~~Lewis and Clark City-County Board of Health Board~~ governing soil disturbances within the Administrative Boundary are hereby repealed.

6.3 EFFECTIVE DATE

These regulations must be in full force and effect

on the 1st day of June, 2013.

These regulations will be reviewed and evaluated by the Lewis and Clark City-County Board of Health at least two years from the effective date, and every two years thereafter.

Lewis and Clark City-County Board of Health

Justin Murgel, Chair
Lewis and Clark City-County Board of Health

Drenda Niemann, Health Officer
~~Lewis and Clark City-County Health Department~~ Lewis and Clark Public Health

**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana**

BOARD AGENDA ITEM

Meeting Date

May 28, 2020

Agenda Item No.

4

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS Aging Well Resolution

PERSONNEL INVOLVED: Sarah Sandau, Community Health Promotion Prevention Supervisor

BACKGROUND Ms. Sandau will present the Aging Well Resolution for consideration.

HEALTH DIRECTOR'S RECOMMENDATION: N/A

X **ADDITIONAL INFORMATION**

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Benish						
Bedell						
Collins						
Eck						
Hunthausen						
Johnson						
Murgel						
Ream						
St. Clair						



LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

1930 Ninth Avenue
Helena, Montana 59601
Telephone 406-457-8900
Fax 406-457-8990

***A Resolution of the Lewis and Clark City-County Board of Health
in support of making the City of Helena and Lewis and Clark County more age-friendly
by joining AARP's Network of Age-Friendly Communities***

WHEREAS, the health and safety of residents of all ages is a significant and appropriate local concern; and

WHEREAS, Montana is the third-fastest-aging state in the nation and, by 2035, will be home for the first time ever to more people 65+ than children; and

WHEREAS, communities must adapt to serve populations who stay healthy and active longer; and

WHEREAS, planning processes, including community revitalization and economic development plans, should include the needs of all people regardless of age, income, physical ability, race, and other factors; and

WHEREAS, communities that are well-designed and livable for people of all ages promote health and sustained economic growth; and

WHEREAS, members of the AARP Network of Age-Friendly Communities become part of a global network committed to giving older residents the opportunity to live rewarding, productive and safe lives; and

WHEREAS, AARP's Livable Communities Program and the AARP Network of Age-Friendly States and Communities offer useful free tools and resources, including technical assistance, print and online publications, and grants to help communities become more vibrant, healthy, and safe for people of all ages;

NOW THEREFORE, BE IT RESOLVED, the Lewis and Clark City-County Board of Health recommends that the City of Helena and Lewis and Clark County prioritize the health and well-being of all residents by entering into the AARP Network of Age-Friendly Communities.

Adopted by the Lewis and Clark City-County Board of Health on this day, **date**.

BY: _____

Justin Murgel, Chair

**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana**

BOARD AGENDA ITEM

Meeting Date

May 28, 2020

Agenda Item No.

5

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Board Member Discussion

PERSONNEL INVOLVED: Board Members/Staff

BACKGROUND Communicable Disease Transport Plan and Reporting Protocol Checklist

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Berg						
Collins						
Eck						
Hunthausen						
Johnson						
Murgel						
Oliver						
Ream						

Communicable Disease Investigation & Surveillance Protocol

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Division of Responsibility

The Lewis and Clark Public Health (LCPH) Communicable Disease Surveillance and Control Division conducts active and passive disease surveillance. Public Health Nurses and Environmental Health Specialists divide responsibility according to the mode of transmission. Environmental Health Specialists are responsible for food, water and vector-borne diseases. Public health nurses are responsible for diseases with person-to-person transmission. The Environmental Health Specialists and public health nurses evaluate reports, conduct case investigations and implement control measures as described in state rules for all reportable diseases. An epi-team of public health nurses and Environmental Health Specialists is utilized on some events.

The [Communicable Disease Response Guide for Reportable Conditions](#) specifies public health nurse and Environmental Health Specialist responsibility as well as the expected level of response for different diseases (see chart below).

Communicable Disease Response Guide for Reportable Conditions

Level of Response	Public Health Nurses	Environmental Health Specialists
<p>Section 1</p> <p>Immediately Reportable - requires evaluation and action</p> <p>→ Agents most likely to be used as bioterrorism (Category A Agents)</p>	<p>Diphtheria^{2*}</p> <p>Illness in a foreign traveler</p> <p>Measles^{2*} (Rubeola)</p> <p>Meningitis, bacterial or viral</p> <p>Pertussis (Whooping cough)^{2*}</p> <p>Severe Acute Respiratory Syndrome (SARS)^{2*}</p> <p>→ Smallpox^{2*}</p> <p>Tuberculosis²</p> <p>→ Viral Hemorrhagic Fever^{2*}</p>	<p>→ Anthrax^{2*}</p> <p>→ Botulism^{2*} (including infant botulism)</p> <p>→ Plague^{2*}</p> <p>Rabies^{2*} or suspected human exposure</p> <p>→ Tularemia[*]</p> <p>Typhoid fever^{2*}</p> <p>Any unusual incident of unexplained illness or death in a human or animal</p>
<p>Section 2</p> <p>Requires initial evaluation of the need for further action prior to going home</p>	<p>AIDS or HIV infection^{1,2}</p> <p>Encephalitis</p> <p>Gonococcal infection</p> <p>Hepatitis B</p> <p>Haemophilus influenza B invasive</p> <p>Influenza</p> <p>Mumps</p> <p>Poliomyelitis²</p> <p>Rubella² (including congenital)</p> <p>Syphilis²</p>	<p>Cholera²</p> <p>Diarrheal disease outbreak²</p> <p>Hantavirus pulmonary syndrome²</p> <p>Hemolytic uremic syndrome</p> <p>Hepatitis A</p> <p>Shigellosis</p>
<p>Section 3</p> <p>Non-emergency reportable disease</p>	<p>Chancroid</p> <p>Chicken Pox (Varicella)</p> <p>Chlamydia genital infection</p> <p>Cytomegaloviral illness</p> <p>Granuloma inguinale</p> <p>Hansen’s disease (leprosy)</p> <p>Non-A – Non B Hepatitis</p> <p>Kawasaki disease</p> <p>Lead poisoning (≥ 10 µg/dL)</p> <p>Lymphogranuloma venereum</p> <p>Malaria</p> <p>Reye’s Syndrome</p> <p>Streptococcus pneumoniae invasive disease</p> <p>Tetanus</p>	<p>Amebiasis</p> <p>Brucellosis²</p> <p>Campylobacter enteritis</p> <p>Colorado Tick Fever</p> <p>Cryptosporidiosis</p> <p>E. coli enteritis</p> <p>Gastroenteritis epidemic</p> <p>Giardiasis</p> <p>Legionellosis</p> <p>Listeriosis</p> <p>Lyme disease</p> <p>Ornithosis (Psittacosis)</p> <p>Q-fever</p> <p>Rocky Mountain spotted fever</p> <p>Salmonellosis</p> <p>Tick-borne relapsing Fever</p> <p>Transmissible Spongiform Encephalopathies (Creutzfeldt-Jakob Disease)</p> <p>Trichinosis²</p> <p>Yellow fever</p> <p>Yersiniosis</p>

Diseases marked with an asterisk (*) must be reported immediately by telephone, all other cases should be reported as soon as possible by faxing, mailing or phoning a report to LCPH.

¹AIDS and HIV infection are reportable directly to the state health department.

²Requires specimen to be submitted to state health department for confirmation (ARM 37.114.313).

Definitions

Active Surveillance – Health Department solicits reports of selected, reportable diseases, inquires about observed disease activity and unusual presentations, and provides information on disease activity/trends in the community.

Communicable Disease Emergency –Any of the following:

1. Single case of unusual disease
 - a. Any condition on the list of reportable diseases that requires immediate reporting.
 - b. Any condition listed as a threat for biological attack ([Category A, B, C agents](#) identified on Page 16)
2. An unusual number of usual diseases
3. Number of cases exceeds the ability of staff to respond in a timely manner
4. Unusual incident of unexplained death in humans or animals
5. Unusual pharmaceutical sales
 - a. Report from the state that pharmaceutical sales indicate unusual number of over-the-counter pharmaceuticals for home treatment.

Cluster - closely grouped series of cases of disease or other health related phenomena with well defined distribution patterns in relation to time or place or both.

Disaster - occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property from any natural or artificial cause.

Emergency - imminent threat of a disaster causing peril to life or property that timely action can prevent.

Passive Surveillance –Cases of reportable disease are reported to the health department from the health care community for investigation.

Public Health Emergency – any situation that requires rapid response to prevent or reduce the incidence of disease during natural or man-made disasters, or communicable disease event.

Measures to Evaluate the Local Reporting System

The timeliness of reporting diseases is evaluated by comparing the date of diagnosis with the date the health care provider reported the case to the Health Department. This data is maintained by a public health nurse who assesses reports made to both the Public Health Nurses and the Environmental Health Specialists.

Each quarter, a line listing of names in the DPHHS registry of disease cases is compared with log of cases reported to the LCPH to assure that all cases are reported to the local and state health authority, and that all reports contain the required data elements.

Passive Surveillance (Routine)

The LCPH receives reports by telephone or fax (specified diseases must be reported immediately by phone). Reports are reviewed on the day of receipt.

The LCPH is capable of receiving and reviewing reports 24 hours a day, 7 days a week via cell phone. Responsibility for receiving and evaluating reports after hours and on weekends is

alternated among health department management. The after hours cell phone number has been distributed to local providers, emergency room and hospital staff, and county dispatch center on the list of Reportable Diseases. This cell phone response is tested quarterly by DPHHS and calls to the after hours phone are logged and kept with the bag that accompanies the phone.

Communicable disease investigations are confidential. Spreadsheets listing the diagnosis, patient and other relevant data are kept in locked cabinets. Access is limited to Communicable Disease Division staff. The public health nurse or Environmental Health Specialist who investigates is responsible for completing the communicable disease report on the secure internet based Montana State surveillance program.

Disease Investigation Procedures
[Algorithm is on page 13](#)

1. Investigate all communicable diseases promptly in accordance with ARM 37.114.314 and [Communicable Disease Response Guide](#) located on page 2.
2. A report is received by phone, fax or mail from:
 - a. Health Care Provider
 - b. Laboratory
 - c. Hospital
 - d. Epidemiologist/DPHHS
3. Deliver the report to the lead public health nurse or environmental health specialist ([Communicable Disease Response Guide](#), page 2).
4. Verify that the case is a resident of Lewis and Clark County. If not a resident, contact DPHHS for referral to the appropriate jurisdiction.
5. Verify the report by contacting:
 - a. The laboratory that performed the test.
 - b. The health care provider who ordered the test.
6. Notify DPHHS in accordance with the Administrative Rules of Montana, 37.114.205. Include case's date of birth, onset of symptoms, race, ethnicity, and zip code in report to DPHHS.
7. Determine if the report requires an emergency response
 - a. If a case meets the definition of a **public health emergency** or **communicable disease emergency** as stated above:
 - (1) Notify:
 - (a) Health Officer
 - (b) Medical Director
 - (c) Division Administrators
 - (d) County Coroner

- (2) Implement [highly active surveillance procedures](#) outlined on page 10.
 - (3) Proceed with disease investigation steps listed in this outline.
 - b. If a case does not meet the definition of an emergency, proceed with disease investigation steps listed below.
8. Determine:
 - a. Mode of transmission
 - b. Incubation period
 - c. Period of communicability
 - d. Control and treatment measures of the disease
9. Disease information resources include:
 - a. **CCDM (Control of Communicable Diseases Manual)**. A current copy is available in the Communicable Disease Nurse office, the Licensed Establishment offices and the Environmental Health Division office.
 - b. **Red Book (American Academy of Pediatrics)**. A current copy is available in the Communicable Disease Nurse office and the Licensed Establishment office.
 - c. **Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)**. A current copy is available in the Communicable Disease Nurse office.
 - d. Assistance from other staff (Environmental Health Specialists, public health nurses, medical advisor).
 - e. Assistance from DPHHS Communicable Disease Control and Prevention Bureau :
 - (1) 24/7 Contact Number – **444-0273**
 - f. www.cdc.gov
10. **Obtain all available patient information.** Conduct interviews with the provider, laboratory and patient.
 - a. Name of patient
 - (1) If patient is a minor (with exception of STD investigations), obtain the name and relationship of responsible party (parent, legal guardian, etc.).
 - b. Age, date of birth, race, ethnicity
 - c. Phone numbers
 - d. Lab results
 - e. Health care provider's name and number
11. Determine if the health care provider has received the laboratory report and if he/she has contacted the patient. It is best practice for the patient to receive diagnosis information from the provider first. Determine that appropriate treatment has been initiated. If unable to contact the provider within 24 hours, contact the case directly.
 - a. Establish date(s) of diagnosis, start and end of symptom(s)
 - b. Symptoms

- c. Recent travel history
- d. Food/water history if infectious agent is food or water-borne
- e. Occupation- for assessment of secondary transmission risk

12. Prevent secondary transmission

- a. Provide patient education regarding disease process, spread and treatment
- b. Implement necessary disease control measures as described in the Administrative Rules of Montana 37.114 : COMMUNICABLE DISEASE CONTROL.
 - (1) Sensitive Occupations – See attached decision tree for restriction or exclusion for daycare providers and food handlers (page 13)
 - (a) Exclusion will occur when:
 - (i) Case is symptomatic
 - (ii) Alternative job duties are not available
 - (iii) Effectiveness of personal hygiene cannot be determined
 - (b) Restriction
 - (i) When alternative job duties are available that will eliminate risk of transmission
 - (ii) When effective personal hygiene practices can be determined.
 - (c) Notification of exclusion
 - (i) Case will be notified of exclusion order verbally and in writing
 - (ii) Employer will only be notified of exclusion (not case name or disease information) when
 - 1) Employee gives verbal permission or requests call to employer
 - 2) Case does not follow exclusion order
 - 3) Disease control requires work schedule information (e.g. Hepatitis A)
 - (d) Exclusion will remain in effect until:
 - (i) Case is asymptomatic; and
 - (ii) Case meets requirements for restriction; OR
 - (iii) Samples from case are tested and found to be negative for pathogen
 - 1) Samples can be submitted to the LCPH for transport to Montana Public Health Laboratory
 - 2) Costs of lab tests for Public Health control measures may be paid from the Emergency Preparedness grant fund with prior approval from division administrator.

- (2) School
 - (a) Provide appropriate information to school nurses and administrators on the effective control measures.
 - (b) HAN system has contact information for schools. See HAN protocols.
- (3) Daycare
 - (a) Children must be excluded while symptomatic in accordance with daycare rules.
 - (b) When the risk of transmission exists for other children in the daycare, give prevention and symptom information fact sheets to the provider and parents. Do not release identifying information of the ill child.
- (4) Quarantine and isolation
 - (a) See Quarantine and Isolation Protocols.
- 13. Obtain information from patient about *contacts during the contagious period* as applicable.
 - a. Name
 - b. Address
 - c. Phone number
 - d. Parent name if contact is a minor (except in routine sexually transmitted disease investigations).
- 14. Evaluate the risk of exposure based on the extent and timing of the contact
- 15. If contact is not a resident of Lewis and Clark County, contact DPHHS for referral to the appropriate jurisdiction.
- 16. Conduct contact investigation.
 - a. Provide education regarding disease process, spread and treatment.
 - b. Refer for treatment if indicated.
 - c. Notify the contact's health care provider of the situation and LCPH's recommendations.
- 17. Complete the case report on DPHHS Montana Infectious Disease Information System (MIDIS), or submit by confidential fax line at 800-616-7460 if MIDIS is down.

Active Surveillance (Routine)

A public health nurse inquires about disease activity from reporting sources, solicits case reports of selected reportable diseases, and disseminates information on disease activity. Information collected about disease activity does not include protected health information.

Procedures

- 1. Annual activities:
 - a. Distribute letter to all health care providers explaining the program and its purpose.

- b. Site visits by Public health nurse to laboratories, physician offices, emergency room, urgent care clinics and other sites (as appropriate). The purpose of the visits is to:
 - (1) Review reporting procedures.
 - (2) Provide reporting packets.
 - c. Identify a key person at each site to maintain regular contact regarding disease activity and disease reporting.
2. Reporting sources are grouped into four categories based on the likelihood of disease incidence/activity in each particular setting (see Table 1 below.)
 3. A public health nurse initiates routine contact with the person at each site to:
 - a. Solicit reports of selected reportable diseases (see list)
 - (1) On receipt of a case report through active surveillance, the steps outlined in passive surveillance procedure are to be followed.
 - (2) A suspected cluster will trigger [highly active surveillance](#)
 - b. Inquire about disease activity and unusual presentations
 - c. Provide information on disease activity/trends occurring in the community.
 4. Prepare and distribute weekly summary of disease activity to:
 - a. Health Officer
 - b. Medical Director
 - c. Division Administrators
 5. Prepare and distribute monthly Lewis and Clark County Communicable Disease Summary which includes key DPHHS Communicable Disease updates.
 6. Evaluate the local reporting system:
 - a. Maintain written and electronic spreadsheets that detail when a diagnosis was made or suspected (as determined by onset date or date of visit to provider indicated on the reporting form) and when and from whom the report was received.
 - (1) A public health nurse and Environmental Health Specialists will maintain spreadsheets, documenting reports received.
 - b. Match line listings of case reports in the DPHHS registry with cases reported to the LCPH once each quarter.

Table 1 – Reporting Sources

Group	1 (Core)	2	3
Contact¹	Bi-weekly	Monthly	Annual / As Needed
	Emergency Room	Obstetrics/Gynecology	Allergy-Immunology
	Urgent Care Center	Lewis & Clark County Detention Center Medical Dept	Ophthalmology
	Pediatrics	Intermountain Planned Parenthood	Cardiology
	Family Practice	Lewis & Clark County Coroner	Ear, Nose and Throat
	Laboratories	Shodair Infection Control	Urology
	Carroll College Health Center	Nursing Home Infection Control	Psychiatry
	School Nurses		Neurology
	St. Peter's Hospital Infection Control		Surgical
	VA Infection Control		Orthopedics
			Veterinary
			Fish, Wildlife and Parks
			Department of Livestock
	Internal Medicine		
	Dermatology		

¹Increased contact will be initiated if a particular event or season indicates a need

Public Health Emergency Outbreak Response

[Algorithm on page 14](#)

A disease report is evaluated to determine if it meets the criteria for a **communicable disease emergency**. This includes whether help is needed to complete investigation, or whether event will generate public interest and concern.

1. Notify supervisor of any of the above.
2. Evaluate report to determine if it meets the criteria for a **Public Health Emergency** as defined on page 3.
3. Implement emergency outbreak response to control or contain the event.
4. Notify internal partners of a recognized or potential event by briefing meetings, e-mail, or telephone. Our internal partners will comprise a **Communicable Disease Response Team** and will expand as needed:
 - a. 1st Stage – program response with guidance and resources provided by DPHHS and CDC
 - (1) Health Officer, who will notify the Board of Health
 - (2) Medical Advisor
 - (3) Communicable Disease Division program staff
 - (4) DPHHS laboratory and epidemiological staff
 - b. 2nd Stage – Expanded within the department

- (1) All Division Administrators
- (2) Environmental Health program staff
- (3) Communication Specialist
- c. 3rd Stage – Declaration of Public Health Emergency
 - (1) County Coroner
 - (2) County Attorney
 - (3) Government Officials
 - (4) Any others deemed necessary for response to the agent of concern
- 5. The communicable disease response team (as stated above) will be activated when deemed appropriate. This team will meet to:
 - a. Strategize outbreak response.
 - b. Delegate tasks
 - c. Conduct follow-up review to improve future surveillance and control measures.

Controlling the Outbreak

Implement disease prevention measures that are the least restrictive yet effective for reducing or eliminating the incidence of disease

1. [Disease Investigation](#) as described on Page 4.

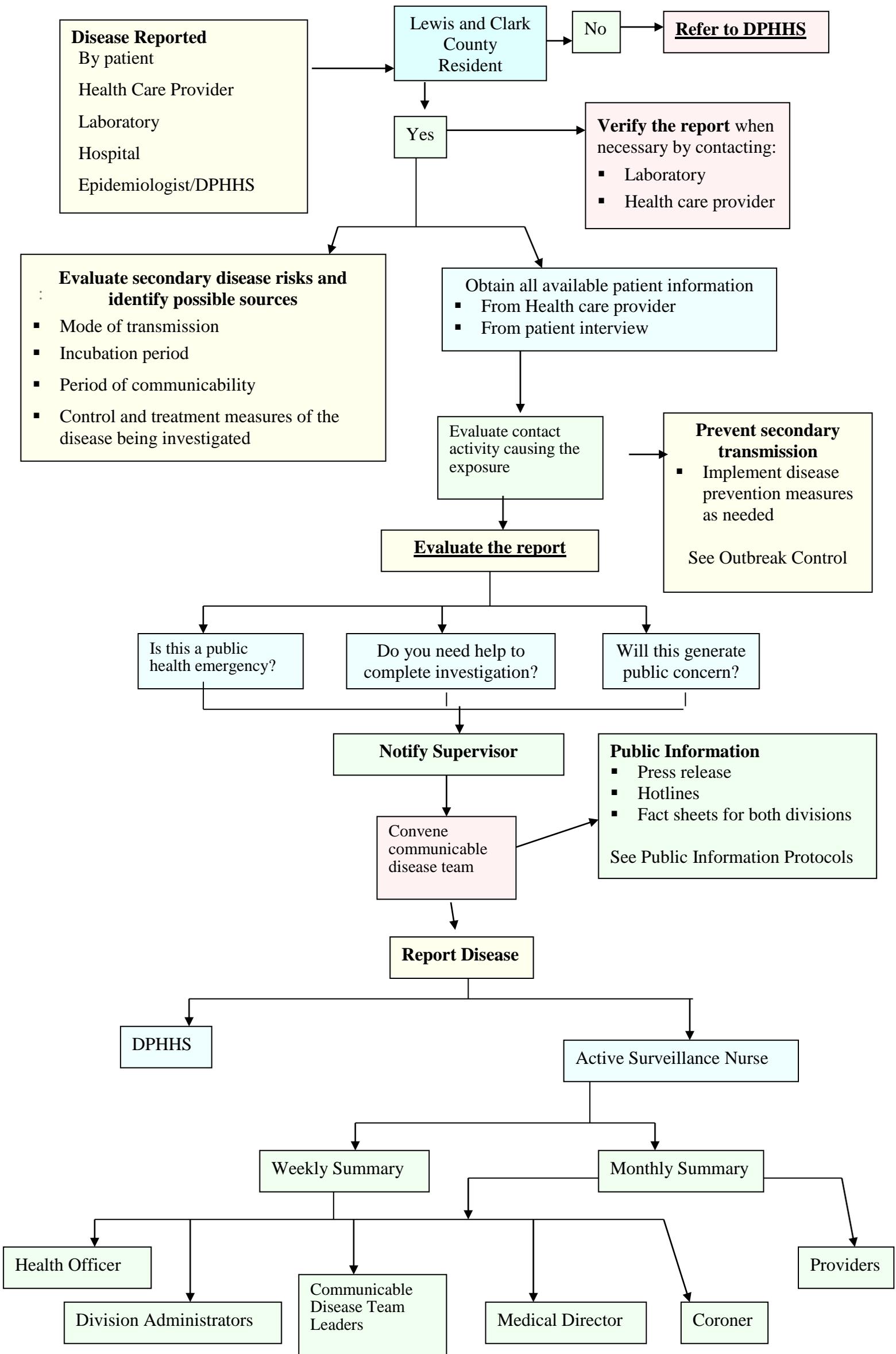
2. Implement Highly Active Surveillance

- a. Identify the health care providers most likely to encounter the syndrome of concern
 - (1) health care provider offices,
 - (2) medical laboratories,
 - (3) SPH Infection Control for hospital admission and ER data,
 - (4) schools for attendance records,
 - (5) long term care facilities for the health status of their residents
 - (6) pharmacies to monitor over-the-counter (OTC) and prescription drug usage
 - (7) Veterinarians for zoonotic disease,
 - (8) 911 response personnel
- b. Identified providers will receive daily phone, fax or email contact from health department staff that may:
 - (1) Solicit information on disease activity
 - (2) Disseminate pertinent information
 - (3) Distribute a clinical case definition of the disease
- 3. Community partners will be notified of the emerging event and of current actions by email and fax using the Health Alert Network.
- 4. Prevention of Secondary Transmission

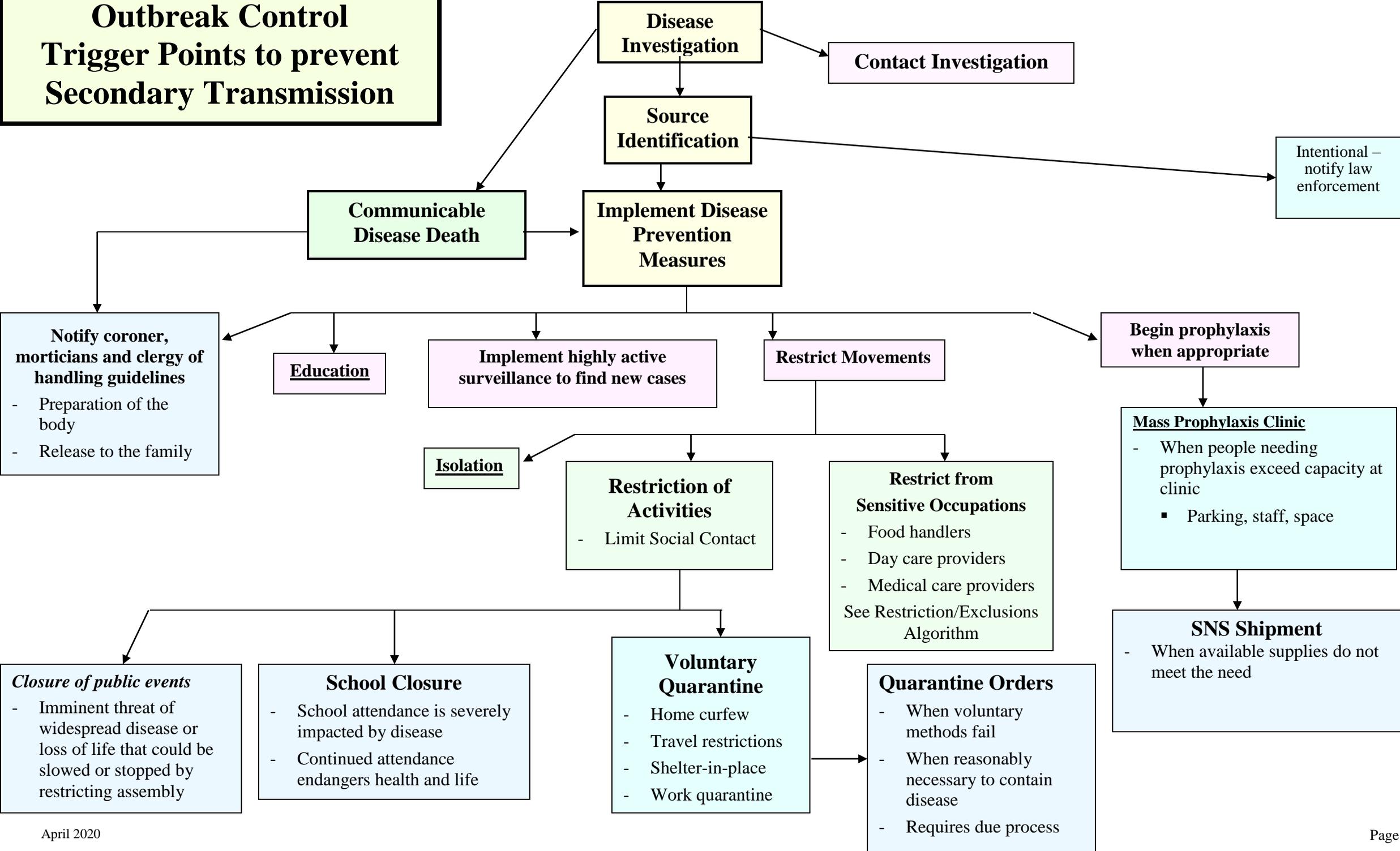
- a. [Disease and contact investigation](#) as described on page 4
 - (1) Provide education
 - (2) Refer for treatment
 - (a) Specimen Transport
 - (i) See the **Specimen Transport Plan** located in the [Communicable Disease Response Manual](#)
 - (3) Initiate movement restrictions with Health Officer and Board of Health authorities as needed to prevent spread of disease
 - (a) Follow the Lewis & Clark County Isolation and Quarantine Protocol
 - (b) Closure orders for public events and buildings – when imminent threat of widespread disease or loss of life could be slowed or stopped by restricting assembly
 - b. Emergency Medical Countermeasures
 - (1) Implement emergency medical countermeasures plan when demand for vaccine or preventive medication exceeds capacity of immunization clinic
 - (2) Activate Strategic National Stockpile when available supplies do not meet the need
 - c. Mass Fatality Management
 - (1) When a communicable disease has been identified as the cause of fatalities, consult with DPHHS Communicable Disease Section on special precautions for handling of the deceased.
 - (a) Provide disease management information for coroner, health care providers, emergency responders, morticians, and the general public.
 - (2) Funerals for individuals who have died of a reportable disease must be conducted with instruction from the Health Officer. Any death from a disease that requires quarantine of contacts must be conducted with a closed casket and those that are quarantined must be segregated from the rest of the attendees, unless the contacts have been determined by the Health Officer to be incapable of transmitting the infection or disease which caused the death.
5. On receipt of a case report through active surveillance, follow the steps outlined in [Disease Investigation Procedures](#) described on Pages 4-7 & 13.
 6. The Health Officer and the Division Administrators have authority to implement the Public Health All Hazards Annex. Circumstances that trigger the use of the All Hazards Annex:
 - When a response includes staff call out after business hours.
 - When a response requires reassignment of staff for an extended period of time
 - Routine services are suspended
 - Frontline staff can't keep up with the calls for information on a specific topic

- Unusual number of usual diseases
 - Single case of unusual disease
 - Series of health events or cases of disease closely grouped by time and/or place
 - Naturally-occurring diseases of highest concern are listed in section 1 on the [Communicable Disease Response Guide](#). (Page 2)
 - Agents of highest concern for [biological attack](#) as identified on page 16.
7. The Health Department Incident Command Post will be activated when:
 - a. Response requires emergency reassignment of staff for an extended period of time
 - b. Routine services are suspended
 8. When the event has escalated to command post activation, the supervisor must evaluate health department employees and volunteers for symptoms when beginning shifts to prevent further spread of disease.
 9. Declaration of an emergency and activation of Emergency Operations Center will be requested when:
 - a. Resources are required outside our agency
 - b. Time required for response will be excessive
 - c. Response requires activation of the strategic national stockpile
 - d. Compulsory closure of public events is anticipated to prevent further spread of disease
 - e. Large-scale quarantine is needed.
 10. Emergency outbreak procedures will remain in effect until incidence of disease has been eliminated. A communicable disease outbreak will be “under control” when 3 successive incubation periods have passed with no new cases.

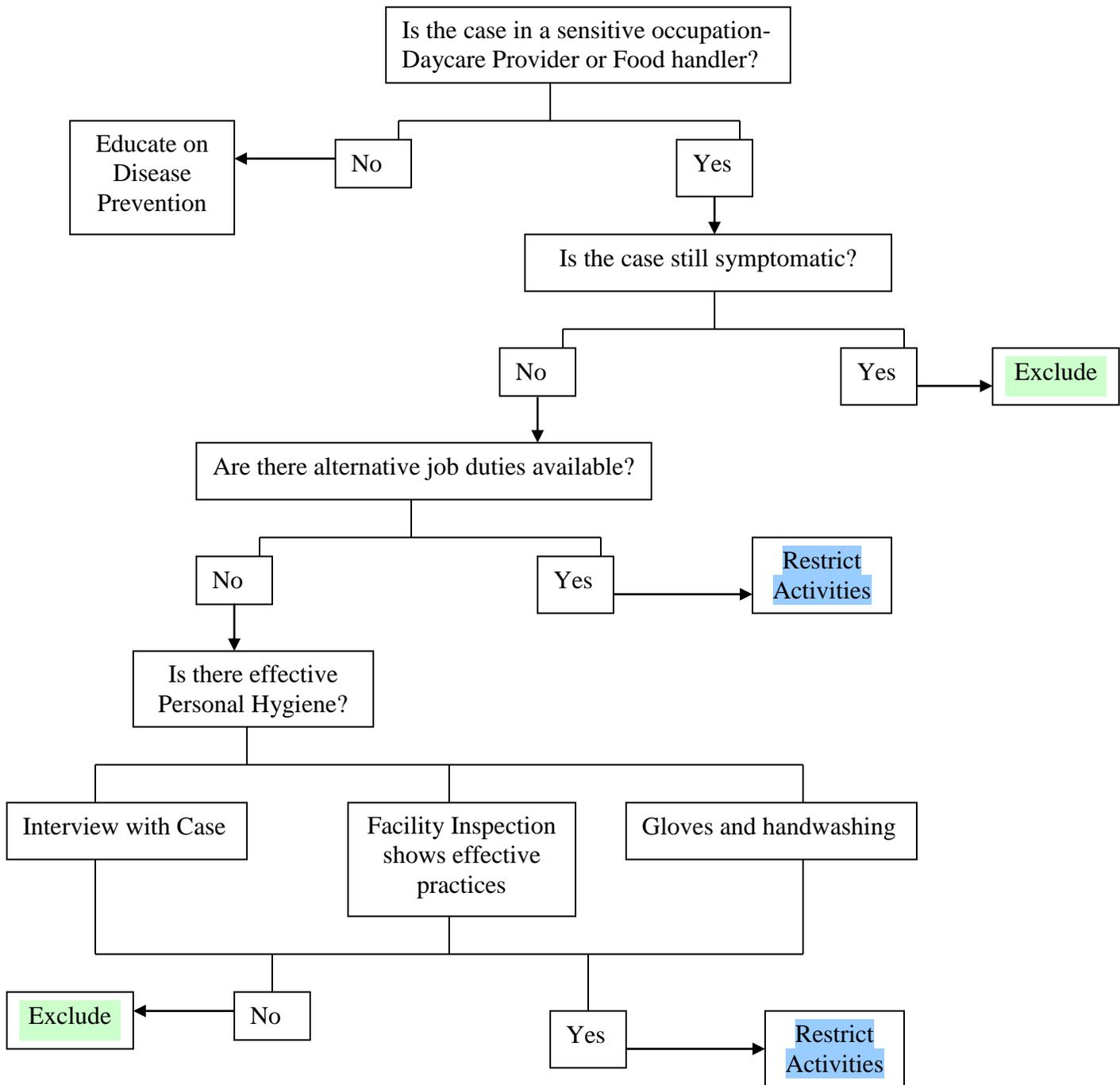
Routine Disease Investigation



Outbreak Control Trigger Points to prevent Secondary Transmission



Prevention of Secondary Disease Transmission By Restriction or Exclusion from Sensitive Occupations



Biological Agents of Highest Concern for a Bioterrorism Attack

Category A	
1	Small Pox --Variola Major
2	Anthrax -- Bacillus anthracis
3	Plague -- Yersinia Pestis
4	<i>Botulinum</i> Toxin
5	Tularemia -- <i>Fransisella tularensis</i>
6	Hemorrhagic Fever

Highest-priority agents, **Category A**

Include organisms that pose a risk because they

- Can be easily disseminated or transmitted person-to-person;
- Cause high mortality and subsequently have a major public health impact
- Might cause public panic and social disruption; and
- Require special action for public health preparedness.

Category B	
Animal / Human Diseases	
1	Q Fever -- <i>Coxiella burnetti</i> (Rickettsia)
2	Brucellosis -- <i>Brucella</i> species
3	Glanders -- <i>Burkholderia mallei</i>
4	Alphaviruses
	Venezuelan encephalomyelitis
	Eastern and western equine encephalomyelitis
Toxins	
1	Ricin Toxin from <i>ricinus communis</i> (Castor beans)
2	Epsilon Toxin of <i>Clostridium perfringens</i>
3	<i>Staphylococcus</i> enterotoxin B
Foodborne or Waterborne	
1	<i>Salmonella</i> Species
2	<i>Shigella dysenteriae</i>
3	<i>Escherichia coli</i> 0157:H7
4	<i>Vibrio Cholerae</i>
5	<i>Cryptosporidium parvum</i>

Category B

Includes agents that are

- Moderately easy to disseminate
- Cause moderate morbidity and low mortality; and
- Require specific enhancements of CDC

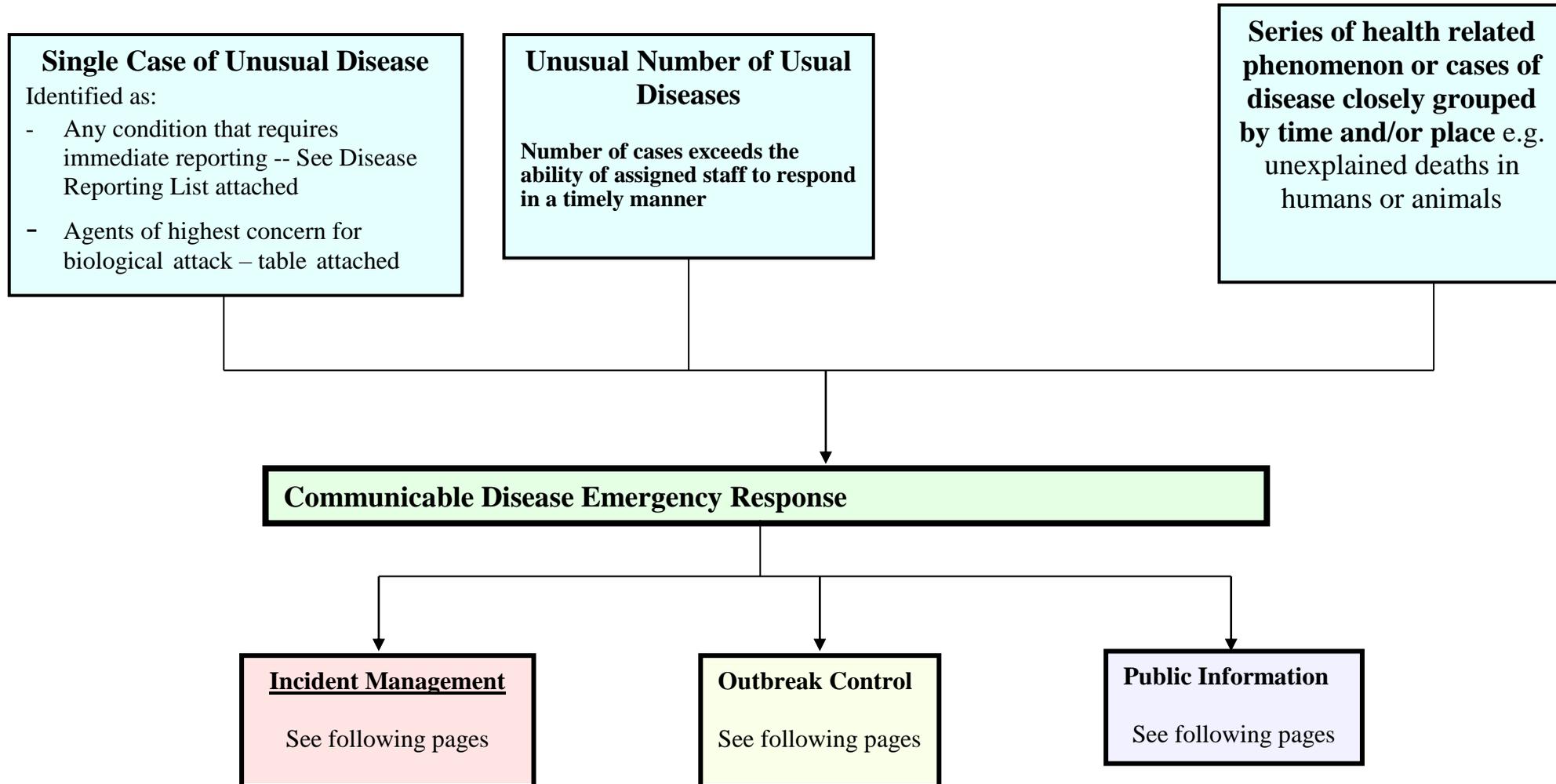
Category C	
1	Nipah virus
2	Hantaviruses
3	Tickborne hemorrhagic fever viruses
4	Tickborne Encephalitis viruses
5	Yellow fever virus
6	Multi-drug resistant Mycobacterium tuberculosis

Category C

Includes emerging pathogens that could be engineered for mass dissemination because

- Availability
- Ease of production and dissemination
- Potential for high morbidity and mortality and major health impact

Trigger Points for Response to Public Health Emergencies



Incident Management

Communicable Disease Response Team Meeting

- Information sharing
- Determine action plans
- Assign public information responsibilities

Partial opening of the EOC
For expanded hotline service

Activation of the Health Department Incident Command Post

- Health Department emergency response requires reassignment of staff for an extended period of time
- Routine services are suspended

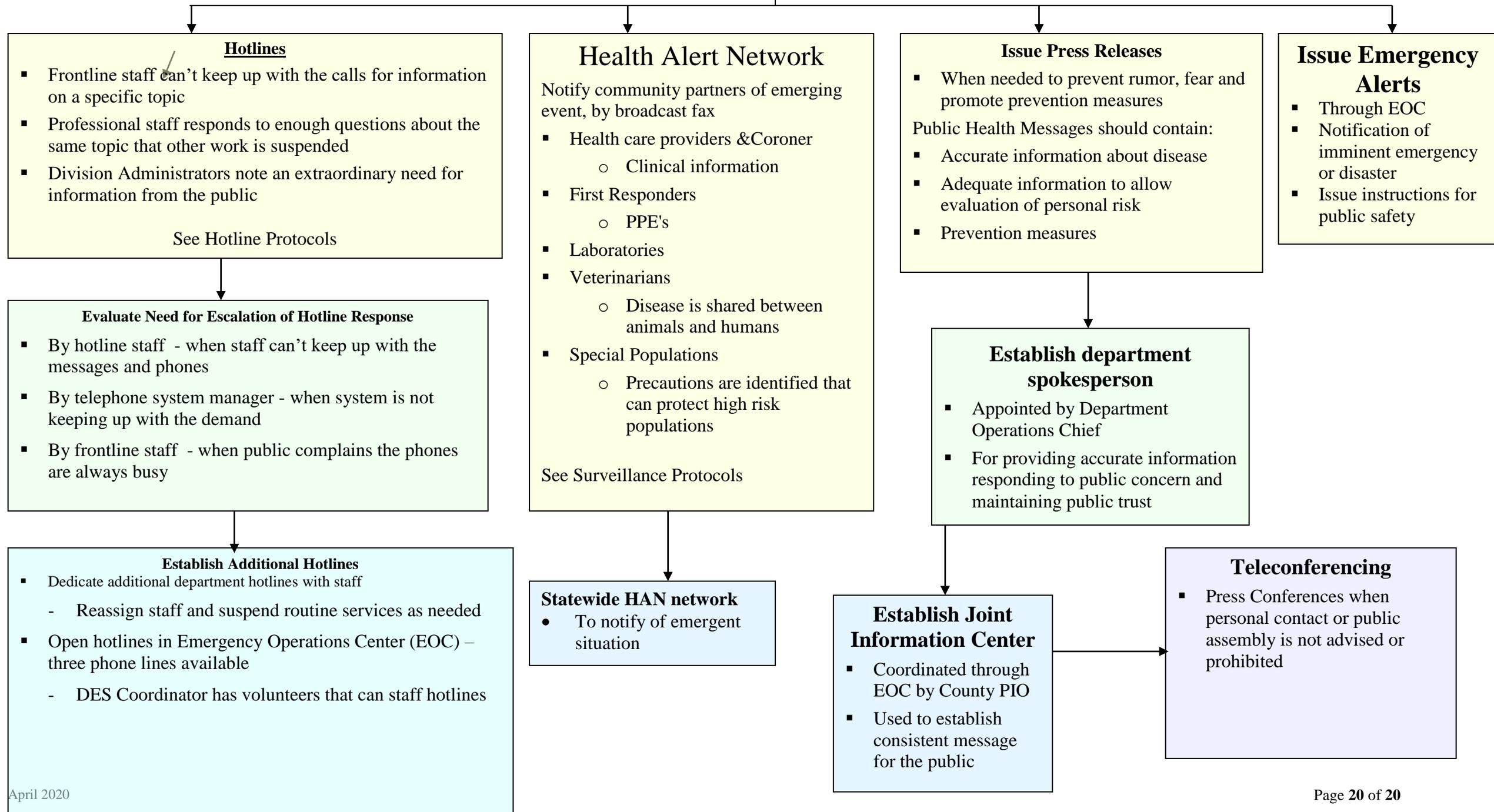
Declaration of an Emergency and Activation of the County Emergency Operations Center

- Resources are required from outside our agency
- Time required to respond will be extensive
- Response requires activation of the Strategic National Stockpile
- Compulsory closure of public events is required to prevent further spread of disease
- Large scale modern quarantine is needed

Emergency is defined as the imminent threat of a disaster causing immediate peril to life or property that timely action can prevent.

Disaster is defined as the occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from any natural or artificial cause

Public Information



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

The following checklist will assist with review and documentation of routine and 24/7 communicable disease reporting and response processes. The checklist includes elements that are suggested for inclusion in your local protocol. The checklist should be submitted in your 3rd quarter progress report by no later than April 15th, 2020.

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

Required Basic Elements:	Yes	No	Comments
a. Does your protocol describe the manner in which disease reports are received by your agency (e.g. confidential fax, phone reports, or mail)?	✓		Page 3-4
b. Does your protocol describe how reports are reviewed? (e.g. reports reviewed centrally or by different units of your agency such as communicable disease, environmental health, family planning, etc.)?	✓		Page 1
c. Does the protocol describe specifically who is responsible for evaluating reports and ensuring case investigation and control measures, as described in state rules, are implemented?	✓		Page 4
• If selected conditions are referred to various sections of the agency (e.g. foodborne illness to sanitarians), does your protocol indicate to whom these selected conditions are referred?	✓		Page 2
• If your agency utilizes a team approach on some events, does the protocol indicate who comprises the team and what their general roles are?	✓		Page 9-10
d. Does the protocol describe how quickly reports are reviewed (e.g. day of receipts, within 24 hours, 48 hours, etc.)?	✓		Page 3
e. Does it describe how information regarding local cases is stored (paper, electronic records, etc.) and who has access to information?	✓		Page 4
f. Does it describe how reported cases/contacts from outside your jurisdiction are referred (e.g. called directly to jurisdiction, given to DPHHS)?	✓		Page 4
g. Does your protocol describe who is responsible for completing reporting forms & who submits forms to DPHHS (i.e. Communicable Disease form, Foodborne Outbreak form)?	✓		Page 4,7
h. Does the protocol outline a highly active surveillance procedure for use during outbreak/emergency events?	✓		Page 9-10
Required Routine Active Surveillance Elements (Note: your agency may have detailed these efforts in a separate protocol):			
a. Does your protocol detail how your agency conducts active surveillance?	✓		Page 7
• Does it list the key providers/laboratories routinely contacted?	✓		Page 9
• Does it detail the frequency of your active surveillance calls with each contact?	✓		Page 7-8
• Does it indicate which staff member(s) have been assigned the responsibility of conducting & documenting active surveillance calls?	✓		Page 3-4
• Standing request for release of Department of Veteran's Affairs medical record data is up to date for local health jurisdictions until 2021.	✓		Page 8-9 and separate document

Local Use/Notes:

The City-County Board of Health adopted a new Rabies Control Regulation, effective March 28, 2019. Additionally, a Memorandum of Agreement (MOA) for implementation of the regulation has been developed and signed by Lewis and Clark Public Health and affected local law enforcement agencies. These documents supplement our local Communicable Disease Investigation and Surveillance Protocol and include the elements identified below in this checklist.

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

Included in protocol?

Required 24/7 elements:	Yes	No	Comments
a. Does the protocol describe a method to receive and immediately review emergency reported 24 hours a day 7 days a week?	✓		Page 1-2
If your system relies on an answering service or dispatcher, have they been provided with a detailed written protocol that includes a list of contact numbers?	✓		Outlined in our Duty Officer Manual
b. Does the protocol describe how local providers, police, EMS, dispatch, etc. are made aware of the emergency number or system?	✓		This is also contained in our Duty Officer Manual
c. Does the protocol provide for the periodic local testing of the 24/7 system?	✓		Page 4
d. Does the protocol provide for the documentation and evaluation of all tests and actual after-hours calls?	✓		This is also contained in our Duty Officer Manual

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

Included in protocol?

Required Epi Team Elements:	Yes	No	Comments
a. Does the protocol provide for core and expanded team members?	✓		Page 9-10
Does the core team have at least one public health nursing and one environmental health staff members?	✓		
b. Does the protocol define what conditions or events will require notification of the core team members (i.e. suspect foodborne illness, animal bite, etc.)?	✓		
c. Does the protocol define what circumstances that may require expanding the team to include other members associated with your agency?	✓		
d. Does the protocol define how information is shared among team members and within what timeframe?		✓	

Protocol detailing rabies response in your jurisdiction.

Included in protocol?

Required rabies protocol elements:	Yes	No	Comments
a. Does the protocol identify partners for animal management and testing, rabies PEP recommendations, and PEP administration?	✓		Contained in the Rabies Protocol
b. Does the protocol how and when to notify public health regarding a potential exposure?	✓		Contained in the Rabies Protocol
c. Does the protocol define how to handle exposures differently when dealing with wildlife, bats, and cats, dogs, and ferrets?	✓		Contained in the Rabies Protocol
d. Does the protocol define how information is shared among rabies response partners and within a defined time frame?	✓		Contained in the Rabies Protocol

The above protocol/plan has been reviewed / revised as necessary and is satisfactory at this time.

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

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

**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana**

BOARD AGENDA ITEM

Meeting Date

May 28, 2020

Agenda Item No.

7

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Public Comment

PERSONNEL INVOLVED: Public and Board Members

BACKGROUND: Time is allowed for public comment on matters not mentioned in the agenda within the Board of Health’s jurisdiction.

HEALTH DIRECTOR’S RECOMMENDATION: n/a

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Berg						
Collins						
Eck						
Hunthausen						
Johnson						
Murgel						
Oliver						
Ream						

**Attendance Record for the
Lewis & Clark City-County Board of Health**

FY 2020

	Jul	Aug	Sep	Oct	Nov/Dec	Jan	Feb	Mar	Apr	May 7	May	Jun
Bedell	O	X	X	X	X	T	X	X	X	X		
Berg	---	---	---	---	---	O	X	X	X	X		
Collins	X	O	X	O	O	O	O	X	X	X		
Eck	X	X	O	X	X	O	X	X	X	X		
Hunthausen	O	X	X	X	O	O	X	X	X	X		
Johnson	O	X	O	X	X	T	X	X	X	X		
Murgel	X	O	X	X	X	T	X	X	X	X		
Oliver	X	X	O	X	X	O	X	X	X	X		
Ream	O	X	X	X	X	O	X	X	X	X		
St. Clair	X	O	X	O	O	---	---	---	---	---	---	---

Legend:

X = Present

X_p = Present by phone

--- = Not a member of the board at that time.

O = Absent

* = No meeting held

P = Strategic Planning Session

T = Training

Andy Hunthausen-vice chair
County Commissioner
316 N. Park
Helena, Montana 59623
447-8304 (W) 447-8370 (Fax)
E-mail: ahunthausen@lccountymt.gov

(1)
Pleasure of L & C County Commission

Mayor Wilmot Collins
City Commissioner
316 N. Park
Helena, Montana 59623
447-8410 (W)
E-mail: wcollins@helenamt.gov

(2)
Pleasure of City of Helena Commission

Tyler Ream
Superintendent, Helena School Dist. No. 1
55 S. Rodney
Helena, Montana 59601
324-2001 (W)
E-mail: tream@helenaschools.org

(3,a)
Superintendent of Schools

Dr. Mikael Bedell
710 Madison Ave
Helena, MT 59601
208-630-3848 (c)
E-mail mbedell@sphealth.org

(3,b)
Term expires - June 30, 2022

Kammy Johnson
2030 Cromwell Dixon Ln
Ste F, PMB 202
Helena, MT 59602
799-3654 (W) 458-1956 (H) 439-0914 (C)
E-mail: kjohnsonmt@gmail.com

(3,c)
Term expires - June 30, 2021

Raymond Berg
PO Box 786
East Helena, MT 59635-0786
431-9861 (C)
E-mail: rberg7867@icloud.com

(3,d)
Pleasure of East Helena City Council

Brie Oliver
710 N. Davis St.
Helena, MT 59601
461-0784 (C)
E-mail: brie@hmhb-mt.org

(3,e)
Term expires - June 30, 2022

Justin Murgel- chair
903 East Groschell
East Helena, MT 59635
422-9928 (H)
E-mail: Justin.Murgel@PacificSource.com

(3,f)
Term expires - June 30, 2021

Jenny Eck
563 3rd Street
Helena, MT 59601
459-1082 (C)
E-mail: jennyeck4mt@gmail.com

(3,g)
Term expires - June 30, 2021

Updated June 2019

*"To Improve and Protect the Health of all Lewis and Clark County
Residents."*



LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

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MEMBERS

Jenny Eck	Term expires - June 30, 2021	Second Term
Justin Murgel	Term expires - June 30, 2021	First Term
Mikael Bedell	Term expires - June 30, 2022	First Term
Brie Oliver	Term expires - June 30, 2022	First Term
Kammy Johnson	Term expires - June 30, 2021	Second Term
Tyler Ream	Superintendent of Schools	
Andy Hunthausen	Pleasure of Lewis & Clark County Commission	
Mayor Wilmot Collins	Pleasure of Helena City Commission	
Raymond Berg	Pleasure of East Helena City Council	

MEETING DATES FOR FISCAL YEAR 2020

Scheduled for 1:00 p.m. in Room 330 of the City-County Building.

July 25, 2019

August 22, 2019

September 26, 2019

October 24, 2019

December 5, 2019

January 23, 2020

February 27, 2020

March 26, 2020

April 23, 2020

May 7, 2020

May 28, 2020

June 25, 2020

April 2020