

**..Lewis and Clark City-County Board of Health
Emergency Rules and Regulations
In Response to the COVID-19 Pandemic**

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Purpose

SARS-COV-2, the virus that causes COVID-19, is an easily transmissible, potentially fatal respiratory illness that spreads from person to person in the air through droplets from infected personsⁱ. It is transmissible even by asymptomatic individuals who do not know they are infected. As a result, COVID-19 presents Lewis and Clark County with a once-in-a-century pandemic. More than 12.6 million Americans have been infected, and more than 260,000 have died. At the time of the drafting of this Regulation, active cases in Montana have risen to more than 58,000, with 1,087 active cases in Lewis and Clark Countyⁱⁱ. The spread of COVID-19 endangers our vulnerable neighbors, businesses, long-term care and skilled nursing facilities, and hospitals who need the capacity to treat both COVID-19 patients and all others needing medical care.

To curtail the spread of the COVID-19 pandemic in Lewis and Clark County, and to protect the health and economic well-being of all residents, it is necessary to implement protective measures to reduce spread of the disease. The Centers for Disease Control and Prevention provides guidance for community mitigation intended to help slow the spread of COVID-19 and helps communities tailor strategies for target populations.ⁱⁱⁱ These regulations are drafted after consultation with public health experts, health care providers, and emergency management professionals. Lewis and Clark City-County Board of Health has determined that to protect public health and human safety, it is essential to establish these restrictions in support of Lewis and Clark Public Health's mission to improve and protect the health of all residents in Lewis and Clark County.

Slowing the spread of COVID-19 locally relies on Lewis and Clark Public Health's ability to contain disease through case isolation, contact tracing, and quarantine of close contacts to cases. Further, community-wide mitigation strategies are a vital complement to testing and surveillance when developing a comprehensive approach to prevention and response to a virus that causes significant morbidity and mortality.

Triggering Criteria

There are six (6) triggering criteria. Each triggering criteria is color coded and given a corresponding value from 0 to 2 (green = 0, yellow = 1, red = 2) according to community conditions. This color value is then multiplied by a weighting factor to give a weighted score for each triggering criteria. Healthcare System Capacity, Case Investigation, and Community Compliance are weighted more heavily with a factor of 5. Health Department Capacity and Testing Capacity are weighted with a factor of 3. Disease Surveillance is weighted with a factor of 2. The triggering criteria scoring is summed, and the Rules and Regulations are implemented according to the summed total. There is a possible summed total between 0 and 46.

Triggering Criteria	weighted factor	color value	total
Health Care Capacity	5	C	= 5 x C
Case Investigation	5	C	= 5 x C
Community Compliance	5	C	= 5 x C
Health Department Capacity	3	C	= 3 x C
Testing Capacity	3	C	= 3 x C
Disease Surveillance	2	C	= 2 x C
Total			(sum)

If the summed total of the triggering criteria is less than 18, the Face Covering Requirement Rule and Regulation remains in effect and NO other Rules and Regulations are in effect.

If the summed total of the triggering criteria is greater than 33, ALL Rules and Regulations are in effect.

If the summed total of the triggering criteria is equal to or between 18 and 33, the Health Officer shall use professional discretion in implementing the Rules and Regulation.

The Health Officer shall issue a Health Officer Order every 2 weeks announcing which Rules and Regulations are in effect.

I. Healthcare System Capacity

- **Ability of hospital to treat all patients safely, those with COVID-19 and those with other ailments, without additional staffing.** This criteria is informed through direct consultation with the St. Peter's Health (SPH) and the Veteran's Administration (VA) COVID-19 Incident Command Team. Under this criteria, SPH specifically evaluates ICU capacity, sufficient staffing resources, and the availability of personal protective equipment or PPE. Dashboard color coding (green, yellow or red) is currently dictated through consultation and professional judgement. **Appropriate benchmarks and associated color coding are currently under development in consultation with the St. Peter's Health COVID-19 Incident Command Team.**

II. Case Investigation

- **No Significant Increase in Confirmed COVID-19 Cases.** This criteria is informed by tracking local case Incidence and the local test positivity rate^{iv}. This data is then compared to the established benchmarks and the corresponding color coding is applied, as follows:

Weekly New Case Incidence		
Color Code	Benchmark *	Metric **
Green	<7	Number of new cases per 100,000 population in last 7 days
Yellow	7 < 70	Number of new cases per 100,000 population in last 7 days
Red	≥ 70	Number of new cases per 100,000 population in last 7 days
* Benchmark must be met for 2 weeks in a row		
** Case incidence metric based on a weekly (Sunday-Saturday) summary of local case data provided by the Governor's COVID-19 Task Force Dashboard Service		

Daily New Case Incidence		
Color Code	Benchmark *	Metric **
Green	<1	7-day average of daily new cases per 100,000 population
Yellow	1 < 10	7-day average of daily new cases per 100,000 population
Red	≥ 10	7-day average of daily new cases per 100,000 population
* Benchmark must be met for 2 weeks in a row.		
** Case incidence metric based on a weekly (Sunday-Saturday) summary of local case data provided by the Governor's COVID-19 Task Force Dashboard Service		

Test Positivity Rate		
Color Code	Benchmark *	Metric **
Green	<1%	Percentage of positive tests
Yellow	1% < 5%	Percentage of positive tests
Red	≥ 5%	Percentage of positive tests
* Benchmark must be met for 2 weeks in a row.		
** Test Positivity Rate metric based on a summary of local testing data provided by the Centers for Medicare and Medicaid Services (CMS)		

- **Type of Disease Exposure.** This criteria is informed by LCPH Public Health Nurses, and associated contact tracing team members, tracking the type of disease exposure for each local confirmed case^v. The relevant exposure data is then compared to the established benchmarks and the corresponding color coding is applied, as follows:

Type of Disease Exposure		
Color Code	Benchmark *	Metric **
Green	>33%	Majority of weekly cases are <i>contact to a known case</i> exposure
Yellow	>33%	Majority of weekly cases are <i>travel-related</i> exposure
Red	>33%	Majority of weekly cases are <i>Unknown</i> exposure
* Benchmark must be met for 2 weeks in a row		
** Type of disease exposure metric based on a summary local case investigation data provided by Lewis and Clark Public Health Case Management Team		

- **Average Number of Direct Contacts per Case.** This criteria is informed by LCPH Public Health Nurses, and associated contact tracing team members, tracking the number of close contacts identified for each local confirmed case^{vi}. This data is then compared to the established benchmarks and the corresponding color coding is applied, as follows:

Average Number of Direct Contacts per Case		
Color Code	Benchmark *	Metric **
Green	0<5	Average number of contacts per case/week
Yellow	5 < 10	Average number of contacts per case/week
Red	≥ 10	Average number of contacts per case/week
* Benchmark must be met for 2 weeks in a row		
** Contacts per case metric based on a summary local case investigation data provided by Lewis and Clark Public Health Case Management Team		

III. Health Department Capacity

- **Ability to manage work related to COVID-19 pandemic without additional staffing.** This criteria is informed by tracking the number of LCPH staff dedicated to the ongoing COVID-19 response. This data is then compared to the established benchmarks^{vii} and the corresponding color coding is applied, as follows:

Case Management (Case Isolation, Quarantine, and Contact Tracing Teams)		
Color Code	Benchmark *	Metric **
Green	No Additional Staffing	Staffing for COVID-19 Response
Yellow	5 < 10	Staffing for COVID-19 Response
Red	≥ 10	Staffing for COVID-19 Response
* Benchmark must be met for 2 weeks in a row. Baseline = 4 Public Health Nurses in Communicable Disease and Immunization Program		
** COVID-19 staffing metric based on a summary of weekly staffing data provided by Lewis and Clark Public Health COVID-19 Incident Command Team		

Technical Assistance, Compliance and Enforcement		
Color Code	Benchmark *	Metric **
Green	No Additional Staff	Staffing for COVID-19 Response
Yellow	5 < 10	Staffing for COVID-19 Response
Red	≥ 10	Staffing for COVID-19 Response
<p>* Benchmark must be met for 2 weeks in a row. Baseline = 4 Registered Sanitarians from Licensed Establishment Program</p> <p>** COVID-19 staffing metric based on a summary of weekly staffing data provided by Lewis and Clark Public Health COVID-19 Incident Command Team</p>		

Support Staffing		
Color Code	Benchmark *	Metric **
Green	No Additional Staff	Staffing for COVID-19 Response
Yellow	1 < 3	Staffing for COVID-19 Response
Red	≥ 3	Staffing for COVID-19 Response
<p>* Benchmark must be met for 2 weeks in a row. Baseline = 0 Support Staff</p> <p>** COVID-19 staffing metric based on a summary of weekly staffing data provided by Lewis and Clark Public Health COVID-19 Incident Command Team</p>		

Total COVID-19 Response Staffing		
Color Code	Benchmark *	Metric **
Green	≤ 8	Total COVID-19 Response Staffing
Yellow	9 < 20	Total COVID-19 Response Staffing
Red	≥ 20	Total COVID-19 Response Staffing
<p>* Benchmark must be met for 2 weeks in a row. Baseline = 8 (4 Public Health Nurses + 4 Registered Sanitarians)</p> <p>** COVID-19 staffing metric based on a summary of weekly staffing data provided by Lewis and Clark Public Health COVID-19 Incident Command Team</p>		

IV. Testing Capacity

- **Sufficient staff and supplies to screen and test all local residents with COVID-19 symptoms.** This criteria is informed through direct consultation between LCPH Public Health Nurses, the state Department of Public Health and Human Services, and local entities conducting the testing. These entities include, but are not limited to, St. Peter's Health and PureView Health Center, and Walgreens. Under this criteria, LCPH and affected partners evaluate the availability of adequate testing kits, associated sampling supplies, and staffing necessary to perform adequate local testing. Dashboard color coding (green, yellow or red) is dictated through consultation and professional judgement.

- **Ability to get local test results in timely manner (within 2 days or less).** This criteria is informed by LCPH Public Health Nurses. Under this criteria, LCPH Public Health Nurses identify whether or not test results are provided to LCPH within 48 hours of testing. Dashboard color coding will be green when test results are provided within 48 hours. Both yellow and red color coding is dictated by the professional judgement of LCPH Public Health Nurses.

V. Disease Surveillance

- **Evidence of coronavirus in wastewater.** This criteria is informed by wastewater surveillance/testing for SARS-CoV-2, the virus that causes COVID-19, within the Helena and East Helena municipal wastewater systems. Wastewater testing is conducted by Carroll College researchers and evaluation of the test results is coordinated between LCPH and local partners within the affected City governments. Wastewater testing results are compared to local confirmed and active case data providing public health officials with additional tools for 1) early detection of rising local infections, 2) monitoring overall community infection trends, and 3) confirmation of low infection rates as correlated with local diagnostic testing results. This information is included in the Dashboard in graphic form. Development of quantitative benchmarks and associated color coding is under consideration as more data becomes available.
- **Sentinel screening of populations with no symptoms.** This criteria is informed by direct consultation between LCPH Public Health Nurses, the state Department of Public Health and Human Services, and local entities conducting the testing. Under this criteria, LCPH and affected partners evaluate whether or not adequate sentinel screening is occurring at local long-term care and assisted living facilities and other group homes, among local health care professionals (hospital and clinic staff), the general population (asymptomatic individuals only), and within local tourist communities. Dashboard color coding (green, yellow or red) is dictated through consultation with affected partners. Development of quantitative benchmarks and associated color coding is under consideration as more data becomes available.

VI. Community Compliance

- This criteria is informed by the tracking the number of weekly complaints regarding compliance with applicable COVID-19 regulatory Rules and Regulations. The number of weekly complaints is then compared to the established benchmarks and the corresponding color coding is applied, as follows:

Number of Weekly Complaints for Non-Compliance with Rules and Regulations		
Color Code	Benchmark *	Metric **
Green	0 < 10	Complaints/Week
Yellow	10 < 20	Complaints/Week
Red	≥ 20	Complaints/Week
* Benchmark must be met for 2 weeks in a row		
** Weekly complaint metric based on a summary local complaint data provided by Lewis and Clark Public Health Technical Assistance, Compliance, and Enforcement Team		

Rules and Regulations

I. Definitions

As used in these Rules and Regulations the following terms have the following meanings:

- “Business” means any for-profit or non-profit entity which has employees or volunteers. The term “business” includes, but is not limited to, retail stores, grocery stores, food and beverage establishments, public lodging, personal care providers, medical providers, pharmacies, gyms, pools, fitness services, museums and theaters, indoor recreational or entertainment facilities, gas stations, repair and service providers, non-profit organizations, realty services, legal services, transportation services, and ride sharing services.
- “Capacity” means the number of people allowed in a building as determined by the fire marshal.
- “Event” and “Gathering” mean planned or spontaneous grouping of people, indoors or outdoors, with people participating or in attendance. This includes, but is not limited to, a community event or gathering, government event or gathering, concert, festival, conference, parade, wedding, or sporting event.
- “Government office” means any office or assembly of any branch, department, agency, or political subdivision of the State of Montana.
- “Face covering” means a fabric, paper, or disposable face covering with multiple layers that covers the nose and mouth and which does not have an exhalation valve. The term “face covering” includes face shields.
- “Indoor space open to the public” means any indoor space, whether publicly or privately owned, where the public has access by right or invitation, express or implied, whether by payment of money or not. In addition, “indoor spaces open to the public” include, but are not limited to, lobbies, common areas, elevators, bathrooms, meeting rooms, or other spaces where people gather. The term includes all modes of public or commercial transportation. The term does not include private residences not open to the public.
- “Organized outdoor activity” means any gathering of 25 or more people for an activity or event organized or sponsored by a business or person, or that takes place on the property of a business or person. This includes, but is not limited to, outdoor theatrical or music performances, fairs, markets, festivals, parades, carnivals, rodeos, sporting or athletic events, beer gardens, weddings and receptions, or parties.
- “Reasonable measures” means actions that are reasonable under the circumstances to promote the objective of the mask requirement.
- “Schools” means any public or private k-12 school, and higher education institutions such as Carroll College and Helena College.
- “Sponsor” means any business or person who organizes or sponsors an organized outdoor activity, or who allows the activity to take place on their property.

II. Face Covering Requirement

1. Face Covering Requirement in Indoor Spaces Open to the Public.
 - Except as provided in section 3 of the Mask Requirement, all businesses, government offices, schools, or other persons responsible for indoor spaces open to the public shall require and take reasonable measures to ensure that all employees, contractors, volunteers, customers, staff, students, or other members of the public wear a face covering that covers their mouth and nose at all times while entering or remaining in any indoor spaces open to the public.
 - i. Face coverings shall be provided for all employees and volunteers.
 - ii. All points of entry open to the public shall have a clearly visible sign posted stating: “Mask or face covering use required for ages five and older.”
2. Face Covering Requirements for Certain Organized Outdoor Activities
 - Except as provided in section 3 of the Mask Requirement, for any organized outdoor activity where social distancing is not possible or is not observed, sponsors shall require and take reasonable measures to ensure that all persons attending an organized outdoor activity wear a face covering that covers their mouth and nose at all times.
 - This section applies only where the nature of the organized outdoor activity makes it impractical for all attendees to maintain at least six feet of physical distance from each other, or any organized outdoor activity where attendees are not observing at least six feet of physical distance from others.
3. Exceptions
 - Businesses, government offices, other persons responsible for indoor spaces open to the public, and sponsors of organized outdoor activities are not required to ensure the following individuals wear face coverings:
 - i. children under the age of five. All children between the ages of two and four, however, are strongly encouraged to wear a face covering in accordance with the provisions of these Rules and Regulations. Children under the age of two should not wear a face covering;
 - ii. persons consuming food or drinks in an establishment that offers food or drinks for sale;
 - iii. persons engaged in an activity that makes wearing a face covering impractical or unsafe, such as strenuous physical exercise or swimming. However, spectators observing an outdoor activity, where a separation from the activity of at least 6 feet is maintained, are considered a separate outdoor activity subject to these Rules and Regulations;
 - iv. persons seeking to communicate with someone who is hearing impaired;
 - v. persons giving a speech or engaging in an artistic, cultural, musical, or theatrical performance for an audience, provided the audience is separated from performers by at least six feet of distance;
 - vi. persons temporarily removing their face covering for identification purposes; or
 - vii. persons required to remove face coverings for the purpose of receiving medical evaluation, diagnosis, or treatment.

- Businesses, government offices, persons responsible for indoor spaces open to the public, and sponsors of organized outdoor activities should afford accommodations from the provisions of these Rules and Regulations to those who are entitled an accommodation under federal and state disability protection laws, including the Americans with Disabilities Act (ADA) and the Montana Human Rights Act, labor laws, or any other applicable law requiring accommodations in public accommodations.
- Only those employees, volunteers, and contractors in public-facing workspaces are required to wear face coverings as specified in these Rules and Regulations.

III. Event restrictions

- Events and gatherings in Lewis and Clark County are limited to no more than 250 people.
- Events and gatherings of less than 250 people must adhere to the following as determined by the triggering criteria:

Summed Total of Triggering Criteria	Events and Gathering sizes subject to restrictions
18 < (sum) < 33	50 - 250
34 < (sum) < 46	25 - 250

- Submit on the form provided by Lewis and Clark Public Health to Lewis and Clark Public Health a detailed plan outlining protective measures and environmental controls to reduce the risk of disease transmission at least thirty (30) days prior to event or gathering.
- Maintain strict physical distancing of 6 feet between individuals or between groups of family members.
- Follow guidance provided by Lewis and Clark Public Health regarding event planning and ensure plan is adhered to at the time of the event or gathering.
- Youth activities, defined as both community-based and school sanctioned, are not subject to this order’s physical distancing requirement or participant limitations, however a plan must be submitted and approved. Youth activities includes all youth participants, coaches, trainers, and officials necessary for the youth activity.
- Spectators of youth activities shall be considered a separate and distinct event from the youth activity itself, subject to this order.
- Schools and school activities including graduation ceremonies are exempt from the 250 person limit with an approved plan by Lewis and Clark Public Health.

IV. Location Specific Restrictions^{viii}

- All businesses, government offices, and locations with indoor space open to the public shall:

- Conduct a health assessment of employees and personnel at the beginning of each shift.
 - Anyone with symptoms of COVID-19 must be sent home. These include cough, difficulty breathing, fever, repeated shaking with chills, the chills, body aches, headache, sore throat and new loss of taste or smell.
- Require physical distancing of at least 6 feet between individuals and non-family groups in gatherings of any size.
- When mask restrictions are in effect, all points of entry open to the public shall have a clearly visible sign posted stating: "Mask or face covering use required for ages five and older." Signs are available at:

<https://montana.maps.arcgis.com/apps/MapSeries/index.html?appid=7c34f3412536439491adcc2103421d4b>
- o Capacity
 - Gyms, restaurants, Bars, Breweries, Distilleries, and Casinos shall operate at a capacity and hours as determined by the triggering criteria reflective of community conditions.

Summed Total of Triggering Criteria	Capacity	Hours
18 < (sum) < 33	75%	4:00 a.m. - 2:00 a.m.
34 < (sum) < 46	50%	4:00 a.m. - 2:00 a.m.

- Capacity in all gyms, restaurants, bars, breweries, distilleries, and casinos must be limited to designated percent of normal operating capacity and hours of operation.
- Tables must be limited to eight people per table.
- Dining establishments must provide for 6 feet of physical distancing between groups:
 - Increasing table spacing, removing tables, or marking tables as closed.
 - Providing for a physical barrier between tables.
 - Note: back-to-back booth seating provides adequate separation.
- Self-service buffets are prohibited.
- Clean all surfaces accessible to customers between customers, including tables, chairs, booths, highchairs, and gaming machines.
- Breweries and distilleries shall follow existing laws on closing time.
- o Additional guidance and recommendations for specific locations are accessible at <https://www.lccountymt.gov/health/covid-19/phase-two-guidance.html>.

Enforcement

I. Compliance with Mask and Location Specific Restrictions Rules and Regulations

The following complaint risk assessment matrix has been developed to identify response to complaints and achieve compliance. Non-compliance increases the risk that a facility will be a source of COVID-19 infection.

Complaint Risk Assessment Matrix		
MINOR	MODERATE	MAJOR
Low Risk of Disease Transmission	Moderate Risk of Disease Transmission	High Risk of Disease Transmission
Plan is in place	Incomplete plan for compliance	No plan for compliance
Working with us to improve plan	Working with us to improve plan	No interest in compliance
Complaints between 2-5	Complaints between 5-10	Complaints exceed 10
Employee Health policy in place	Incomplete health policy	No employee health policy

The following response will be used for follow-up on complaints received by Lewis & Clark Public Health.

NOTES:

1. Health Department staff should request Law enforcement support when visiting a facility where staff is uncomfortable visiting alone.
2. The County Attorney's Office will provide training on documentation.

Complaint process will include 4 key steps that will cycle back or on to next step depending on the location in the Complaint Risk Assessment Matrix.

STEP 1 – Receive a Complaint

1. Complaint is received by phone, email, hotline, social media.
2. Complaint is logged and assigned to a Code Enforcement Officer
 - a. Documentation includes
 - i. Complainant name unless anonymous
 - ii. Business name and address
 - iii. Time
 - iv. Specifics of complaint (who, what, when, where)
3. Educational call is placed to business owner or manager
 - a. Evaluate current process for compliance
 - b. Provide resources, technical assistance with compliance
 - c. Document the interaction– who, what, when
4. Investigate the validity of the complaint
 - a. Multiple complaints can be used as evidence of non-compliance
 - b. Can be by site visit to observe compliance

- i. Provide compliance assistance
5. Review 'Complaint Risk Assessment Matrix'
 - a. If status is MODERATE or MAJOR move to STEP 2

STEP 2 – Work with Business

1. Request written plan be submitted for review and approval
 - a. Business should assist in drafting and sign final plan
2. Review plan for compliance with these Rules and Regulations
3. Work with operator to adjust the plan for continued compliance
4. Follow up investigations to ensure business is in compliance with plan
 - a. Unannounced and announced inspections
5. Document progress/compliance
6. Review 'Complaint Risk Assessment Matrix'
 - a. If status is MAJOR move to STEP 3

STEP 3 - Order for corrective action

1. Ensure administrative record is complete from steps 1 and 2
2. Write Health Order for Corrective Action
 - a. Print administrative record
 - b. Send administrative record and draft Order for Corrective Action to supervisor for review
 - c. Deliver Health Order for Corrective Action
 - i. Email
 - ii. In person with assistance from law enforcement is necessary
 - d. An order for corrective action may include additional and more restrictive requirements consistent with these regulations until compliance is achieved.
3. Follow up with owner to determine compliance status and good faith efforts to comply
 - a. Phone, email, in person
4. Review Complaint Risk Assessment Matrix.
 - a. If status remains MAJOR after working with business move to STEP 4

STEP 4 – County Attorney's Office

1. Print an updated administrative record.
2. Send copy of administrative record, Order for Corrective Action, and request for follow up to County Attorney's Office.
 - a. Work with County Attorney's Office to review sufficiency of documentation
3. County Attorney will file appropriate action with the court
 - a. Either to force business to comply with plan from above or to close the business until agree to comply.

II. Compliance with Event Restrictions

Order to Restrict Events and Gatherings

1. Public Health is notified of an event that is scheduled.
 - a. Identify if a plan has been submitted.
 - b. Contact organizer and provide guidance on the need to submit an event plan for review and approval.
2. If event plan is not received and event is still scheduled, then **refer to county attorney for an injunction.**
3. If event is scheduled but it becomes apparent the organizers cannot/will not actively manage the event, as required by their approved plan, then **refer to county attorney for an injunction.**
 - a. Must have documented evidence of intent to not comply with plan/Health Order
4. If event is happening and did not follow plan, then gather evidence, **request law enforcement investigation and submit to county attorney.**

Effect on previous Health Officer orders.

Adoption of these Board of Health Rules and Regulations repeal and replace the following Health Officer Orders:

- Order of the Health Officer 10-2020 Amended November 19, 2020
- Order of the Health Officer 13-2020 November 17, 2020
- Order of the Health Officer 12-2020 August 12, 2020
- Order of the Health Officer 11-2020 July 15, 2020
- Order of the Health Officer 9-2020 May 19, 2020

Consistency with State Regulations and Emergency Declarations.

In the interest of uniformity of laws and to prevent the spread of disease, State laws and regulations and Governor's emergency declarations shall supersede these Rules and Regulations to the extent they are more stringent or are in direct conflict.

Duration

These Rules and Regulations shall be in effect upon adoption by the Lewis and Clark City-County Board of Health and remain in effect for the duration of the local, state, or national declaration of emergency, whichever is longer, or until removed by the Board of Health. The Board of Health shall review these Rules and Regulations at each regularly scheduled meeting of the Board of Health.

Authority

The adoption and enforcement of these Rules and Regulations are authorized by §§ 50-2-101 through 50-2-130, Administrative Rules of Montana Chapter 114 'Communicable Disease Control' of Department of Public Health and Human Services, and all other applicable provisions of state and federal law.

Signature

LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

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

Date

Drenda Niemann
Health Officer, Lewis and Clark Public
Health

Date

Endnotes

ⁱ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

ⁱⁱ <https://helenamtmaps.maps.arcgis.com/apps/opsdashboard/index.html#/2e42bcb3efca43f286fa3229300c6780>

ⁱⁱⁱ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

^{iv} Benchmark values for case incidence are consistent with the July 1, 2020 Harvard Global Health Institute study titled “Key Metrics for COVID Suppression, A Framework for Policy Makers and the Public.”

Benchmark values for test positive rate are consistent with Johns-Hopkins Bloomberg School of Public Health “COVID-19 Testing: Understanding the Percent Positive,” August 10, 2020 and the World Health Organization (WHO) “Public health criteria to adjust public health and social measures in the context of COVID-19: Annex to Considerations in adjusting public health and social measures in the context of COVID-19,” May 12, 2020. This document recommends a positivity rate below 5% for 2 weeks before governments consider reopening. WHO further recommends lowering the benchmark in areas where SARS-CoV-2 transmission is deemed under control. Based on current and historic available local data specific to test positivity, the Green benchmark has been set at <1% and Red benchmark is applicable to rates >5%. This document also defines comprehensive surveillance or testing necessary to adequately inform the local test positivity rate as 1/1000 population/week (Lewis and Clark County = 70 tests/week.

^v Benchmark values set based on risk associated with the types of exposure as determined by professional judgement of public health.

^{vi} Benchmark values set based on public health ability to manage contact tracing work associated with the number of contacts per case. Further consideration attributed to professional understanding that the greater number of contacts is evidence of people not adhering to public health guidelines such as 6 feet distance. The greater the number of contacts also contributes to expositional community spread of the virus.

^{vii} Benchmarks regarding health department capacity were set based on best professional judgement and ability to adequately respond and perform case investigation and contact tracing, technical and compliance assistance, enforcement and support operations.

^{viii} <https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html> CDC Community Mitigation Strategies for communities with COVID-19 transmission