Lewis & Clark Public Health

Public Health All-Hazard Annex

To the Lewis & Clark County Emergency Operations Plan

2024 December

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Record of Changes

Changes Made	Changed By	Date of Change
Updated phone numbers and department info, duty officer info	Brett Lloyd	August 3, 2018
Updated phone numbers and department info, duty officer info	Brett Lloyd	June 1, 2021
Updated plan for PHAB accreditation	BL	February 1, 2023
Updated plan to provide resources after reorganization	PHEP Team	December 2024

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1.0 Introduction

1.1 Purpose

The ***Lewis & Clark Public Health (LCPH) All Hazard Annex*** is to outline our approach to emergency operations. It provides general guidance for emergency management activities and an overview of our methods of mitigation, preparedness, response, and recovery. The plan describes our emergency response organization and assigns responsibilities for various emergency tasks. This plan is intended to provide a framework for more specific functional or procedural documents that describe in more detail who does what, when, and how.

This plan is a flexible document providing general guidance. Adjustments to the contents of this plan can, and will, occur due to the unique nature of emergencies. This deviation, using initiative and common sense, is authorized and encouraged for adapting to a specific emergency and to ensure public safety.

1.2 Scope

This emergency response plan is considered an "annex" to the ***Lewis & Clark County Emergency Operations Plan (EOP).*** It outlines the procedures and actions that LCPH will use to execute the responsibilities assigned and expected of the department in the EOP and under State law during emergencies and hazards that threaten or impact the public health and safety of people within Lewis & Clark County. However, the scope of this plan is not limited by the nature of any particular hazard or event. It is governed by the principles of all hazards planning. This approach allows the flexibility for the Department to respond with equal effectiveness to all events, hazards, emergencies, disasters or other events that affect public health and the recovery of essential human services in the County. The operational scope of this plan pertains only to LCPH. It does not define or supplant any emergency operating procedures or responsibilities for any other agency or organization, including the primary and support agencies defined in the EOP and here-in.

1.3 Policies

- The Health Department is responsible for developing emergency public health services plans and operating within the legal authority delegated to the City-County Board of Health.
- The Lewis & Clark County Board of County Commissioners and Board of Health have adopted and established NIMS (National Incident Management System) as the standard for emergency response and incident management.
- The Lewis and Clark Public Health Officer or his/her designee will be responsible for the direction and control of public health activities. When a situation escalates to a public health emergency, the Health Officer may need to participate in a Unified Command System.

1.4 Access & Functional Needs (AFN) Populations

Most disaster response systems and plans are designed for people who can walk, run, see, drive, read, hear, speak and quickly respond to alerts and instructions. This presents challenges for adults and children with disabilities and others with access and functional needs. These diverse populations may suffer severe and less forgiving consequences without essential support. The margin of resiliency in emergencies is smaller and the impact is higher.

Individuals with access and functional needs include, but are not limited to, those who have/are:

1. Developmental or intellectual disabilities
2. Blind/low vision
3. Deaf/hard of hearing
4. Mobility impairments
5. Injuries
6. Chronic conditions
7. Older adults or children
8. Living in institutionalized settings
9. Poor or homeless
10. Limited English proficiency or are non-English speaking
11. Transportation disadvantaged
12. Psychiatric or mental health related conditions or illnesses
13. Non-independent persons requiring a caregiver, supervisor or service animal
14. Any individual requiring assistance during an emergency or disaster

Incident action planning must address the needs of individuals with disabilities or access and functional needs and will need to do so within the context of the specific public health emergency. For instance, not all people requiring prophylaxis would be mobile and able to come to a county Point of Dispensing (POD) location. Arrangements may need to be made to bring assistance directly to those in need.

In addition to the primary response to a disaster, there may be additional needs before, during, and after an incident in functional areas, including but not limited to:

1. Maintaining Independence
2. Communication
3. Transportation
4. Supervision
5. Medical Care

LCPH will strive, in all phases of emergency management not just response, to be aware of and address the unique challenges faced by those in our community and to be equitable and inclusive in all of our services and strategies.

2.0 Situation & Assumptions

2.1 Situation

1. 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.
2. Public health threats include communicable infectious diseases, food and water contamination, consumer goods contamination, radiological or chemical incidents, bioterrorism, and natural disasters.
3. The scope of public health emergencies can vary widely, in many dimensions:
    a) They may be short-term and of projectable, forecastable trajectory, such as following a limited food contamination incident;
    b) They may be worldwide, without adequate treatment, and capable of overwhelming national government response capacities, as in a severe influenza pandemic;
    c) They may last months or years in the response phase, as in the pandemic influenza or weaponized anthrax attacks;
    d) They may involve uncertain or unknown emerging disease agents, in which information to guide response is initially inadequate and rapidly changing; and,
    e) They may be primarily based on a public health problem (such as communicable disease), or secondary to other hazards (such as cyber-attacks on infrastructure, earthquakes, or drought).
4. The County Commissioners have the authority to declare a "State of Emergency or Disaster" within their jurisdictions and the responsibility to request a state or federal declaration if appropriate.
5. 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 and may declare a public health emergency with the concurrence of the Board of Health if the situation warrants.
6. LCPH staff is trained and experienced in the incident command system (ICS) and the principles of emergency planning, response and recovery.

2.2 Assumptions

For the purpose of designing responses in an all-hazard environment, this plan provides a functional framework based on the following assumptions.

1. All incidents begin and end locally.
2. Emergencies may occur at any time with little or no warning and may exceed capabilities of local, state, federal, tribal governments and the private sector in the affected areas.
3. In the early stages of an incident, it might not be possible to fully assess the situation and verify the level of assistance required.

4. Emergencies may result in casualties, fatalities and displace people from their homes.
5. An emergency can result in property loss, interruption of essential public services, damage to basic infrastructure, and significant harm to the environment.
6. The greater the complexity, impact and geographic scope of an emergency, the more multiagency coordination will be required.
7. Mutual aid and other forms of assistance will be rendered when impacted jurisdictions exhaust or anticipate exhausting their resources.
8. At times, the local elected government officials, department heads, or agency administrators might not be available to perform their duties.
9. A lack of coordination between response personnel from local, regional, state and federal agencies will impede adequate emergency management.
10. The public may require guidance on how to avoid health hazards caused by the disaster or arising from its effects.
11. Volunteers may help perform essential tasks; their efforts must be anticipated and coordinated.
12. In addition, the following assumptions are unique to public health emergencies:
    a) A communicable disease outbreak such as an influenza pandemic may result in the rapid spread of infection with outbreaks across the globe. Communities around the state and country may be impacted simultaneously and the County will not be able to rely on timely or effective mutual aid resources due to similar impacts on neighboring jurisdictions.
    b) The duration of a public health emergency (PHE) could last months or years for the active response phase (e.g., weaponized anthrax or pandemic influenza).
    c) The widespread nature of some PHE may eliminate mutual aid.
    d) Non-medical responses to PHE, such as isolation and quarantine, are outside the norm and routine expectations of modern society. Citizens may be required to stay in their homes for a significant period during a pandemic; thus, residents will need public information, education and tools so they are prepared to take responsibility for basic needs (food, water, prescription medications, over-the-counter medications, etc.).
    e) Decisions about non-pharmaceutical community containment measures will be made in an atmosphere of considerable scientific uncertainty. Containment measures must be adapted to the epidemiologic context of each phase of the emergency. It is likely that strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gathering points and canceling public events will likely be implemented during a public health emergency.
    f) Distribution of medical countermeasures to the entire population, either early in an incident (e.g., anthrax) or late (e.g., after a new vaccine is developed for an emerging disease) will require significant mobilization of scarce and overextended resources.

g) Unlike fires, floods, heat emergencies, and other natural disasters, infectious disease emergencies may involve changing response patterns, as case definitions, treatment options, and care protocols evolve. This can tax the patience and trust of the public, public officials, public information officers, and mutual aid partners.

h) Public health emergencies may lack adequate situational awareness early in an outbreak.

i) There will likely be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications; thus, planning for continuity of operations is essential. Similarly, disruption or exhaustion of supply chains is likely.

j) Risk communication will be critically important during all phases of planning and implementation of a pandemic influenza or other communicable disease response.

k) In a severe PHE such as a pandemic, the number of ill people requiring outpatient medical care and hospitalization may overwhelm the local health care system. It can in no way be expected that a normal level of hospital care will be available.

   i. Hospitals and clinics will need to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems.

   ii. The health care system will need to respond to increased demands for service while the medical workforce experiences high levels of absenteeism due to illness or caring for ill family members.

   iii. Demand for inpatient beds and assisted ventilators could increase by tenfold or more and patients will need to be prioritized for services.

   iv. There will be tremendous demand for urgent care services.

   v. Hospital infection control measures specific to management of large numbers of patients may need to be developed and implemented.

   vi. The health system may need to develop and establish alternative care sites to relieve demand at hospitals.

   vii. Emergency Medical Service responders will face extremely high call volumes and may face significant reduction in available staff.

   viii. The number of fatalities will overwhelm the resources of the Coroner and/or Medical Examiner's Office, morgues, and funeral homes.

   ix. The demand for home care and social services will increase dramatically.

l) This plan assumes that the authority of the LCPH Director is conferred upon his or her designees to make command and operational decisions in an emergency or crisis response if the Director is unavailable or incapacitated.

3.0 Concept of Operations

3.1 General

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

1. Prevent and Control Communicable Disease by:
    a) *Investigation* and *Surveillance* as described in the LCPH Communicable Disease Response Plan.
    b) Activities to raise and sustain vaccine coverage in all populations.
        1. Conduct routine immunization clinics.
        2. Maintain immunization registry.
        3. Facilitate awareness activities, immunization campaigns and education opportunities
2. Risk-based inspections of all food service establishments.
3. Enforce sewage and solid waste disposal local and state regulations. Certify septic system installers and state licensed septic system pumpers.
4. Provide education and/or training for LCPH staff on:
    a) 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.
    b) Surveillance and investigation procedures for communicable diseases;
    c) Prevention of communicable disease outbreaks
    d) Mass prophylaxis strategies
    e) Risk Communication
    f) Non-Pharmaceutical Interventions
    g) Worker Health & Safety
    h) 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. Non-Pharmaceutical Interventions
    d. Activation of the Strategic National Stockpile (SNS).
2) Maintaining 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 Response Plan
9) Sources for emergency medical supplies;
10) Providing public information and education
11) Maintaining access to public health response 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.

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 provided to the management team in the "Duty Officer" Manual.

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 Duty Officer Manual.
      2) Call tree for management to supervisors to staff located in the Duty Officer Manual.
      3) Internet/intranet notices
      4) Central phone with message for staff – a dedicated staff hotline may be implemented during an emergency. The phone number will be identified at the time of the emergency. This hotline will be administered by the Public Information Officer 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 406-457-8500.***

- Press *
- Enter the last 4 digits of your work phone number
- Press #
- Enter your 4-digit pin
- Press #
- Press **2** to Change Standard Greeting

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

3. A staging area may 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 #:* ***406-442-7883.*** To provide information for protection of first responders or if there is suspicion the incident may be an intentional event.

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, law enforcement, fire, veterinarians, day care providers and/or licensed establishment owners.

   a) Refer to the *HAN Protocol* or the *Communicable Disease Response Plan* for more information.

3. Inform Board of County Commissioners **(447-8304)** and DES Coordinator **(447-8285)** 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 and contact numbers is found in the Montana Public Health Directory).

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 Laboratory Services Bureau** 24/7at **800-821-7284** for

   a) laboratory testing of human and environmental specimens
   b) specimen collection and transport instructions

6. 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, Sherriff 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) Public Health messaging may need to be customized for specific, at risk audiences that may include, but not be limited to:
      i. Specific age groups (elderly or very young)
      ii. Non, or limited English speakers
      iii. People with access or functional needs
         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 from Language Link 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:

1. When a response requires reassignment of staff for an extended period of time
2. Routine services are suspended
3. Frontline staff can't keep up with the calls for information on a specific topic
4. Single case of unusual disease

a) Naturally occurring diseases of highest concern are listed in red on the disease reporting chart (Communicable Disease Response Plan)

b) Agents of highest concern for biological attack are identified in the Communicable Disease Response Plan

5. Unusual number of usual diseases

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

Circumstances requiring activation of this Annex may also indicate a significant enough public health threat exists to consider the situation a "Public Health Emergency" (PHE). LCPH may move to "emergency response" operations without a formal "Emergency" declaration as defined in Montana Statute 10-3-103.8. However, if the situation warrants, the Health Officer and/or Unified Health Command (UHC) may decide to seek a formal Emergency or "Disaster" Declaration.

Declaration of an Emergency or Disaster may be requested when:

1. Resources are required from outside our agency or jurisdiction;
2. Time required to respond will be extensive;
3. Response requires closure of public events or public buildings and implementation of other control measures;

Emergency/Disaster Declaration Process:

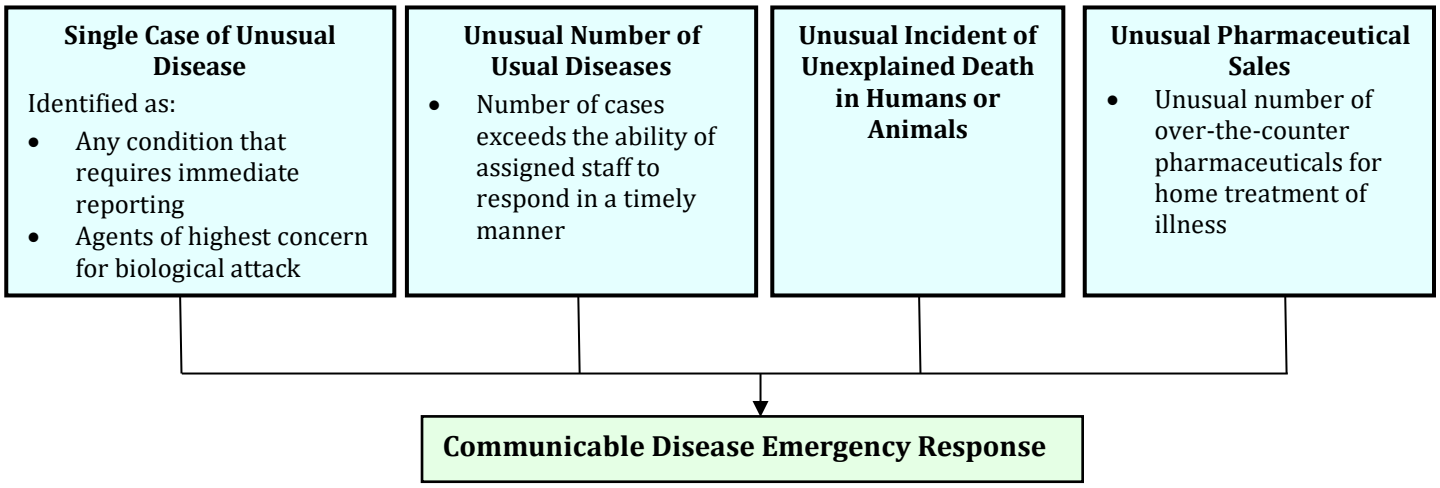
1. LCPH Incident Management Team (IMT)/UHC assess the situation and determine that a "state of emergency/disaster" should be formally declared.
2. IMT/UHC consults with DES Coordinator (DESC) and Board of Health (BoH).
3. BoH and DESC agree that a formal declaration is warranted.
4. DESC consults with Board of County Commissioners (BOCC) and requests formal Declaration.
5. BOCC declares State of Emergency or Disaster under appropriate Montana Statute(s) 10-3-402 thru 404.

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

1. Demand for services exceeds the capacity of the health department to respond
2. Additional telephone lines are needed to respond to public requests for information.

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.*



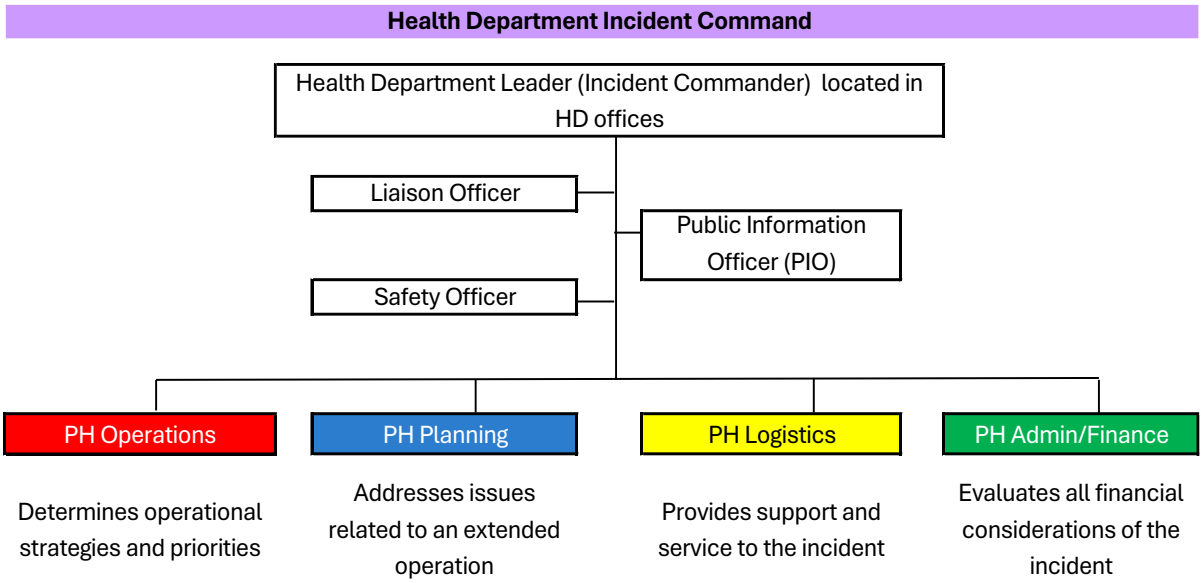
The Incident Command Post will be located as needed for management of the event and as ordered by the Health Officer or designee. Sites can include:

1. Basement of the County Michael A. Murray Building
2. Lewis & Clark City-County Building
3. East Helena Lead Abatement Office
4. Lincoln
5. Augusta Community Center

The incident commander will notify emergency dispatch of the following:

1. Nature of the emergency;
2. Where the command post is located;
3. Who the incident commander is; and
4. Contact telephone numbers.

The HD Incident Command Post Management flow chart and position descriptions are located in the table below.



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

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

3.5 Information Management

Information Technology & Communications

1. An unpublished telephone line will be assigned to accept calls from our external partners (physicians, clinics and other disease reporting partners).
2. 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.
3. Information Systems and established databases available for emergency use include GIS, Constant Contact, Medsneder, EPIC, ImMTrax, Paragon, Outlook, TraKit, HSGov Tech, MT Public Health lab and others as needed.

4. The health department has a Health Alert Network system through Constant Contact which is available for use to disseminate information to our external and internal partners. See the Health Alert Network (HAN) Protocol.
5. 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.

1. **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
2. **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.

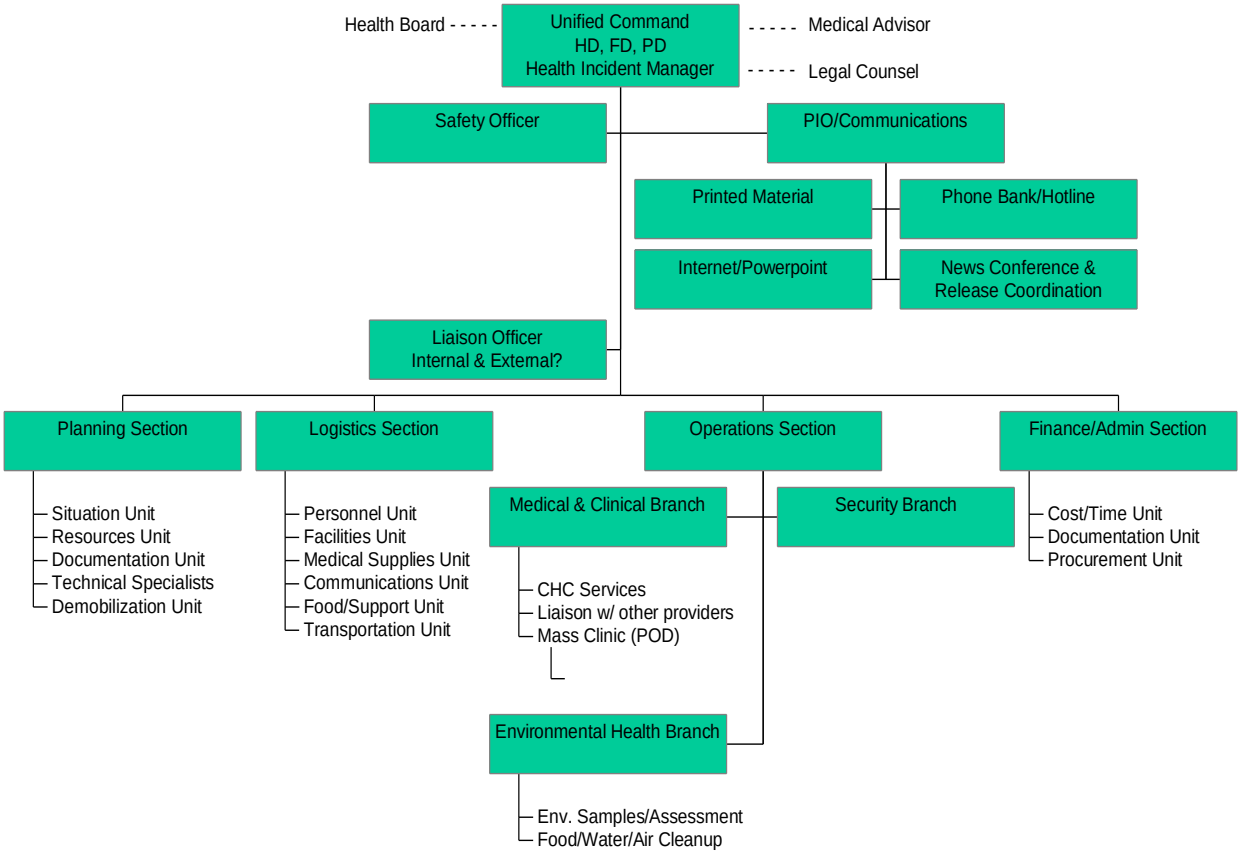
Succession Of Key Positions Within the Health Department				
1	**2**	**3**	**4**	**5**
Health Officer	CHP Div Admin	EHDP Div Admin	Child and family health supervisor	Prevention Supervisor
Finance Director	County Finance Director	HD Accounting Specialist		
Environmental Health and Disease Prevention Division Administrator	PHN Supervisor	LE Program Supervisor	Senior Public Health Nurse	Senior Licensed Establishment staff
Community Health Promotion Division Administrator	Child and Family Health Supervisor	Prevention Supervisor	Senior Child and family Health staff	Senior Prevention staff
Environmental Health and Disease Prevention Division Administrator	Environmental Services Program Supervisor	Water Quality Protection District Supervisor	Senior EHS Sanitarian	Hydrogeologist
Public Information Officer	County Communications Specialist	City Communications Specialist		
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:

1. Monitor environmental and epidemiological systems.
2. A communicable disease outbreak will be "under control" in accordance with CDC guidelines. Emergency outbreak procedures will remain in effect until incidence of disease has been eliminated or has been reclassified as endemic.
3. Crisis/mental health counseling for emergency response personnel will be provided by the American Red Cross. Contact local DES for access to this resource.
4. Supplies that were taken from stockpiles during the emergency will be replaced before incident closure.
5. Assist the Department of Environmental Quality (DEQ) in determining suitable sites and acceptable procedures/guidelines for the disposal of hazardous materials.
6. Monitor public and private food supplies, water, sewage, and solid waste disposal systems.
7. Continue to provide Public Information on sewage and waste control, food and water supplies, insect, rodent and disease control.
8. Continue to utilize multiple means of communicating public information and education.
9. Support emergency services staff and operations until the local system is self-sustaining.
10. Maintain provision of long-term emergency environmental activities.
11. Continue EOC operations until it is determined that EOC coordination is no longer necessary.
12. Inform public of any follow-on recovery programs that may be available.
13. Return staff, clients, and equipment to regularly assigned locations.
14. Provide critical payroll and other financial information for cost recovery through appropriate channels.
15. Participate in after action critiques and reports.
16. Update plans and procedures/guidelines based on critiques and lessons learned during an actual event.
17. Initiate financial reimbursement process for support services.

4.0 Organization & Responsibilities



4.1 Communicable Disease Emergency Response

1. Recognition of a communicable disease emergency will be identified by:
    a) Disease surveillance as described in the Public Health Communicable Disease (CD) Response Plan.
2. Communicable Disease staff will lead a Disease Response Team ("Epi-Team").
3. The Epi-Team will conduct a preliminary briefing for all pertinent partners (hospitals, laboratories, clinics, coroner, sheriff, city police, DES and others as identified by the incident) for information sharing, coordination of action, and public information responsibilities. Community partners may be notified by the Health Alert Network (HAN).
4. Controlling the Outbreak
    a) Conduct disease investigation
    b) Implement highly active surveillance.
    c) Implement Emergency Risk Communications plan.
    d) Implement control measures (see CD Response Plan and Nonpharmaceutical Interventions Plan) 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*

5. Implement **Respiratory Protection Program** for staff to prevent transmission of disease.
6. 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.
7. Implement *Emergency Medical Countermeasures Plan* when appropriate.
8. Implement management practices for ***medical waste*** as required in MCA Title 75, chapter 10, Part 10. Store infectious or potentially infectious medical wastes in red biohazard bags and place in hard plastic containers with a lid.
   a) 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.
   d) A hard plastic jug could be used as an emergency sharps container if properly labeled.
   e) 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. These are stored in the bio-hazard room #??

9. 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 Emergency Operations Plan (EOP).

b) LCPH does have some responsibilities assigned under both ESF 6&8 annexes such as:
   i. Coordinating with shelters to make sure proper sanitation and food/water, and disease prevention measures are being observed.
   ii. Coordinate with healthcare system to provide support during mass casualty incidents (e.g. infectious disease control, hazmat, food/water/air quality issues)
   iii. Coordinate with local responders during hazmat incidents that may impact public health.

10. Mass Fatality Management

a) The Lewis & Clark Emergency Operations Plan ESF 6 and MCI/MFI Hazard annexes address 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 certain reportable disease must be conducted according to instruction from the Health Officer. For example, some may require a closed casket, quarantine of contacts, segregation or other measures that prevent further spread of illness.

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 as needed.
2. Respond to emergency clean up, disposal, and decontamination of sewage-affected areas.
3. Resources available with Environmental Health Team and on-line includes the following:
   a) Septic system permit database
   b) Certified Septic System Installers
   c) Licensed Septic System Pumpers;
4. Resources available in Department Resource Manual:
   a) Protocol for Sewage Management in Disasters;

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, established and disinfection methods implemented in cooperation with DES.
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 list of locations and contacts for each of these kits is located in the Specimen Transport Plan. 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) Public Water Supplies in Lewis & Clark County are available on-line DEQ Public Water Supply Section https://sdwisdww.mt.gov/DWW/index.jsp
   c) Well disinfection procedures; and
   d) Procedures for licensed facilities to follow when faced with contaminated wells.

C. Food Protection Responsibilities

1. 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.
2. During a disaster, many groups, food establishments and individuals are prepared and willing to donate, prepare and provide food to disaster victims and workers.
3. Provide public information on
   a) Emergency food safety procedures and sanitation practices in the home;
   b) Salvaging damaged foods; and
   c) Safe food resources.

   Challenges will occur with people volunteering to provide food. We need to encourage shelf-stable, appropriately labeled, high nutrient foods to to prevent further harm to those already in need.
4. Montana Laboratory Services Bureau can supply support for any necessary food samples.
5. Conduct inspections of all disaster food suppliers including distribution points, shelters, transport vehicles and other food providers.
6. Resources available in Department databases
   a) Licensed facility lists - Paragon
   b) Email for licensed establishments – Constant Contact
7. Resources available in Department Resource Manual:
   a) Embargo Policy & Procedures, Voluntary Holding Agreement
   b) Guidelines For Evaluation and Disposition of Damaged Food Containers
   c) Truck and Train Wreck Response Protocol
   d) 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
        a) Clean Rooms
        b) Air purifiers
2. Air Quality information can be found on the County Website: https://www.lccountymt.gov/Government/Public-Health/Environmental-Health/Air-Quality-in-the-Helena-Valley
3. 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.
4. Resources available in Department Resource Manual:
    a) Lewis and Clark County Air Quality Ordinance;
    b) 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) Areas that may have hazardous waste spills;
    c) Pest Control Options; and
    d) Waste disposal sites.
2. Monitor emergency solid waste measures to prevent the spread of disease and attraction of insects or rodents.
3. Coordinate with DEQ and landfill operators for disposal of putrescible wastes
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. The Lewis & Clark County Emergency Operations Plan contains emergency plans for storage and burial under the authority of the county coroner.
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
    a) Solid Waste Locations

a) Scratchgravel Landfill District (Lewis and Clark County Landfill)
b) Lincoln Refuse District (container site)
c) City of Helena Transfer Station
d) Marysville Roll-off site
e) Augusta Landfill
f) Wolf Creek/Craig Container Site

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

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

B. Temporary staff call out

1. Division Administrators have the authority to call in seasonal or short-term employees to meet a surge in demand for services.

**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 DES coordinator
3. Activation of MCPHEP Mutual Aid Agreement with neighboring Public Health Departments.
4. The agreement is at H:\Clinic Shares\Emergency Preparedness\Resources\surge capacity
5. Volunteers may assist in:
    a. Disease Outbreak Investigation;
    b. Quarantine Supervision;
    c. Immunization Clinics;

d. Distribution of Emergency Medical Countermeasures.

e. Traffic Control

f. Data entry

g. Security at point of entry

6. Spontaneous Community Volunteers

   a. 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.

   b. The ARC will identify community volunteers with medical and health skills. All volunteers will be:

      i. Registered

      ii. 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:

   a. Montana Department of Public Health & Human Services (DPHHS)

   b. Montana Department of Environmental Quality (DEQ)

   c. Montana Disaster & Emergency Services (DES)

   d. 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

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.

1. Training will include drills & exercises with our external partners:
    a. Local Emergency Planning Committee;
    b. Hospitals, laboratories and other medical response personnel
2. After Action Reports will be done after all exercises and for all incidents that meet our *Significant Incident AAR Protocol*

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

AAR: After Action Report

ARC: American Red Cross

ARM: Administrative Rules of Montana

BoCC: Board of County Commissioners

BOH: Lewis and Clark City-County Board of Health

COAD: Community Organizations Active in Disasters

CISM: Critical Incident Stress Management

Communicable Disease (CD): 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.

CHC: Community Health Center

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

DESC: DES Coordinator

Emergency: means the imminent threat of a disaster causing immediate peril to life or property that timely action can avert or minimize.

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

IMT: Incident Management Team

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.

POD: Point of Distribution

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.

UHC: Unified Health Command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