



Lewis & Clark

Public Health

Public Health All-Hazard Annex

To the Lewis & Clark County

Emergency Operations Plan

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Record of Changes

<u>Changes Made</u>	<u>Changed By</u>	<u>Date of Change</u>

Table of Contents

1.0 Introduction 3

 1.1 Purpose 3

 1.2 Scope 3

 1.3 Policies 3

2.0 Situation & Assumptions 5

 2.1 Situation..... 5

 2.2 Assumptions..... 5

3.0 Concept of Operations 7

 3.1 General 7

 3.2 Notification 8

 3.3 Activation 10

 3.4 Direction & Control 11

 3.5 Information Management 12

 3.6 Continuity of Operations (COOP)..... 13

 3.7 Recovery..... 13

4.0 Organization & Responsibilities 15

 4.1 Communicable Disease Emergency Response..... 15

 4.2 Environmental Health Response..... 17

5.0 Administration, Finance & Logistics..... 21

 5.1 Augmentation of Resources (2.3.3 A2) 21

 5.2 Laboratory Support Services 22

6.0 Plan Development & Maintenance 23

7.0 Authorities & References..... 24

8.0 Attachments 25

Attachment 1: Acronyms & Definitions 26

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1.0 Introduction

1.1 Purpose

The purpose of the LCPH All Hazard Annex is to identify procedures and considerations for the LCPH Divisions and staff during emergencies or disasters. It is not intended to define Standard Operating Procedures/Guidelines (SOP/SOG), but to provide a framework for operations involving or managed by LCPH personnel.

1.2 Scope

This plan establishes provision of public health services during emergency situations. Hazards that are addressed in this plan include floods, earthquakes, natural disasters, and communicable disease outbreaks that result in a public health emergency. It specifically addresses the following:

1. Response to communicable disease outbreaks in Lewis and Clark County
 - a. An outbreak of epidemic proportions may create a need for additional medical resources, morgue facilities, epidemiological investigations and control measures to prevent the further incidence of disease. Plans already exist for some of these responsibilities and will not be addressed here. They are listed below:
 - i. The **Lewis & Clark County Emergency Operations Plan** identifies strategies for coordinated emergency response by medical organizations, coroner, and private or volunteer organizations.
 - ii. The **Lewis & Clark County Emergency Operations Plan ESF #6** and **ESF #8** annexes provide a mechanism for Ambulance Services to respond to a mass casualty incident.
 - iii. The **Lewis & Clark County Emergency Operations Plan** also addresses morgue, identification and notification procedures for disaster situations.
 - iv. The **American Red Cross** is chartered by Congress to provide mental health services after a disaster. The local Red Cross Chapter will implement crisis-counseling procedures for victims, response personnel and their families.
 1. The ARC maintains a list of providers to be contacted when needed.
 2. When the crisis has gone beyond local resources, the DES critical incident stress management (CISM) team can be called in for assistance.
2. Equipment failure or a disaster or emergency that causes the facility to be unusable requires relocation for re-establishment of essential functions. The Health Officer or designee has the authority to order relocation.

1.3 Policies

- The Health Department is responsible for developing emergency public health services plans and operating within the legal authority delegated to the County Board of Health.
- The Board of County Commissioners has adopted NIMS (National Incident Management System) for emergency response and management.

Lewis & Clark Public Health All Hazards Annex

- The Lewis & Clark City-County Board of Health has established the National Incident Management System as the standard for incident management.
- The Lewis and Clark City-County Health Officer or his/her designee will be responsible for the direction and control of public health activities. When a public health emergency escalates to EOC activation, the Health officer may need to participate in a Unified Command System.

2.0 Situation & Assumptions

2.1 Situation

- Lewis & Clark County is vulnerable to a host of natural, man-made, and technological hazards.
- These hazards could result in mass casualties or fatalities, disruption of food and/or water distribution and utility services, the loss of water supply, wastewater, and solid waste disposal services, and other situations that could create potential public health hazards or serious health risks.
- One of the primary concerns of public health officials is disease control. This involves the prevention, detection and control of disease causing agents, maintaining safe water, and food sources, and continuation of wastewater disposal under disaster conditions.
- Lewis & Clark County does not have large scale morgue storage capabilities.
- The County's response during incidents, emergencies, or disasters is based on the availability of resources. If the response requirements go beyond local capabilities, mutual aid, state, and/or federal assistance will be requested.
- The Commissioners have the authority to declare a State of Emergency within their jurisdictions and the responsibility to request a state or federal declaration if appropriate. *Requests for State or Federal assistance must go through the DES Coordinator.*
- The County Health Officer has broad authority over matters of public health to include air and water quality concerns, food supplies, wastewater systems, and disease prevention, and control measures.

2.2 Assumptions

- Emergencies and disasters may occur without warning at any time of day or night, and may cause a public health emergency.
- Emergency operation of public health services should be an extension of normal duties.
- Public health resources located in Lewis & Clark County will be available for use during emergency situations; however, these resources may be adversely impacted by the emergency.
- Damage to facilities that use or store hazardous materials, sewer lines and water distribution systems, and secondary hazards such as fires could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.
- It is necessary that the health department be prepared to carry out disaster response on an independent basis. It is likely that outside assistance will be available in most major disaster situations within 72 hours of the event.
- The public may require guidance on how to avoid health hazards caused by the disaster or arising from its effects.
- Some types of emergency situations, like floods, may affect a large proportion of our county, making it difficult to obtain mutual aid from the usual sources.

Lewis & Clark Public Health All Hazards Annex

- Demand for resources may be critical.
- A lack of coordination between response personnel from local, regional, state and federal agencies will impede adequate emergency management.
- Volunteers may help perform essential tasks; their efforts must be anticipated and coordinated.

3.0 Concept of Operations

3.1 General

LCPH will attempt to mitigate as many public health emergencies as possible through consistent and proven activities such as:

- Prevent and Control Communicable Disease by:
 - Surveillance as described in the Lewis and Clark Public Health Communicable Disease Investigation and Surveillance Protocol including case investigations .
 - Activities to raise and sustain vaccine coverage in all populations.
 - Conduct routine immunization clinics.
 - Maintain immunization registry.
 - Facilitate awareness activities, immunization campaigns and education opportunities
- Risk-based inspections of all food service establishments.
- Enforce sewage and solid waste disposal local and state regulations. Certify septic system installers and license septic system pumpers.
- Provide education and/or training for LCPH staff on:
 - Basic emergency response – naturally occurring disasters and terrorism; including response to situations involving wastewater and refuse disposal, food, air, and water monitoring, vector control, and the provision of minimum quantities of safe drinking water during emergency conditions.
 - Surveillance and investigation procedures for communicable diseases;
 - Prevention of communicable disease outbreaks
 - Mass prophylaxis strategies
 - Risk Communication
 - Isolation and Quarantine Protocols
 - Continuity of Operations (COOP)

Should a public health emergency occur however, emergency operation of public health services will be mainly an extension of normal duties. This involves:

- 1) Detection and control of disease-causing agents by:
 - a. Disease surveillance and investigation;
 - b. Emergency Medical Countermeasures
 - c. Quarantine and isolation; and
 - d. Activation of the Strategic National Stockpile (SNS).
- 2) Maintaining a safe water sources.
- 3) Maintaining a safe food supply.
- 4) Proper treatment and disposal of waste.

- 5) Monitoring air quality and issuing public advisories.
- 6) Coordination of laboratory activities regarding examination of food, water, air and processing of human samples for diagnostic tests;
- 7) Precautions for preventing transmission of disease from the deceased.
- 8) Implementing the Lewis and Clark County [Communicable Disease Investigation & Surveillance Protocol](#)
- 9) Sources for emergency medical supplies;
- 10) Providing public information and education
- 11) Maintaining access to support for public health services 24 hours /day.

Depending on the size and scope of the incident, most public health operations will likely be conducted “on-site” under an ICS structure while the County Emergency Operations Center (EOC) may serve as the central location for health and medical interagency coordination, information sharing and management, and executive decision-making. *(For more information, see the Lewis & Clark County EOP, ESF 8: Public Health & Medical Annex).*

3.2 Notification

Access to Lewis and Clark Public Health 24 hours a day 7 days a week is via answering service at [406-523-5564](tel:406-523-5564).

The LCPH management team shares the “24/7 phone” coverage. Contact information for access to 24 hour emergency support is included in the resources kit that accompanies the phone.

Internal Notification

Health Department Staff will be notified of a public health emergency by the following:

1. During work hours by briefings, telephone or e-mail.
2. During off hours by:
 - A. Telephone / Cell Phone / Text Messaging
 - 1) Staff telephone numbers and *24/7 Response Guidelines* are available in the *Public Health Emergency Management Manual* and the *24/7 Resource Manual* carried by the management member on call
 - 2) Call tree for management to supervisors to staff
 - 3) Internet/intranet notices
 - 4) Central phone with message for staff – a dedicated staff hotline will be implemented during an emergency. **The hotline number is 457-8911.** This hotline will be administered by the Public Information Officer, Communicable Disease Control Supervisor, and/or the Emergency Preparedness Coordinator. Instructions to set up the dedicated staff hotline are:
 - Call Voicemail *****NOTE*** To call voicemail while not at your office phone, dial 457-8500.**
 - Press # to select mailbox

- Enter **500**
- Press **1** to continue
- Log in with your user ID and PIN
- Extension of Call Handler (**8911**)
- Press **2** to Change Standard Greeting

B. Public Broadcast System request for staff to return to work.

3. A staging area will be designated for staff and volunteers to wait for additional instruction.

External Notifications

Local

1. 911 for emergencies and to request law enforcement, fire, hazmat, EMS support

- a) *Non Emergency Dispatch Contact #:* **442-7883**. To provide information for protection of first responders or if there is suspicion the incident may be an intentional event.
 - b) Dispatch fax numbers can be found on broadcast fax system under “fire” and “law enforcement”.
2. **Health Alert Network (HAN)**: Disseminate pertinent information through the *HAN* to appropriate partners for the event, including medical care providers, nursing homes, assisted living homes, coroner, veterinarians, day care providers and/or licensed establishment owners.
- a) Refer to the [HAN Protocol](#) or the [Communicable Disease Investigation & Surveillance Protocol](#) for more information.
3. Inform Board of County Commissioners (**447-8304**) and DES Coordinator (**447-8285/431-0469**) of emerging event. (*after hours, have 911 dispatch (442-7883) make these contacts).
4. Inform neighboring health departments as needed for regional response. (A master list of local health departments is found in the 24/7 Resource Bag or [online at MTDPHHS](#)).
5. For legal advice and support for legal action, contact the County Attorney’s Office at **447-8221**.

State

1. **Montana DPHHS CDEpi** 24 hour hotline at **444-0273** as appropriate for communicable disease and epidemiology;
2. Montana Public Health Laboratory 24/7# **800-821-7284** for
 - a) laboratory testing of human and environmental specimens
 - b) specimen collection and transport instructions
3. Notify MT DPHHS Duty Officer at **461-2042** for all other after hours situations.

Emergency Public Information & Warning

1. Emergency public information and warning will be coordinated in accordance with the LCPH *Emergency Risk Communications (ERC) Plan*, which is an appendix to this All Hazards Annex.
2. The LCPH Public Information Officer (PIO) will be responsible for implementing the ERC Plan. The PIO responds to all media inquiries and coordinates the release of information to the public on behalf of LCPH. The ERC Plan also helps prepare the department PIO to implement ERC activities.
3. Dedicated telephone lines will be established to meet the demand for information from the public as described in the *Hotline Protocol*. The *Hotline Protocol* is an appendix to the *Emergency Risk Communication Plan*.
4. The Sheriff or County DES Coordinator can activate the county's warning systems to issue a public alert.

Emergency Alert System (EAS): The EAS is designed to provide 24 hour warning capability through TV and radio to the public for emergencies and disasters. The EAS system is activated by the County DES Coordinator, Sheriff or their designee.

Target Notification: provides the ability to mass notify residents in a specific area through their registered phone number.

5. Communication assistance:
 - a) People with skills in sign language and foreign languages are working at Carroll College, the Career Training Institute, Adult Learning Center, High Schools, and Middle Schools.
 - b) An interpreter can be reached by phone at **888-808-9008**, Pin # 75036393.

3.3 Activation

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 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
- Single case of unusual disease
 - Naturally-occurring diseases of highest concern are listed in red on the disease reporting chart (Surveillance protocol)
 - Agents of highest concern for biological attack are identified in the Surveillance protocol
- Unusual number of usual diseases

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

Activation of the EOC may be requested from the County DES Coordinator when

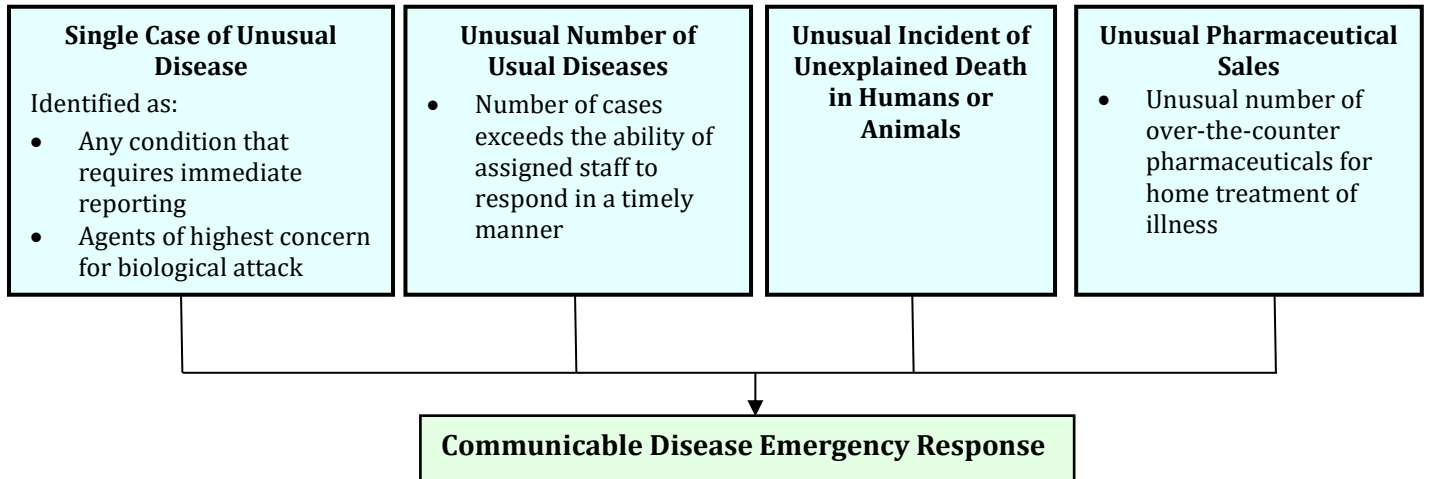
- a) Demand for services exceeds the capacity of the health department to respond
- b) Additional telephone lines are needed to respond to public requests for information.

Declaration of an Emergency along with activation of the EOC may be requested when:

- a) Resources are required from outside our agency;
- b) Time required to respond will be extensive;
- c) Response requires closure of public events or public buildings;

3.4 Direction & Control

The Health Department Incident Command Post (ICP) will be activated when emergency response requires reassignment of department staff and routine services are suspended. *See the following trigger points.*



The Incident Command Post will be located as needed for management of the event and as ordered by the Health Officer or designee. Sites can include:

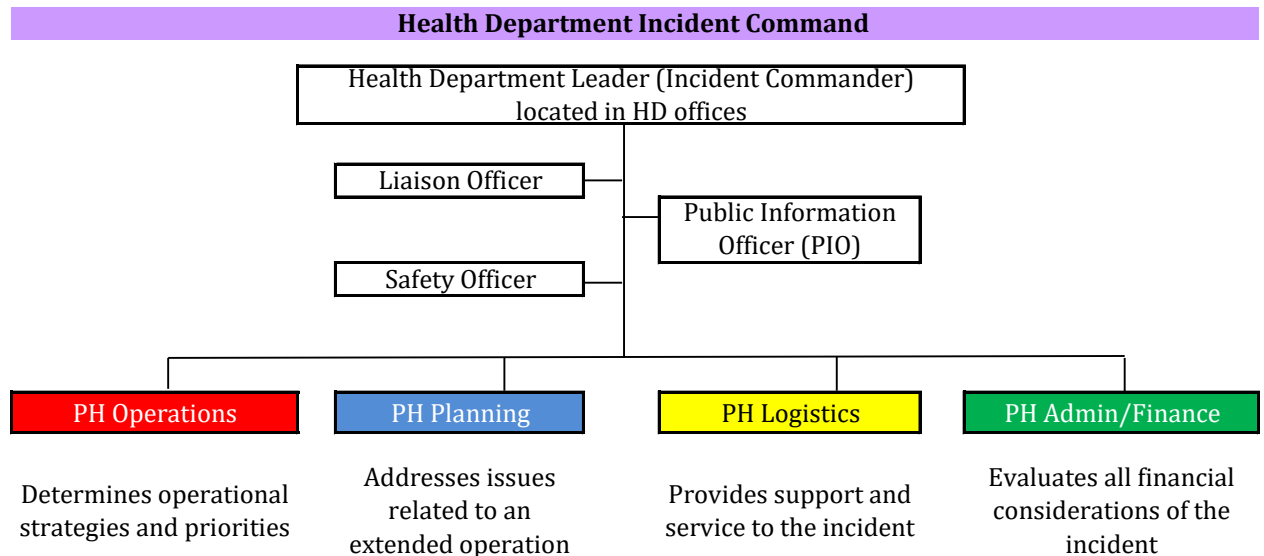
- Basement of the County Michael A. Murray Building
- Lewis & Clark City-County Building
- East Helena Lead Abatement Office
- Lincoln office
- Augusta office

The incident commander will notify emergency dispatch of the following:

- a) Nature of the emergency;
- b) Where the command post is located;
- c) Who the incident commander is; and
- d) Contact telephone numbers.

Lewis & Clark Public Health All Hazards Annex

The HD Incident Command Post Management flow chart and position descriptions are located in the HD flash drive carried in the 24/7 briefcase and in the table below.



The HD Incident Commander will designate staff to conduct the following activities:

- a) Tactical response (Operations)
- b) Collect, evaluate, analyze and use information about the development of the incident and the status of resources. (Planning)
- c) Organize facilities, services and materials to all organization components. (Logistics)
- d) Document all incident costs and evaluate the financial considerations of the incident. (Admin/finance)
- e) Act as the spokesperson for the department.
 - Briefing meetings should be conducted at least once per day
 - Community partners will be kept informed by using the Health Alert Network (HAN) and appropriate information sharing systems.
 - Public information messages will be coordinated as described in the *Emergency Risk Communications Plan*.

3.5 Information Management

Information Technology & Communications

- a) An unpublished telephone line **[457-1092]** has been assigned to accept calls from our external partners (physicians, clinics and other disease reporting partners).
- b) Computer assistance is available from Information Technology & Services at **447-8300**. Assistance for setting up laptop equipment, hooking into network, and establishing connection to printers is also available.
- c) A list of Information Systems available such as GIS, and established databases for emergency use is located in the department *Resource Manual*.

- d) The health department has a *broadcast fax* system available for use to disseminate information to our external partners. (See *Emergency Risk Communication Plan*.)
- e) The Lewis & Clark Emergency Operations Plan, ESF 2 describes procedures to activate the amateur radio emergency services (ARES) team. The operators can help serve as communication facilitators during an emergency.

3.6 Continuity of Operations (COOP)

A wide range of events, with or without warning, could disrupt ability to deliver services and impact the facilities, technology, and staff of the Lewis & Clark Public Health Department.

- **Event with Warning:** Evacuation orders are given in advance of an event that allows full execution of the LCPH COOP Plan with alert, notification and deployment of the Emergency Relocation Group
- **Event without Warning:** Ability to fully activate the LCPH COOP Plan will depend upon the nature of the event and the extent to which personnel, structures and equipment have been impacted.

In order to maintain “continuity of government” the Health Department lines of succession listed below will apply.

Succession Of Key Positions Within The Health Department				
1	2	3	4	5
Health Officer	CHP Div Admin	EHS Div Admin	CD Div Admin	
Finance Director	County Finance Director	HD Accounting Tech		
Communicable Disease Control Division Administrator	CD Supervisor	LE Program Manager	Senior Public Health Nurse	Senior Environmental Specialist
Community Health Promotion Division Administrator	Home Visiting Supervisor	MWCM Supervisor	Prevention Manager	
Environmental Services Division Administrator	Environmental Services Program Manager	Senior Sanitarian		
Medical Officer	State Medical Officer			

3.7 Recovery

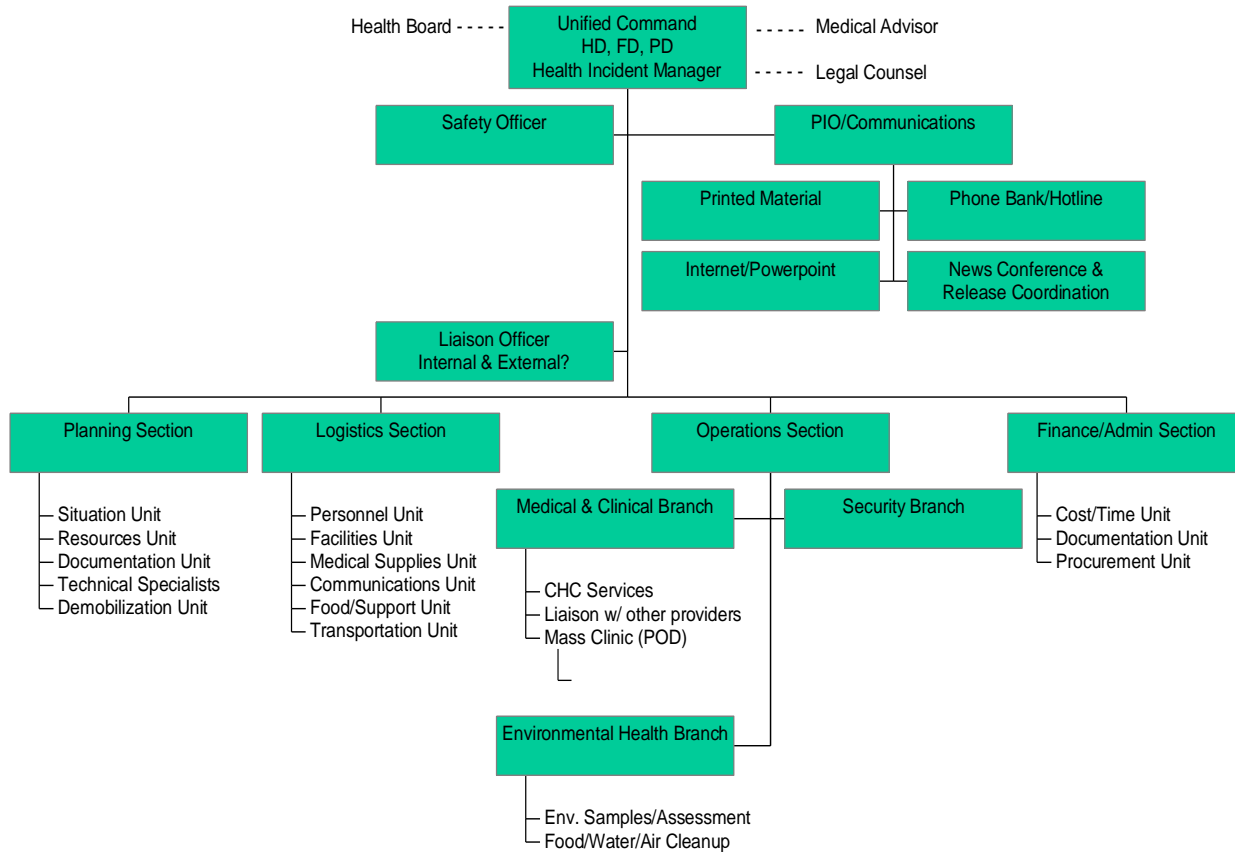
“Recovery” is trying to get back to pre-incident conditions. Recovery planning and operations should begin when the response starts. LCPH leadership will assign staff to address recovery planning and activities as soon as possible depending on the needs of the incident and the availability of resources. Some common tasks in the recovery phase may include:

- ❖ Monitor environmental and epidemiological systems.

Lewis & Clark Public Health All Hazards Annex

1. A communicable disease outbreak will be “under control” when 3 successive incubation periods have resulted in no new cases.
 - a. The Health Officer will release individuals from quarantine in accordance with the Quarantine Order.
 2. Crisis counseling for emergency response personnel will be provided by the American Red Cross as described in [section 1.2 1.iv.](#)
 3. Supplies that were taken from stockpiles during the emergency will be replaced before incident closure.
- ❖ Assist the Department of Environmental Quality (DEQ) in determining suitable sites and acceptable procedures/guidelines for the disposal of hazardous materials.
 - ❖ Monitor public and private food supplies, water, sewage, and solid waste disposal systems.
 - ❖ Continue to provide Public Information on sewage and waste control, food and water supplies, insect, rodent and disease control.
 - ❖ Continue to utilize multiple means of communicating public information and education.
 - ❖ Support emergency services staff and operations until the local system is self-sustaining maintain provision of long-term emergency environmental activities.
 - ❖ Continue EOC operations until it is determined that EOC coordination is no longer necessary.
 - ❖ Inform public of any follow-on recovery programs that may be available.
 - ❖ Return staff, clients, and equipment to regularly assigned locations.
 - ❖ Provide critical payroll and other financial information for cost recovery through appropriate channels.
 - ❖ Participate in after action critiques and reports.
 - ❖ Updates plans and procedures/guidelines based on critiques and lessons learned during an actual event.
 - ❖ Initiate financial reimbursement process for support services.

4.0 Organization & Responsibilities



4.1 Communicable Disease Emergency Response

- A. Recognition of a communicable disease emergency will be identified by:
 1. Disease surveillance as described in the Public Health Communicable Disease Surveillance Protocol.
- B. Communicable Disease Division staff will lead a Disease Response Team (“Epi-Team”) according to the Surveillance Protocol.
- C. The Communicable Disease Response Team will conduct a preliminary briefing for all pertinent partners (hospitals, laboratories, clinics, coroner, sheriff, city police, others as identified by the incident) for information sharing, coordination of action, and public information responsibilities. Community partners will be notified by the Health Alert Network.
- D. Controlling the Outbreak
 1. Conduct disease investigation
 - a) Implement highly active surveillance.
 - b) Implement Risk Communication plan.

- c) Implement *Isolation and Quarantine Protocol* when needed based on the communicable disease rules (ARM 37.114.101 to 1016), the *Control of Communicable Disease Manual* and the *CDC's Guidelines for Isolation Precautions in Hospitals*
 - d) The Health Officer can order closure of public events and buildings when continued operation would cause undue risk of disease under the authority of 50-2-118, MCA.
 - e) Implement **Respiratory Protection Program** for staff to prevent transmission of disease.
 - f) Monitor the **health status of workers** by requiring that every staff member and volunteer report any change in health status to their supervisor. Staff and volunteers will be referred to a medical provider for examination when needed.
 - g) Implement *Emergency Countermeasures Plan* when appropriate.
2. Implement management practices for **medical waste** as required in Title 75, chapter 10, subchapter 10 for all isolated and quarantined individuals, field hospitals, and off-site medical facilities.
- a) Store infectious or potentially infectious medical wastes in red biohazard bags and place in hard plastic containers with a lid.
 - (1) Must be labeled biohazard.
 - b) Prevent access by unauthorized persons to the biohazard storage area.
 - c) Sharps will be collected at point-of-generation in a closeable, puncture-resistant, disposable container. The container must be leak-proof on the sides and bottom and labeled "biohazard" according to OSHA Standard.
 - (1) A hard plastic jug could be used as an emergency sharps container if properly labeled.
 - d) All red bags and sharps containers collected by health department activities will be placed in large biohazard-approved containers distributed by outside contractor for waste handling.
3. **Mass Patient Care**
- a) Rapid medical care on a large scale is addressed in Section II: Emergency Support Functions (ESF) 6 and 8 of the Lewis & Clark County EOP.
4. **Mass Fatality Management**
- a) The Lewis & Clark Emergency Operations Plan ESF 6 addresses mass fatalities.
 - b) When a communicable disease agent has been identified as the cause of mass fatalities, the health department will consult with DPHHS Communicable Disease Section for guidance on preventing disease transmission while handling the deceased and conducting individual funerals. That information will be disseminated to the coroner, health care providers, emergency responders, morticians, and the general public.

- c) Funerals for individuals that died of a reportable disease must be conducted according to 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 those attending, unless the contacts have been determined by a local Health Officer to be incapable of transmitting the infection or disease which caused the death.
 - 1) Segregation may mean:
 - a. Alternative funeral sites for the quarantined;
 - b. Separation by time;
 - c. Personal Protective Equipment if appropriate to the disease; or
 - d. Other methods as deemed appropriate by the local Health Officer to prevent transmission of disease.

4.2 Environmental Health Response

A. Wastewater/Sewage Disposal

- 1. Provide public information and advisories on:
 - a) Areas where sewer breaks have occurred or where sewage is surfacing;
 - b) Restriction on flows when necessary;
 - c) Emergency home measures for use of closed containers and dump sites as needed.
- 2. Respond to emergency clean up, disposal, and decontamination of sewage-affected areas.
- 3. Resources available in the Environmental Health Division office, on-line and on a flash drive includes the following:
 - a) Certified Septic System Installers
 - b) Licensed Septic System Pumpers;
- 4. Resources available in Department Resource Manual:
 - a) Protocol for Sewage Management in Disasters;
 - b) Portable Toilet Suppliers;
 - c) Lime suppliers;
 - d) City Sewage Injector Trucks used for sludge disposal.

B. Water (Emergency Supplies/Monitoring)

- 1. Provide public information on:
 - a) Sources of safe drinking water during disaster conditions;
 - b) Public and/or private water supply boil orders;
 - c) Disinfection and testing procedures;
 - d) Availability of water;

- e) Notification of probable contamination; and
 - f) Recommendations for personal hygiene.
2. Facilities for distribution of emergency drinking water will be organized, ration points established and disinfection methods implemented.
 3. If there is a credible threat to a public water supply system and emergency sampling is required to identify an unknown contaminant, the Drinking Water Emergency Sampling (DWES) kit can be used. This cooler contains sample bottles for a single sampling location. The kit is located at **1930 9th Avenue** with another at the **Helena Water Treatment Plant**. Additional sampling bottles can be obtained from the Environmental Laboratory at DPHHS.
 4. Resources available in *Department Resource Manual*:
 - a) Protocol: Water Quality in Disasters;
 - b) Protocol: Drinking Water Emergency Sampling kit.
 - c) Water hauling/storage facilities;
 - d) Chlorine supplies;
 - e) Public Water Supplies in Lewis & Clark County - Available on-line DEQ Public Water Supply Section <http://www.deq.mt.gov/wqinfo/pws/reports.mcpx>
 - f) Well disinfection procedures; and
 - g) Procedures for licensed facilities to follow when faced with contaminated wells.

C. Food Protection Responsibilities

1. Provide public information on
 - a) Emergency food safety procedures and sanitation practices in the home;
 - b) Salvaging damaged foods; and
 - c) Food embargoes.
2. Depending on the situation, the LCPH staff will work in affected areas to identify safe food sources, sanitation measures and emergency preparation procedures if traditional refrigeration and heating units are unavailable.
3. Montana Public Health Laboratory can supply support for any necessary food samples.
4. Conduct inspections of all disaster food suppliers including distribution points, shelters, transport vehicles and other food providers as identified in the Disaster Food Service Strategy.
5. Resources available in Department databases
 - a) Licensed facility lists
 - b) Email and fax address for licensed establishments
6. Resources available in Department Resource Manual:
 - a) Disaster Food Service Strategy

- b) Embargo Policy & Procedures, Voluntary Holding Agreement
- c) Guidelines For Evaluation And Disposition Of Damaged Food Containers
- d) Truck Wreck Response Guidelines
- e) Commercial suppliers of refrigeration and heating units
- f) Flood Clean-up Health Tips

D. Air Quality Responsibility

1. Provide Public Information on:
 - a) Air quality monitoring results
 - b) Public health protection strategies during poor air quality events
2. Depending on the disaster situation, LCPH will work with DEQ personnel (if available) to monitor airborne contaminants in the ambient air or in shelters following emergency episodes.
3. Resources available in Department Resource Manual:
 - a) Lists of equipment for air quality monitoring;
 - b) State and Federal phone numbers;
 - c) Lewis and Clark County Air Quality Ordinance;
 - d) Guidelines for Air Quality Emergencies with high particulate levels.

E. Solid Waste/Vector Control Activities

1. Public information will be disseminated as needed on:
 - a) Emergency home waste disposal;
 - b) Avoidance of areas where there may be dead bodies;
 - c) Areas that may have hazardous waste spills;
 - d) Availability of pesticides and insecticides; and
 - e) Waste disposal sites.
2. Monitor emergency solid waste measures to prevent the spread of disease and attraction of insects or rodents.
3. Coordinate with landfill operators for disposal of putrescible wastes, which will include evaluation of alternative disposal sites.
4. Construction debris will be managed by Helena and East Helena City Public Works and the County Public Works offices in accordance with the Debris Management Plan and Annex to the County Emergency Operations Plan.
5. Coordinate with the county coroner for burial sites for bodies. The Lewis & Clark County Emergency Operations Plan contains emergency plans for storage and burial.
6. Vector control resources include:
 - a) Department of Agriculture entomologist

- b) MSU Extension Service Office
 - 1) Mosquito Control District
 - 2) Lewis & Clark County Weed Control District
- 7. Resources Available in Department Resource Manual:
 - a) SCS Soil Surveys and USGS Mapping to identify best areas for emergency disposal or burial located in Environmental Health Office;
 - b) Solid Waste Districts; and
 - c) State resource phone numbers.
 - d) Matrix for Authorities and Responsibilities of Agencies for Animal concerns which includes:
 - 1) Department of Livestock – Brands, for identifying ownership
 - 2) Humane Society – for taking care of displaced animals
 - 3) Fish, Wildlife and Parks
 - 4) City & County Animal Control
 - 5) Public Health Department

5.0 Administration, Finance & Logistics

5.1 Augmentation of Resources

When public health emergency situations stretch local resources beyond local capacities, additional resources may be requested from:

A. Staff Reassignment

- The Health Officer authorizes staff reassignments.
- Division Administrators request additional staff from the Health Officer.
 - Each LCPH division is responsible for providing the necessary administrative support for their personnel during disaster operations.
- Staff reassignment would typically happen in a response planning meeting.
- The division that sends staff is responsible for suspending normal operations as necessary.
- The requesting division provides incoming staff with job duties and training.

B. Temporary staff call out

- Division Administrators have the authority to call in seasonal or short term employees to meet a surge in demand for services.
- The call out list is at <H:\Clinic Shares\Emergency Preparedness\Resources\surge capacity>

**Note:* Each division is responsible for maintaining adequate records of personnel costs. Extra costs, such as overtime for both personnel and equipment, must be documented. If reimbursement is requested from either from the State Emergency and Disaster fund or the Federal Government because of a Presidential Major Disaster Declaration, these records are required.

C. Volunteers

- 1) Montana Healthcare Mutual Aid System (MHMAS) –The Emergency Preparedness Coordinator is authorized to use MHMAS to call for volunteers.
- 2) The Lewis & Clark County EOC
- 3) Activation of MCPHEP Mutual Aid Agreement with neighboring Public Health Departments.
 - The agreement is at H:\Clinic_Shares\Emergency Preparedness\Resources\surge capacity
- 4) Volunteers may assist in:
 - Disease Outbreak Investigation;
 - Quarantine Supervision;
 - Immunization Clinics;
 - Distribution of Emergency Medical Countermeasures.
- 5) Spontaneous Community Volunteers
 - The local chapter of the ARC is charged with coordinating all volunteers as referenced in the ESF # 6 and Section III, Support Annex 4 of the Lewis and Clark County EOP.
 - The ARC will identify community volunteers with medical and health skills. All volunteers will be:

1. Registered
2. Credentialed

D. State Agency(s)

- 1) State agencies may provide assistance, as able, for public health services, environmental health, incident, resource, and public information management and more.
- 2) Requests for State agency assistance go through the County DES coordinator as authorized by the Health Officer.
- 3) Some agencies that may assist include:
 - Montana Department of Public Health & Human Services (DPHHS)
 - Montana Department of Environmental Quality (DEQ)
 - Montana Disaster & Emergency Services (DES)
 - Montana Department of Natural Resources (DNRC)

5.2 Laboratory Support Services

The Specimen Transport plan is a functional annex to the All Hazards Annex. The purpose of the Specimen Transport plan is to facilitate assessment and the rapid delivery of specimens of immediate concern for laboratory analysis. The location of the state laboratory (24/7# **800-821-7284**), within our jurisdiction can minimize transport and response time. Chain of custody documentation will be implemented when a credible threat has been established. All agencies involved with submission of samples will be notified when chain of custody documentation is indicated.

- **Department of Agriculture** has pesticide residual testing capability.

6.0 Plan Development & Maintenance

- A. The LCPH Department's emergency preparedness team will maintain this Public Health All-Hazard Annex. This plan will be reviewed, tested and updated annually. Recommended changes to this annex should be forwarded to Emergency Preparedness Coordinator as needs become apparent.
- B. Training will include drills & exercises with our external partners:
 - 1. Local Emergency Planning Committee;
 - 2. Hospitals, laboratories and other medical response personnel
- C. After Action Reports will be done after all exercises and for all incidents that meet our *Significant Incident AAR Protocol*
- D. Department Protocols and Emergency Plans exist for the following:
 - 1. Chempack Plan
 - 2. Communicable Disease Investigation and Surveillance Protocol;
 - 3. DWES kit Protocol
 - 4. HAN Protocols
 - 5. Hotline Protocols
 - 6. Isolation and Quarantine Protocols
 - 7. Emergency Countermeasures Plan
 - 8. Risk Communication Plan
 - 9. Personal Protection Plan
 - 10. Specimen transport Plan
 - 11. Pandemic Influenza Plan

7.0 Authorities & References

- Federal Civil Defense Act of 1950, Public Law 81-920, as amended
- The Disaster Relief Act of 1974, Public Law 93-288, as amended
 - Provides an orderly and continuing means of assistance by the federal government to local and state governments in carrying out their responsibilities to alleviate the suffering and damage which results from disasters.
- Emergency Management and Assistance, 44 US Code 2.1 (October 1, 1980)
- US Code, Title 42, Chapter 6A, Subchapter II, Part G: Quarantine and Inspection
- CFR Title 42, Chapter 1, Part 70 Public Health Service, Interstate Quarantine
- CFR Title 42, Chapter 1, Part 71 Public Health Service, Foreign Quarantine
- Montana Code Annotated (MCA) Title 50, Chapter 2, Part 1
 - 50-2-116: Duties and Responsibilities of the Local Board of Health
 - 50-2-118: Duties and Responsibilities of the Health Officer
- MCA 10-3-103: Disaster and Emergency Services
- MCA 50-1-101: Administration of Public Health Laws
- MCA 50-1-202: Administration of Public Health Laws
- Administrative Rules of Montana, Title 37, Chapter 114, Subchapters 1, 2,3,5,10 –Communicable Disease Control 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare settings and Hospitals

8.0 Attachments

Attachment 1: Acronyms & Definitions 26

Attachment 1: Acronyms & Definitions

AAR: After Action Report

ARC: American Red Cross

BOH: Lewis and Clark City-County Board of Health

CISM: Critical Incident Stress Management

Communicable Disease: an illness caused by a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host. The transmission may occur either directly or indirectly through an intermediate plant or animal host, a transmitting entity or the inanimate environment.

Communicable Disease Emergency: Identification of any of the following:

1. Single case of unusual disease
 - a. Any condition that requires immediate reporting
 - b. Agents of highest concern for biological attack
2. Unusual number of usual diseases
 - a. Number of cases exceeds the ability of assigned staff to respond in a timely manner
3. Reports of odd or unexplained deaths in the community
4. Report that pharmaceutical sales indicate unusual number of over-the-counter pharmaceuticals for home treatment of illness.

County: Lewis and Clark County

Critical Function: A function or service, which if disrupted, must be restored within 12 hours or less

DEQ: Department of Environmental Quality

DES: Disaster & Emergency Services

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

DPHHS: Department of Public Health & Human Services

DNRC: Department of Natural Resources and Conservation

EHD: Environmental Health Division

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

EOC: Emergency Operations Center

EOP: Emergency Operations Plan

EMT: Emergency Medical Technician

Emergency Relocation Group: Personnel designated to conduct transfer of health department operations to designated alternate facility(ies).

ERC: Emergency Risk Communication

ESF: Emergency Support Function

Health Department: Lewis & Clark Public Health Department

Isolation: separation during the period of communicability of an infected or probably infected person from other persons, in places and under conditions approved by the department or local Health Officer and preventing the direct or indirect conveyance of the infectious agent to persons who are susceptible to the infectious agent in question or who may convey the infection to others. ARM 37.114.101 (22)

Joint Information Center (JIC). A facility, established to coordinate all incident-related public information activities, authorized to release general medical and public health response information delivered by a recognized spokesperson from the public health and medical community.

LCPH – Lewis & Clark Public Health Department

Mass Casualty Incident:

1. Number of patients outnumber facilities to care for them;
2. Number of patients and nature of injuries make normal stabilization and care unachievable;
3. Number of EMTs and ambulances provided to the scenes within time allowed is insufficient; or the stabilization capabilities of hospitals that can be reached with time allowed are insufficient.

MERF: Montana Emergency Response Framework

MCA: Montana Code Annotated

National Disaster Medical System (NDMS). A coordinated partnership between Department of Homeland Security (DHS), Department of Health and Human Services Commission, Department of Defense, and the Department of Veterans Affairs for the purpose of responding to the needs of victims of a public health emergency. Non-federal participants include major pharmaceutical companies and hospital suppliers, the national Foundation for Mortuary Care, and certain international disaster response and health organizations.

Priority Function: A function or service, which if disrupted, must be restored within 24 hours.

Ongoing Function: A function or service that is normally provided by the program and which, if disrupted, should be restored as soon as possible, consistent with the emphasis provided to restoration or critical and priority services.

Public Health: the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health.

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

Quarantine: those measures required by a local Health Officer or the department to prevent transmission of disease to or by those individuals who have been or are otherwise likely to be in contact with an individual with a communicable disease. ARM 37.114.101 (27)

SNS: Strategic National Stockpile.

Syndrome: cluster(s) of symptoms that do not include laboratory confirmation of disease.



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