



# Communicable Disease Response Plan

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# Promulgation Document

## Promulgation of Authorization

This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public's health and safety in Lewis & Clark County against communicable diseases. Lewis & Clark City-County Board of Health acknowledges that Lewis & Clark Public Health has the responsibility and duty to execute this plan in defense of public health.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. Lewis & Clark Public Health, in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercises required to support this plan.

All partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the *Public Health Emergency Preparedness and Response Capabilities National Standards* (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.

All partners and stakeholders are responsible for advising Lewis & Clark Public Health of any changes in their own procedures or operations that could affect any emergency responses undertaken.

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



Board of Health Chair May 21, 2026

*Drenda Niemann*

Health Officer May 20, 2026

## **Record of Changes**

<b><u>Changes Made</u></b>	<b><u>Changed By</u></b>	<b><u>Date of Change</u></b>
Transferred CD Protocol document into Plan Template and updated info for 2019	Brett Lloyd	May 9, 2019
Transferring in CD	Jacqui Snyder	February 6, 2020
Transferring in Definitions and Acronyms from NPI	Jacqui Snyder	March 5, 2020

Lewis and Clark Public Health CD Response Plan

Transferred foodborne protocol	Jacqui Snyder	March 12, 2020
Complete review and revision by DCP leadership team	Laurel Riek	March 15, 2023
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Review by Communicable Disease Response Team	Laurel Riek	June 10, 2024
Review by Communicable Disease Response Team, split out separate plans (NPI)	Laurel Riek	January 15, 2025
Small grammar and update edits	PHEP Team	January 1, 2026
Reformatted the plan to be editable	Sarah Sandau	March 23, 2026

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## 1.0 Introduction

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### 1.1 Purpose

The purpose of this plan is to define procedures for LCPH response to communicable disease incidence in Lewis and Clark County with increasing response when outbreaks are recognized. This will also provide a coordinating document for supporting procedure and protocol documents. This is directly in support of our mission statement, “To improve and protect the health of Lewis and Clark County residents.”

### 1.2 Scope

This plan and its supporting documents apply to all LCPH divisions and all communicable disease incidents within Lewis and Clark County.

### 1.3 Authorities

Montana Code Annotated

- [50-2-116 Powers and Duties of Local Boards of Health](#)
- [50-2-118 Powers and Duties of Health Officers](#)
- [50-50 Retail Food Establishments](#)
- [49-2-312 Discrimination Based on Vaccination Status Prohibited](#)

Administrative Rules of Montana

- [Title 37, Chapter 114 Communicable Disease Control](#)
- [Title 37, Chapter 96, Licensure of Daycare Facilities](#)
- [2013 Food Code, Chapter 2, Subpart 2-2 Retail Food Employee Health](#)

HIPAA: Federal [Health Insurance Portability and Accountability Act of 1996](#)

[Interlocal Agreement](#)

[Lewis and Clark County Rabies Control Regulation \(BOH-19-01\)](#)

Memorandum of Understanding between Lewis and Clark Public Health and Lewis and Clark County Sheriff’s Office, Helena Police Department, and East Helena Police Department for Rabies Prevention

### 1.4 References

1. **CCDM (Control of Communicable Diseases Manual)**. A copy is available in the Communicable Disease Nurse office, the Licensed Establishment offices and the Environmental Health Division office.
2. **Red Book (American Academy of Pediatrics)**. A copy is available in the Communicable Disease Nurse's office.
3. **Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)**.
4. Assistance from other staff (Environmental Health Specialists, public health nurses, medical director).
5. Assistance from DPHHS, Public Health and Safety Division, Communicable Disease Epidemiology Section: 24/7 Contact Number – 406-444-0273 CD/Epi Section Resources: <https://dphhs.mt.gov/publichealth/cdepi/CDCPBResources/CDEpi>

6. Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov>
7. FDA 2013 Food Code <https://www.fda.gov/food/fda-food-code/food-code-2013>
8. Lewis and Clark Public Health Emergency Plans [Official Public Health Documents Lewis and Clark Intranet](#)

### 1.5 Definitions and Acronyms

**AAR:** After Action Report.

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

**Antiviral Cache:** An asset owned by the State of Montana containing antivirals, placed in the care and custody of a host hospital. At the present time, the purpose of the antiviral cache is to treat ill individuals following protocols and procedures that will be developed and distributed at the time of an event.

**ARM:** Administrative Rules of Montana.

**Case Definition:** Set of symptoms, clinical or diagnostic findings that constitute a case of a communicable disease. Case classifications include suspect, probable and confirmed. Case definitions can be created by Health Officer, DPHHS, CDC (Centers for Disease Control and Prevention), <http://www.cdc.gov>, or the World Health Organization, <http://www.who.int> (WHO).

**Case:** An individual who has been diagnosed with a communicable disease or who has symptoms that fit the case definition of a communicable disease.

**CDC:** Centers for Disease Control and Prevention.

**CDEpi:** DPHHS, Public Health and Safety Division, Communicable Disease Epidemiology Section

**Cluster:** closely grouped series of cases of disease or other health-related phenomena with well-defined distribution patterns in relation to time or place or both. An enteric cluster occurs when two or more similar illnesses are suspected to be associated with a common exposure, but investigators are unable to identify a shared food, animal, venue, or experience among ill persons. (NORS)

**Communicable Disease Emergency:** Any of the following:

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

**Communicable Disease:** an illness due or suspected to be due to a specific infectious agent or its toxic products which results from transmission of that agent or its products to a susceptible host, directly or indirectly.

**Condition of Public Health Importance:** means a disease, syndrome, symptom, injury, or other threat to health that is identifiable on an individual or community level and that can reasonably be expected to lead to adverse health effects in the community.

**Contact:** an individual who has been identified as having been exposed, or potentially been exposed, to a communicable or potentially communicable disease through another individual or nonhuman source of the communicable or potential communicable disease.

**DES:** Disaster and Emergency Services

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

**DPHHS:** (Montana) Department of Public Health and Human Services.

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

**EMT: Emergency Medical Technician EOC:** Emergency Operations Center **ESF:** Emergency Support Function

**Exclude: (2013 Food Code 1-201.10)** means to prevent a person from working as an employee in a food establishment or entering a food establishment as an employee.

**Highly Active Surveillance:** increased contact with identified providers for soliciting information on disease activity and disseminating pertinent information.

**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 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.

**LCPH:** Lewis and Clark Public Health.

**MCA:** Montana Code Annotated

**MIDIS:** DPHHS Montana Infectious Disease Information System

**MPHL:** Montana Public Health Laboratory

**NORS:** National Outbreak Reporting System for enteric disease outbreaks

**Outbreak:** The occurrence of more cases of a disease than would normally be expected in a specific place or group of people over a given period of time. The MPHL and CDC can identify enteric clusters through whole genome sequencing. The National Outbreak Reporting System (NORS), which covers enteric disease outbreaks, defines an outbreak as two or more cases of similar illness associated with a common exposure.

**Passive Surveillance:** cases of reportable disease are reported to the health department from the health care community for investigation. Complaints are received from the community regarding clusters or disease incidence.

**POD:** Point of Distribution

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

**PHEP:** Public Health Emergency Preparedness

**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.

**Restrict: (2013 Food Code 1-201.10)** means to limit the activities of a food employee so that there is no risk of transmitting a disease that is transmissible through food and the food employee does not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.

**SNS:** Strategic National Stockpile

**STI:** Sexually Transmitted Infection

**WHO:** World Health Organization

## 2.0 Situation and Assumptions

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### *2.1 Situation*

- Administrative Rules of Montana [37.114.204](#) require timely reporting and investigation of certain reportable diseases.
- The purpose of investigation is to identify and implement control measures that are necessary to prevent transmission.
- The Lewis and Clark Public Health (LCPH) Disease Control and Prevention Division conducts active and passive disease surveillance with state and local partners on a regular basis to identify cases and community disease trends.
- LCPH Environmental Health Specialists regulate food, lodging, and childcare businesses including non-public water systems for public facilities and wastewater systems in Lewis and Clark County.
- Public Health Nurses and Environmental Health Specialists divide responsibility for communicable disease prevention and response according to the mode of transmission. Environmental Health Specialists are responsible for food, water and vector-borne diseases. Public health nurses are responsible for diseases with person-to-person transmission.
- The [Communicable Disease Response Guide for Reportable Conditions](#) specifies the level of response for different diseases.
- Investigation of communicable disease cases can lead to the recognition of clusters and outbreaks. Response may need to be expanded to meet the demands of investigation and prevention of additional cases.

## 3.0 Concept of Operations

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### 3.1 Active Surveillance (Routine)

LCPH solicits reports from area health care providers and/or laboratories requesting information on reportable and non-reportable disease activity within Lewis and Clark County. This information is then disseminated back to the providers.

Dissemination of relevant communicable disease information is provided as needed:

1. Public health nurse/environmental health specialist will schedule site visits or send out messaging to laboratories, physician offices, emergency rooms, urgent care clinics and other sites (as appropriate). The purpose is to:
  - a. Review reporting procedures.
  - b. Provide reporting packets.
  - c. Identify a key person at each site to maintain regular contact regarding disease activity and disease reporting.
  - d. Provide Public Health advisories or alerts.
2. A public health nurse initiates routine contact with designated sites to:
  - a. Solicit reports of reportable diseases ([see list](#)):
    - i. On receipt of a case report through active surveillance, the steps outlined in passive surveillance procedure are to be followed.
    - ii. A suspected cluster will trigger highly active surveillance
  - b. Inquire about disease activity and unusual presentations
  - c. Provide information on disease activity/trends occurring in the community.
3. Prepare and distribute summary of disease activity as needed to:
  - a. Health Officer
  - b. Medical Director
  - c. Leadership & Epidemiologist
  - d. CD Team (PHN, EHS)
4. The communicable disease team updates the Communicable Disease Dashboard to portray the most updated summaries. [Respiratory Illnesses \(Flu, RSV, COVID-19\) - Lewis and Clark County, Montana](#)

### 3.2 Passive Surveillance

Cases of reportable disease are reported to the health department from the healthcare community for investigation. Complaints are received from the community regarding clusters or disease incidence.

1. LCPH receives lab reports through MIDIS or other secure reporting systems including: JotForm, telephone, or confidential fax.
2. LCPH receives calls reporting individual disease complaints and clusters.
3. Specified diseases in [ARM 37.114.204](#) must be reported immediately by phone. The [Communicable Disease Response Guide](#) for Reportable Conditions identifies these diseases.
4. LCPH is capable of receiving and reviewing reports 24 hours a day, 7 days a week via an answering service **(406) 523-5564**. Responsibility for receiving and evaluating reports after hours and on weekends is shared among health department management.

5. Case reconciliation is completed as requested by DPHHS CDEpi staff. A line listing of cases and required data elements is sent to lead public health nurse and lead sanitarian through a secure system. This is compared with our records to assure that all cases are reported to the local and state health authority and that all reports contain the required data elements.
6. The timeliness of reporting diseases is evaluated by comparing the date of diagnosis with the date the health care provider reported the case to LCPH. The timeliness of LCPH reporting to DPHHS is also reviewed.

### **3.3 Disease Investigation**

See [Investigation Algorithms Attachment 2](#)

Investigate all reportable communicable diseases promptly in accordance with [ARM 37.114.314](#) and Communicable Disease Response Guide ([Attachment 1](#)).

1. Food traceback procedures for identifying sources are located in [Attachment 9](#).
2. Food recall procedures for removing food from commerce are located in [Attachment 10](#).
3. Potential Rabies exposure investigation procedures are located in [Attachment 14](#).
4. Disease clusters and outbreak investigations are described under Outbreaks below.

#### **3.3.1 Disease Investigation Procedures for Unconfirmed Illnesses**

Complaints and reports involving illnesses that have not been lab-confirmed must also be investigated within 1 working day. (e.g. foodborne illness, rashes)

1. For suspected food and waterborne illness, use the Suspect Food and Waterborne Disease Investigation Form located in [Attachment 3](#).
2. Obtain all pertinent information
  - a. Name, age, date of birth, race, ethnicity, vaccine status
  - b. Contact information, address
  - c. Identify symptoms and onset date
  - d. Involved with congregate settings, sensitive occupations
3. Establish potential sources of disease
  - a. Others with similar symptoms
  - b. Recent travel history/activities/events
  - c. Food/water history for as many days as people can remember (Include recreational water exposures)
  - d. Potential animal exposures
4. If suspect food is from a retail food facility, then conduct an investigation of that facility as described under outbreak investigation 3.4.3.1.b.
5. If the suspect food is a manufactured food, then contact the FDA Consumer Complaint Coordinator for Montana 800-353-3965 or visit <https://www.safetyreporting.fda.gov/srp2/en/Home.aspx?sid=433aee7-e562-4fce-beed824b4efeb8cd>
6. Request laboratory confirmation of potential communicable disease reported.

#### **3.3.2 Case Investigation Procedures (Lab Confirmed)**

1. A lab report is received through MIDIS, by phone, fax or mail from:
  - a. Health Care Provider
  - b. Laboratory
  - c. Hospital
  - d. Epidemiologist/DPHHS
2. Case is assigned to a public health nurse or environmental health specialist. Gather case information.
  - a. Verify that the case is a resident of Lewis and Clark County. If not a resident, transfer case to DPHHS. Use secured email or fax.
  - b. Determine if the health care provider has received the laboratory report and if he/she has contacted the patient. It is best practice for the patient to receive diagnosis information from the provider first. Determine that appropriate treatment has been initiated. If unable to contact the provider within 24 hours, contact the case directly.
  - c. Obtain all available case information.
    - (1) If case is a minor (with the exception of STI investigations), obtain the name and relationship of the responsible party (parent, legal guardian)
    - (2) Age, date of birth, race, ethnicity
    - (3) Contact information, address
3. Interview case or guardian
  - a. Find disease-specific interview forms located here:  
<https://dphhs.mt.gov/publichealth/cdepi/CDCPBResources/CDEpi>
  - b. Identify symptoms and onset date
  - c. Establish potential sources of disease
    - i) Others with similar symptoms
    - ii) Recent travel history
    - iii) For enteric diseases:
      1. Food/water history if the infectious agent is food or water-borne
      2. Potential animal exposures
        - d. Occupation- for assessment of secondary transmission risk
        - e. Connected to a congregate setting

### **3.3.3 Implement Control Measures to Prevent Secondary Transmission**

1. Provide education to the case regarding disease process, spread, and treatment
2. Implement necessary but least restrictive disease control measures as described in the [Administrative Rules of Montana 37.114 Communicable Disease Control](#).
  - a. Isolation (separation during the period of communicability of an infected or probably infected person from other persons) as required by communicable disease rules
  - b. Quarantine contacts as required by communicable disease rules
  - c. Sensitive Occupations - See [2013 Food Code Annex 3, 2-201.11/1-201.12 Decision Trees for restriction or exclusion for food handlers](#). See [ARM 37.114.301](#) for congregate settings, food handlers, and healthcare providers
    - i) Exclusion will occur when:
      1. Case is symptomatic
      2. Alternative job duties are not available in accordance with the 2013 Food Code.
    - ii) Restriction will occur when:

1. Alternative job duties are available that will eliminate the risk of transmission
2. Effective personal hygiene practices can be determined
- iii) Notification of exclusion
  1. Case will be notified of exclusion order verbally and in writing. Templates can be found in [Attachment 7](#)
  2. Employer will only be notified of exclusion after receiving written permissions from the employee for:
    - a. For work schedule information (e.g. Hepatitis)
    - b. Other information to support investigation
- iv) Exclusion will remain in effect until:
  1. Case is asymptomatic; and
  2. Case meets requirements for restriction, OR
  3. Samples from case are tested and found to be negative for pathogens.
    - a. Samples can be submitted to the LCPH for transport to the Lab. See Exclusion and Collecting Samples procedure document in [Attachment 8](#).
    - b. Costs of lab tests for Public Health control measures may be paid from the Emergency Preparedness grant fund with prior approval from the Operations Manager.
- d. Congregate Settings
  - i) Daycares
    1. Children must be excluded while symptomatic in accordance with daycare rules. (ARM 37.96.505)
    2. When the risk of transmission exists for other children in the daycare, give prevention and symptom information fact sheets to the daycare provider and parents. Do not release identifying information of the ill child.
      - a. Provide appropriate information on effective control measures.
      - b. Health Alert Network (HAN) system has contact information for clinics and facilities.
    3. Complete case report to DPHHS through MIDIS or submit by confidential fax line at 800-616-7460 or File Transfer Services on Okta if MIDIS is down.

#### **3.3.4 Contact Investigation**

1. Obtain information from case about contacts during the contagious period as applicable.
  - a. Name
  - b. Address
  - c. Phone number
  - d. Parent/guardian name if contact is a minor (except in STI investigations).
  - e. Last date of exposure
2. Evaluate the risk of exposure based on the extent and timing of the contact
3. If contact is not a resident of Lewis and Clark County, contact DPHHS for referral to the appropriate jurisdiction.

4. Notify contact of exposure
  - a. Provide education regarding disease process, spread and treatment.
  - b. Refer for testing and/or treatment if indicated.
  - c. Notify the contact's health care provider of the situation and LCPH's recommendations as needed.
  - d. Quarantine instructions will be provided if needed in accordance with the Communicable Disease rules (ARM) and CDC. Protocols are located in [Attachment 11](#) Non-Pharmaceutical Interventions.

### ***3.4 Recognizing a Cluster or an Outbreak***

A cluster or outbreak can be identified from the following reports.

1. Multiple disease reports with the same agent are found within a short time frame
2. MPHL and CDEpi identify clusters by whole genome sequencing, this can include identification of national/international outbreaks through CDC and/or WHO
3. Two (2) or more people experience a similar illness after ingestion of a common food or meal
4. Multiple complaints are received identifying a common source
5. A disease report within a congregate setting
6. Single case of unusual communicable disease is identified (i.e., Measles, Ebola, botulism)

#### ***3.4.1 Outbreak Response***

After a cluster or outbreak has been identified, a staff member will notify supervisor and the Operations Manager. If identified as an outbreak from a common source, potential closure may be initiated.

#### ***3.4.2 Confirm the Outbreak***

1. Conduct initial interviews to determine potential number of cases and sources
2. Identify common exposures (food, water, event, location)
3. Initiate lab testing to identify agent of concern
4. Designate an outbreak control team (EPI-Team) depending on the scope of the outbreak
  - a. Health Officer and Operations Manager
  - b. Program Supervisor, staff including Epidemiologist
  - c. Can be expanded as needed to include
    - i. All public health nurses and licensed establishment sanitarians
    - ii. Medical Director
    - iii. PHEP coordinator
    - iv. Communications Specialist
    - v. Environmental Health Services team
    - vi. Regional Partners
    - vii. Temporary staff
5. Convene meetings as appropriate to the outbreak
  - a. Situation update – agent of concern, number of cases, what we know
  - b. Response planning to define next steps
    - i. Generate case definition
    - ii. Identify additional cases

1. Highly active surveillance
2. Through case interviews
3. Lab reports
- iii. Generating a questionnaire to develop a hypothesis on source
- iv. Process and forms for conducting case interviews
- c. Identify any information sharing that could include:
  - i. HAN to providers to identify agent of concern if known and scope of outbreak
  - ii. Prevention messaging to the public, when applicable,
    1. Define disease outbreak
    2. Identify PH response
    3. Identify actions that individuals can take to protect themselves and their families.
- d. Schedule next meeting

### **3.4.3 Conduct outbreak investigation**

1. Conduct case/facility interviews
  - a. Follow the steps outlined in Disease Investigation Procedures and outbreak specific questions developed for the incident.
  - b. If the potential source is a food facility, then conduct an on-site evaluation of food safety for that food as soon as possible. [Use Environmental Assessment tools](#).
    - i. Talk with the person in charge/manager about the potential source as identified by initial review.
    - ii. If related to a banquet or party, identify all the food items provided for that party. This will be used for specific questionnaires for each participant. If it is a menu item, then identify how many orders of that item were served on that day.
    - iii. Evaluate procedures for food in question from receiving to serving. Identify any gaps in safe food handling.
    - iv. If food is available for sampling, then take a sterile sample and submit it to the MPHL for testing. Ask the facility to hold any leftover product until testing is complete.
    - v. Identify any other menu items which contain the foods of concern.
    - vi. Identify any employees who reported being sick in the week prior or the day of concern. Identify when they were working last, what their responsibilities were and what the illness was.
    - vii. Provide guidance to the facility to prevent food-borne illness.
2. Implement Highly Active surveillance to identify additional cases
  - a. On receipt of a case report through active surveillance, follow the steps outlined in [Disease Investigation Procedures](#)
3. Analyze data collected from interviews and lab reports
  - a. Generate a hypothesis regarding source
  - b. Identify possible sources and means of transmission
  - c. Define the population at risk
  - d. Identify information that can be shared with providers and the public to prevent further disease and identify additional cases.
4. Implement Control Measures to Prevent Secondary Transmission
  - a. [Conduct contact investigations](#)

- b. Provide education
  - c. Refer for testing and/or treatment
  - d. Initiate movement restrictions with Health Officer and Board of Health authorities as needed to prevent the spread of disease in accordance with [ARM 37.114 subchapter 5](#). Depending on the level of public health risk the Health Officer will also notify the County Attorney, Coroner, medical community, Disaster and Emergency Services Coordinator, elected officials and law enforcement.
5. Closure orders for public events and buildings – when imminent threat of widespread disease or loss of life could be slowed or stopped by restricting assembly according to [MCA 50-2-118](#).

### **3.5 Outbreak Response and Escalation to Public Health Emergency**

The Health Officer or their designee has authority to escalate response with command post activation and implement the Public Health All Hazards Annex. Circumstances that may trigger the use of the All-Hazards Annex include:

1. When a response requires reassignment of staff for an extended period of time
2. When a response includes extended staff call out after business hours
3. Routine services are suspended
4. Administrative staff can't keep up with the calls for information on a specific topic
5. Series of health events or cases of disease closely grouped by time and/or place
  - a. Naturally occurring diseases of highest concern are listed in section 1 of the Communicable Disease Response Guide. ([Attachment 1](#)).
  - b. Agents of highest concern for biological attack ([Table 2](#)).

Actions that can be taken can include:

1. Activate an incident management team.
2. Request an Emergency or Disaster Declaration: A County Declaration of an Emergency may be requested from the Board of County Commissioners when:
  - a. Resources are required outside our agency
  - b. Time required for response will be excessive
  - c. Response requires activation of the strategic national stockpile when available supplies do not meet the need
  - d. Compulsory closure of public events is anticipated to prevent further spread of disease
  - e. Large-scale quarantine is needed
3. Request resource support from County DES and/or DPHHS.

#### **3.5.1 Non-Pharmaceutical Interventions**

Provide strategies for preventing, limiting and/or eliminating the spread of communicable disease

1. Isolation of those that are identified as a case with a communicable disease easily transmitted to others. This can be by education or by health officer order as needed for the severity of the illness.
2. Quarantine
3. Restriction of movement and gatherings
4. Guidance to the community for best practices to protect their families and the community

5. For more specific guidance see the Non-Pharmaceutical Intervention Plan

### **3.5.2 Mass Prophylaxis**

1. Provide for prophylaxis to prevent further disease when appropriate.
  - a. Mass distribution (including vaccines, antibiotics, and antivirals using approved methods and doses to provide large-scale distribution)
    - i. Convene a planning team with local partners (Health care providers, schools, congregate settings, pharmacists, communications specialists, Community Organizations Active in Disasters (COAD), regional and community partners, and others as needed)
    - ii. Identify eligible population and obtain signed standing orders for prophylaxis distribution
    - iii. Identify locations and mode of distribution (drive-through, walk-up clinics, mobile clinics, and pharmacies)
    - iv. Staffing support team including vaccinators, traffic controllers, clinic manager, and other staff or volunteers as applicable
    - v. Point of distribution medical supplies, and clinic supplies (See POD inventory spreadsheet in [Attachment 11](#))
    - vi. Obtain supply for distribution
    - vii. Communicate to the public regarding who is eligible, when and where distribution will occur. (e.g. web, call center, social media, advertising, press releases)
  - b. Monitor the effectiveness of distribution activities to achieve the desired outcome
    - i. Analyze data and document distribution progress and populations served
2. If the emergency requires a distribution from the Strategic National Stockpile, additional procedures will be required. Refer to the Emergency Medical Countermeasures Plan ([Attachment 11](#)) for specific guidance.

### **3.5.3 Mass Fatality Management**

1. When a communicable disease has been identified as the cause of fatalities, consult with DPHHS Communicable Disease Section on special precautions for handling the deceased.
2. Provide disease management information for coroner, health care providers, emergency responders, morticians, and the public.
  - a. The Health Alert Network system (Constant Contact) has contacts to quickly disseminate critical information
3. Funerals for individuals who have died of a reportable disease may be conducted with instruction from the Health Officer in accordance with [ARM 37.114.303](#). All available information to protect those who gather will be provided. This will include:
  - a. HAN messaging
  - b. Public information

### **3.5.4 Outbreak Resolution**

1. Emergency outbreak procedures will remain in effect until the incidence of the disease has been eliminated or has been reclassified as endemic. A communicable disease outbreak will be “under control” in accordance with CDC guidelines.
2. Create an outbreak report for CDEpi, and department epi-team.

- a. Include case definition, total case numbers, analysis of investigation with probable source information, methods to prevent further incidents, and identifying resource demands in the report
3. When appropriate, conduct an AAR to determine successes and challenges and any changes needed to response plan.

## 4.0 Plan Development and Maintenance

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- The LCPH PHEP Coordinator will maintain this plan. This plan will be reviewed, tested and updated annually. Recommended changes to this annex should be forwarded to the LCPH PHEP Coordinator as needs become apparent.
- In the event that there have been no food-related outbreak investigations conducted during the year, we will plan and conduct a mock foodborne illness investigation to test program readiness. The mock investigation should simulate response to an actual confirmed foodborne disease outbreak and include on-site inspection, sample collection and analysis.
- Trainings and exercises should include external partners.
- After Action Reports will be done after all exercises and for all incidents that meet our Significant Incident AAR Protocol.

## 5.0 Attachments

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## Attachment 1: Communicable Disease Response Guide

 <b>Montana Communicable Disease Reporting Reference for Local Public Health Jurisdictions</b> The list of reportable diseases, reporting timeframes, control measures and other requirements below apply to local public health jurisdictions (LHJ) and are based on the Administrative Rules of Montana. Please contact the DPHHS Communicable Disease Program at 444-0273 for more information. <b>FOR LOCAL HEALTH DEPARTMENT USE ONLY</b>					
CONDITION <sup>1</sup>	LHJ REPORT TO DPHHS	INVESTIGATION FORM <sup>2</sup>	FAX/ePASS FORM	STAFF LEAD	CONTROL MEASURE REFERENCE <sup>3</sup>
Acquired Immune Deficiency Syndrome (AIDS)	7 days	CDC HIV/AIDS form	YES	Helen	ARM 37.114.503
Anaplasmosis	7 days	CDC Tick-Borne Rickettsial Disease form	YES	Devon	CCDM
Anthrax* ☠	<b>Immediately</b>	DPHHS General Reporting form/DPHHS consult	YES	Jessica	CCDM
Arboviral diseases*	7 days	DPHHS Arboviral form	NO	Devon	CCDM
Arsenic poisoning	7 days	DPHHS Arsenic Exposure Questionnaire	YES	Abbie	ARM 37.114.546
Babesiosis	7 days	CDC Babesiosis form	YES	Devon	CCDM
Botulism* ☠	<b>Immediately</b>	DPHHS Botulism form/DPHHS consult	YES	Rachel	CCDM
Brucellosis*	<b>24 hours</b>	DPHHS Brucellosis form	NO	Sam	CCDM
Cadmium poisoning	7 days	DPHHS Cadmium Exposure Questionnaire	YES	Abbie	ARM 37.114.546
Campylobacter	7 days	DPHHS Campylobacteriosis form	NO	Rachel	CCDM
Candida auris*	7 days	DPHHS C. auris form	YES	Erika	CDC MDRO guidance
Chancroid	7 days	DPHHS STD form	YES	Cara	ARM 37.114.512
Chlamydia trachomatis infection	7 days	DPHHS STD form	NO	Cara	ARM 37.114.515
Coccidioidomycosis	7 days	DPHHS General Reporting form	NO	Danny	CCDM
Colorado tick fever	7 days	CDC Tick-Borne Rickettsial Disease form	NO	Devon	CCDM
Coronavirus Disease 2019 (COVID-19)	7 days	CDC COVID form	NO	Sam	CCDM
Cryptosporidiosis	7 days	DPHHS Cryptosporidiosis form	NO	Rachel	CCDM
Cyclosporiasis	7 days	CDC Cyclosporiasis form	NO	Rachel	CCDM
Dengue virus	7 days	CDC Dengue Fever form	NO	Devon	CCDM
Diphtheria*	<b>24 hours</b>	CDC Diphtheria form	YES	Jessica	CCDM
Ehrlichiosis	7 days	CDC Tick-Borne Rickettsial Disease form	YES	Devon	CCDM
Escherichia coli, shiga-toxin producing (STEC)*	7 days	DPHHS STEC form	NO	Rachel	CCDM
GI outbreak/outbreak in congregate setting	<b>24 hours</b>	DPHHS Cluster/Outbreak form	YES	Rachel	CCDM
Giardiasis	7 days	DPHHS Giardiasis form	NO	Rachel	CCDM
Gonorrheal infection	7 days	DPHHS STD form	NO	Cara	ARM 37.114.530
Granuloma inguinale	7 days	DPHHS STD form	YES	Cara	ARM 37.114.540
Haemophilus influenzae, invasive disease*	7 days	CDC ABC form	NO	Jessica	CCDM
Hansen's disease	7 days	DPHHS General Reporting form	NO	Jessica	CCDM
Hantavirus Pulmonary Syndrome/infection*	7 days	CDC Hantavirus form	YES	Sam	CCDM
Hemolytic uremic syndrome, post-diarrheal	7 days	DPHHS HUS form	NO	Rachel	CCDM
Hepatitis A, acute	7 days	DPHHS Viral Hepatitis form	YES	Rachel	CCDM
Hepatitis B, acute, chronic, perinatal	7 days	DPHHS Viral Hepatitis form (acute) DPHHS General reporting form (chronic) DPHHS Hepatitis B perinatal forms (perinatal)	NO	Jennifer Floch	ARM 37.114.540
Hepatitis C, acute, chronic	7 days	DPHHS Viral Hepatitis form (acute) DPHHS General reporting form (chronic)	NO NO	Helen	ARM 37.114.542
Human Immunodeficiency Virus (HIV)	7 days	CDC HIV/AIDS form	YES	Helen	ARM 37.114.503
Influenza (cases, hospitalizations/deaths*)	<b>24 hours (deaths); 7 days (cases/hosp)</b>	DPHHS Influenza death/hospitalization form	NO	Devon	CCDM
Lead Poisoning (blood levels ≥ 3.5 micrograms per dL)	7 days	DPHHS Lead Poisoning Questionnaire	YES	Abbie	ARM 37.114.546
Legionellosis	7 days	CDC Legionellosis form	YES	Rachel	CCDM
Leptospirosis	7 days	CDC Leptospirosis form	YES	Rachel	CCDM
Listeriosis*	7 days	CDC Listeria Initiative (LI) form	YES	Rachel	CCDM
Lyme disease	7 days	DPHHS Lyme Disease form	YES	Devon	CCDM
Lymphogranuloma venereum	7 days	DPHHS STD form	YES	Cara	ARM 37.114.552
Malaria	7 days	CDC Malaria form	YES	Devon	CCDM
Measles (rubeola)*	<b>24 hours</b>	CDC Measles form	YES	Jessica	CCDM
Melioidosis*	<b>24 hours</b>	DPHHS General Reporting form	YES	Sam	CCDM
Meningococcal disease (Neisseria meningitidis)*	7 days	CDC Meningococcal Disease form	NO	Jessica	CCDM
Mercury poisoning	7 days	DPHHS Mercury Exposure Questionnaire	YES	Abbie	ARM 37.114.546
Monkeypox	24 hours	CDC Monkeypox Form	YES	Beth	CCDM
Mumps	7 days	CDC Mumps form	NO	Jessica	CCDM
Novel Influenza A virus	<b>24 hours</b>	CDC Novel Influenza form/DPHHS consult	YES	Devon	CCDM
Outbreak of a reportable disease or condition, or any disease in the CCDM	<b>24 hours</b>	DPHHS Outbreak Report Form	YES	Rachel/all	CCDM
Pertussis	7 days	CDC Pertussis form	NO	Jessica	ARM 37.114.563
Plague (Yersinia pestis)* ☠	<b>Immediately</b>	CDC Plague form/DPHHS consult	YES	Devon	CCDM
Poliomyelitis* ☠	<b>Immediately</b>	CDC Polio form/DPHHS consult	YES	Jessica	CCDM
Psittacosis	7 days	DPHHS Psittacosis form	NO	Sam	ARM 37.114.561
Q Fever (Coxiella burnetii)	7 days	CDC Q Fever form	YES	Sam	CCDM
Rabies in a human* or animal	<b>24 hours</b>	CDC Rabies form for suspect human cases; case entry into MIDIS for positive animals	YES	Devon/Jessica	ARM 37.114.571
Rabies post-exposure prophylaxis (PEP) recommendation or administration	7 days	MIDIS PEP Case Investigation	NO	Devon/Jessica	
Rubella, including congenital*	<b>24 hours</b>	CDC Rubella form	YES	Jessica	CCDM

## Lewis and Clark Public Health CD Response Plan

Salmonellosis*	7 days	DPHHS Salmonellosis form	NO	Rachel	CCDM
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease* 🦠	<b>Immediately</b>	CDC SARS form/DPHHS consult	YES	Sam	CCDM
Shigellosis*	7 days	DPHHS Shigellosis form	NO	Rachel	CCDM
Smallpox* 🦠	<b>Immediately</b>	CDC Smallpox form/DPHHS consult	YES	Jessica	CCDM
Spotted Fever Rickettsiosis	7 days	CDC Tick-Borne Rickettsial Disease form	YES	Devon	CCDM
<i>Streptococcus pneumoniae</i> invasive disease	7 days	CDC <i>Streptococcus pneumoniae</i> form	NO	Jessica	CCDM
Streptococcal toxic shock syndrome (STSS)	7 days	CDC ABC form	NO	Jessica	CCDM
Syphilis	<b>24 hours</b>	DPHHS STD form	NO	Cara	ARM 37.114.583
Tetanus	7 days	CDC Tetanus form	NO	Jessica	CCDM
Tickborne relapsing fever	7 days	DPHHS Tickborne Relapsing Fever Form	YES	Devon	CCDM
Toxic shock syndrome, non-streptococcal (TSS)	7 days	CDC ABC form	NO	Jessica	CCDM
Transmissible spongiform encephalopathies (TSE)	7 days	DPHHS CJD form	YES	Jessica	CCDM
Trichinellosis (Trichinosis)*	7 days	DPHHS General Reporting form	NO	Rachel	CCDM
Tuberculosis* (including latent TB infection [LTBI])	7 days	DPHHS Tuberculosis form(s)	YES	Ryan	ARM 37.114 subch. 10
Tularemia* 🦠	<b>Immediately</b>	DPHHS Tularemia form/DPHHS consult	YES	Devon	CCDM
Typhoid Fever/Paratyphoid Fever*	7 days	CDC Typhoid form	YES	Rachel	CCDM
Varicella (chickenpox)	7 days	CDC Varicella form	NO	Jessica	CCDM
<i>Vibrio cholerae</i> infection (Cholera)*	7 days	CDC Cholera form	YES	Rachel	CCDM
Vibriosis*	7 days	DPHHS Vibriosis form	YES	Rachel	CCDM
Viral hemorrhagic fevers 🦠	<b>Immediately</b>	DPHHS General Reporting form/DPHHS consult	YES	Jessica	CCDM
Yellow fever	7 days	DPHHS General Reporting form	NO	Devon	CCDM



DPHHS Sept 2022

### Montana Communicable Disease Confirmation of Disease for Local Public Health Jurisdictions

If a local health officer receives information about a case of any of the following diseases, the officer must work with the department to ensure that a specimen from the case is submitted for testing, when possible, to confirm the existence or absence of the disease in question, or for further examination associated with surveillance or investigation of disease transmission, per [ARM 37.114.313](#). Please contact the DPHHS Communicable Disease Program at 444-0273 for more information.

DISEASE	STAFF LEAD	CONTROL MEASURE REFERENCE <sup>2</sup>
Carbapenem-resistant organisms (CRO)*	Erika	ARM 37.114.313
Vancomycin-intermediate staphylococcus aureus (VISA)*	Erika	ARM 37.114.313
Vancomycin-resistant staphylococcus aureus (VRSA)*	Erika	ARM 37.114.313

<sup>1</sup> Also reportable is any unusual incident of unexplained illness or death in a human or animal with potential human health implications, per [ARM 37.114.203](#)

<sup>2</sup> All forms can be found on the CDEPI Resources site accessible to public health professionals [<https://dphhs.mt.gov/publichealth/cdepi/CDCPBResources/CDEpi>]. Additional forms may be required. These forms should be used for the disease case investigation, but only the ones marked 'YES' need to be sent to CDEpi for additional reporting. <sup>3</sup> CCDM= Control of Communicable Diseases Control Manual, 21st edition; ARM= Administrative Rules of Montana

\*Confirmatory specimen

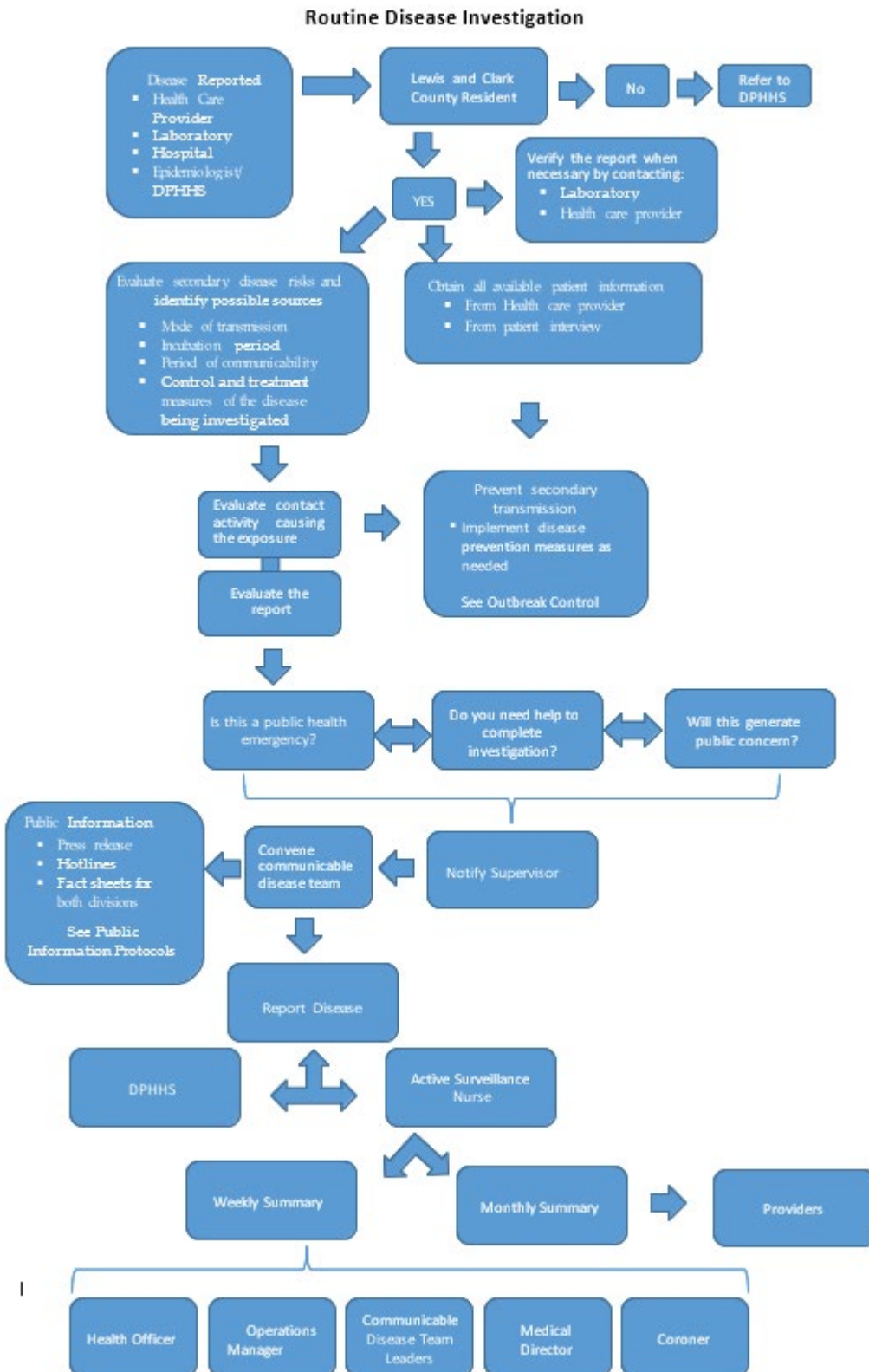
required to be sent to MTPHL QR



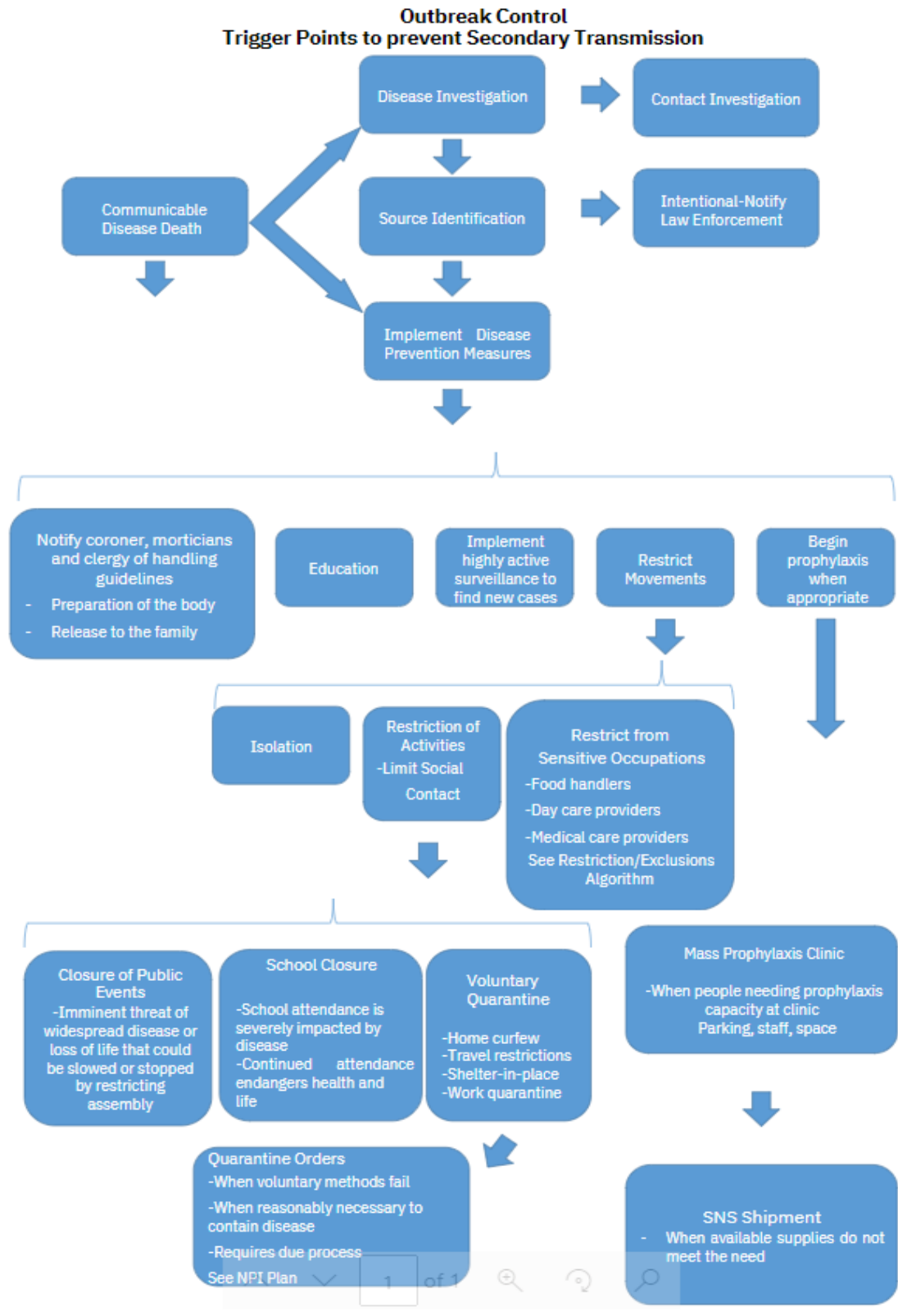
code for the CDEPI Resources

## Attachment 2: Algorithms for Disease Response

### 2.A ROUTINE DISEASE INVESTIGATION (DOCUMENT SAVED IN TEAMS-PHEP-CD RESPONSE PLAN)



2.B OUTBREAK CONTROL TRIGGER POINTS TO PREVENT SECONDARY TRANSMISSION (DOCUMENT SAVED IN TEAMS-PHEP-CD RESPONSE PLAN)



2.C OUTBREAK CONTROL TRIGGER POINTS TO PREVENT SECONDARY TRANSMISSION (DOCUMENT SAVED IN TEAMS-PHEP-CD RESPONSE PLAN)

**Biological Agents of Highest Concern for a Bioterrorism Attack**

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

Category A -Highest-priority agents,

Include organisms that pose a risk because they

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

Category B	
Animal / Human Diseases	
1	Q Fever -- <i>Coxiella burnetti</i> (Rickettsia)
2	Brucellosis -- <i>Brucella</i> species
3	Glanders -- <i>Burkholderia mallei</i>
4	Alphaviruses
	Venezuelan encephalomyelitis
	Eastern and western equine encephalomyelitis
Toxins	
1	Ricin Toxin from <i>ricinus communis</i> (Castor beans)
2	Epsilon Toxin of <i>Clostridium perfringens</i>
3	<i>Staphylococcus</i> enterotoxin B
Foodborne or Waterborne	
1	<i>Salmonella</i> Species
2	<i>Shigella dysenteriae</i>
3	<i>Escherichia coli</i> O157:H7
4	<i>Vibrio Cholerae</i>
5	<i>Cryptosporidium parvum</i>

Category B

Includes agents that are

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

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

Category C

Includes emerging pathogens that could be engineered for mass dissemination because:

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



<b>Food Consumed During Previous Meals:</b>		<b>Note: Identify as best remembered or typical meals</b>					
<b>Date:</b>							
Time:							
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# Attachment 4: Foodborne Illness Food Facility Investigation Form



## Environmental Assessment Field Guide for Foodborne Illness Outbreaks

Suspect Agent or Pathogen of Concern & Corresponding Field Focus		Risk Factors & Interventions	Remediation & Control Measures
<b>VIRUSES</b>			
<input type="checkbox"/> Norovirus* <input type="checkbox"/> Hepatitis A	<b>FIELD FOCUS</b> <input type="checkbox"/> Ill FW <input type="checkbox"/> BHC <input type="checkbox"/> HW	<b>Ill Food Workers (Ill FW)</b> <input type="checkbox"/> Determine employee health status <input type="checkbox"/> Exclude Ill food workers <input type="checkbox"/> Check work schedules <input type="checkbox"/> Determine food workers' role with suspected meals or ingredients	<b>Who did you contact about the outbreak?</b> <input type="checkbox"/> Local Health CD-Epi <input type="checkbox"/> State Food Safety <input type="checkbox"/> State CD-Epi
<b>BACTERIAL TOXINS</b>			
<input type="checkbox"/> <i>Clostridium botulinum</i> <input type="checkbox"/> <i>Clostridium perfringens</i> <input type="checkbox"/> <i>Bacillus cereus</i> <input type="checkbox"/> <i>Staphylococcus aureus</i>	<b>FIELD FOCUS</b> <input type="checkbox"/> Cooling <input type="checkbox"/> HH <input type="checkbox"/> RH <input type="checkbox"/> RTS <input type="checkbox"/> ROP	<b>Bare Hand Contact (BHC)</b> <input type="checkbox"/> Gloves/utensils available and signs of usage <input type="checkbox"/> History of bare hand contact prevention in establishment <input type="checkbox"/> Discussion of food preparation steps  <b>Handwashing (HW)</b> <input type="checkbox"/> Handwash sinks available and have soap and towels <input type="checkbox"/> Observe proper handwashing	<i>Consider each item listed below and check each used.</i>  <b>Control Measures</b> <input type="checkbox"/> Behavior Change <input type="checkbox"/> Procedure Change <input type="checkbox"/> Exclude Ill FW <input type="checkbox"/> Food Destruction <input type="checkbox"/> Hold Order <input type="checkbox"/> Cleaning & Sanitizing <input type="checkbox"/> Closure
<b>BACTERIAL INFECTIONS</b>			
<input type="checkbox"/> <i>Escherichia coli</i> Enterohemorrhagic or Shiga toxin-producing <input type="checkbox"/> <i>Shigella spp</i> <input type="checkbox"/> <i>Campylobacter jejuni</i> <input type="checkbox"/> <i>Salmonella spp</i> <input type="checkbox"/> <i>Listeria monocytogenes</i> <input type="checkbox"/> <i>Yersinia enterocolitica</i>	<b>FIELD FOCUS</b> <input type="checkbox"/> Ill FW <input type="checkbox"/> HW <input type="checkbox"/> CH <input type="checkbox"/> Cooking <input type="checkbox"/> XC <input type="checkbox"/> CA <input type="checkbox"/> Produce Washing <input type="checkbox"/> Source	<b>Room Temperature Storage (RTS), Reduced Oxygen Packaging (ROP)</b> <input type="checkbox"/> Proper cold holding and hot holding <input type="checkbox"/> Proper cooling and reheating practices <input type="checkbox"/> History of cooling or reheating practices in establishment <input type="checkbox"/> History of proper temperature control practices <input type="checkbox"/> Reduced oxygen packaging products used in suspect menu <input type="checkbox"/> Presence of room temperature storage or advanced preparation  <b>Cooling, Cold Holding (CH), Hot Holding (HH), Reheating (RH), Room Temperature Storage (RTS), Reduced Oxygen Packaging (ROP)</b> <input type="checkbox"/> Proper cold holding and hot holding <input type="checkbox"/> Proper cooling and reheating practices <input type="checkbox"/> History of cooling or reheating practices in establishment <input type="checkbox"/> History of proper temperature control practices <input type="checkbox"/> Reduced oxygen packaging products used in suspect menu <input type="checkbox"/> Presence of room temperature storage or advanced preparation  <b>Cooking, Cross Contamination (XC), Consumer Advisory (CA)</b> <input type="checkbox"/> Proper storage of raw meats <input type="checkbox"/> Separation of utensils used for raw product <input type="checkbox"/> Cleaning and sanitizing of equipment and utensils <input type="checkbox"/> Menu with proper consumer advisory <input type="checkbox"/> Calibrated digital thermometer readily available <input type="checkbox"/> Cooking methods validated and logs checked	<b>Investigation Methods</b> <input type="checkbox"/> Food Samples <input type="checkbox"/> Environmental Samples <input type="checkbox"/> Stool Samples <input type="checkbox"/> Photographs <input type="checkbox"/> Receipts, Inventory, Trace-back <input type="checkbox"/> Multiple FEs Investigated <input type="checkbox"/> Additional Case Finding
<b>PARASITES</b>			
<input type="checkbox"/> <i>Cryptosporidium parvum</i> <input type="checkbox"/> <i>Giardia lamblia</i> <input type="checkbox"/> <i>Trichinella spiralis</i> <input type="checkbox"/> <i>Cyclospora cayentanensis</i> <input type="checkbox"/> <i>Toxoplasma gondii</i>	<b>FIELD FOCUS</b> <input type="checkbox"/> Ill FW <input type="checkbox"/> BHC <input type="checkbox"/> HW <input type="checkbox"/> Produce Washing <input type="checkbox"/> Source	<b>Produce Washing</b> <input type="checkbox"/> Clean, sanitized sink available <input type="checkbox"/> Proper process observed or discussed <input type="checkbox"/> Suspect products sources identified  <b>Source</b> <input type="checkbox"/> Copies of relevant tags, receipts, invoices <input type="checkbox"/> Approved water source	<b>Moving Forward</b> <input type="checkbox"/> Follow-Up Visit Scheduled <input type="checkbox"/> Follow-Up Visit with Interpreter <input type="checkbox"/> Increased Inspections <input type="checkbox"/> Menu Reduction <input type="checkbox"/> Required Ed/Training <input type="checkbox"/> Risk Control Plan <input type="checkbox"/> Office Conference
<b>SEAFOOD TOXINS &amp; INFECTIONS</b>			
<input type="checkbox"/> Scombroid fish poisoning  *When shellfish is implicated, use the Environmental Assessment Field Guide for Molluscan Shellfish Illness.	<b>FIELD FOCUS</b> <input type="checkbox"/> CH <input type="checkbox"/> Cooking <input type="checkbox"/> XC <input type="checkbox"/> CA <input type="checkbox"/> Source		

### Environmental Assessment Field Guide for Molluscan Shellfish Illness

Suspect Agent or Pathogen of Concern & Corresponding Field Focus		Risk Factors & Interventions	Remediation & Control Measures
<b>VIRUSES</b>	<b>FIELD FOCUS</b>		
<input type="checkbox"/> Norovirus	<input type="checkbox"/> Ill FW <input type="checkbox"/> BHC <input type="checkbox"/> HW <input type="checkbox"/> Source <input type="checkbox"/> CA	<p><b>Ill Food Workers (Ill FW)</b></p> <input type="checkbox"/> Determine employee health status <input type="checkbox"/> Exclude Ill food workers <input type="checkbox"/> Check work schedules <input type="checkbox"/> Determine food workers' role with suspected meals or ingredients <p><b>Bare Hand Contact (BHC)</b></p> <input type="checkbox"/> Gloves/utensils available and signs of usage <input type="checkbox"/> History of BHC prevention in establishment <input type="checkbox"/> Observations of BHC during the investigation <input type="checkbox"/> Discussion of BHC prevention for implicated meal <input type="checkbox"/> Discussion of food preparation steps	<p><b>Who did you contact about the outbreak?</b></p> <input type="checkbox"/> Local Health CD-Epi <input type="checkbox"/> State Food Safety <input type="checkbox"/> State CD-Epi <input type="checkbox"/> State Shellfish Program <hr/> <p style="text-align: center;"><i>Consider each item listed below and check each used.</i></p> <p><b>Control Measures</b></p> <input type="checkbox"/> Behavior Change <input type="checkbox"/> Procedure Change <input type="checkbox"/> Exclude Ill FW <input type="checkbox"/> Food Destruction <input type="checkbox"/> Hold Order <input type="checkbox"/> Cleaning & Sanitizing <input type="checkbox"/> Closure <p><b>Investigation Methods</b></p> <input type="checkbox"/> Food Samples <input type="checkbox"/> Environmental Samples <input type="checkbox"/> Stool Samples <input type="checkbox"/> Photographs <input type="checkbox"/> Receipts, Inventory, Trace-back <input type="checkbox"/> Multiple FEs Investigated <input type="checkbox"/> Additional Case Finding <p><b>Moving Forward</b></p> <input type="checkbox"/> Follow-Up Visit Scheduled <input type="checkbox"/> Follow-Up Visit with Interpreter <input type="checkbox"/> Increased Inspections <input type="checkbox"/> Menu Reduction <input type="checkbox"/> Required Ed/Training <input type="checkbox"/> Risk Control Plan <input type="checkbox"/> Office Conference
<b>BACTERIAL INFECTIONS</b>	<b>FIELD FOCUS</b>		
<input type="checkbox"/> <i>Vibrio</i> species	<input type="checkbox"/> CH <input type="checkbox"/> XC <input type="checkbox"/> Source <input type="checkbox"/> CA	<p><b>Handwashing (HW)</b></p> <input type="checkbox"/> Handwash sinks available and have soap and towels <input type="checkbox"/> Observe proper HW <p><b>Cold Holding (CH)</b></p> <input type="checkbox"/> Proper CH at Receiving, Storage, Prep, Service <input type="checkbox"/> History of proper temperature control practices <input type="checkbox"/> Advanced preparation <p><b>Cross Contamination (XC)</b></p> <input type="checkbox"/> Proper storage of other foods <input type="checkbox"/> Separation of utensils used for raw product <input type="checkbox"/> Cleaning and sanitizing of equipment and utensils <input type="checkbox"/> Discuss XC prevention during implicated meal <p><b>Consumer Advisory (CA)</b></p> <input type="checkbox"/> Disclosure <input type="checkbox"/> Reminder <p><b>Source</b></p> <input type="checkbox"/> Copies of relevant tags, receipts, invoices (See <i>Additional Resources: <a href="#">Anatomy of Shellstock Tags</a> and <a href="#">Interstate Certified Shellfish Shippers List</a></i> )	
<b>SHELLFISH TOXINS</b>	<b>FIELD FOCUS</b>		
<input type="checkbox"/> Shellfish Poisoning <a href="#">ASP</a> , <a href="#">DSP</a> , <a href="#">PSP</a>	<input type="checkbox"/> Source	<p><b>Source</b></p> <input type="checkbox"/> Copies of relevant tags, receipts, invoices (See <i>Additional Resources: <a href="#">Anatomy of Shellstock Tags</a> and <a href="#">Interstate Certified Shellfish Shippers List</a></i> )	
<b>Additional Resources</b>	<a href="http://www.foodprotect.org/issues/packets/2023packet/attachments/l_001_content_h.pdf">www.foodprotect.org/issues/packets/2023packet/attachments/l_001_content_h.pdf</a> <a href="http://www.fda.gov/food/federalstate-food-programs/interstate-certified-shellfish-shippers-list">www.fda.gov/food/federalstate-food-programs/interstate-certified-shellfish-shippers-list</a>		

## Attachment 5: Food Sampling Procedures

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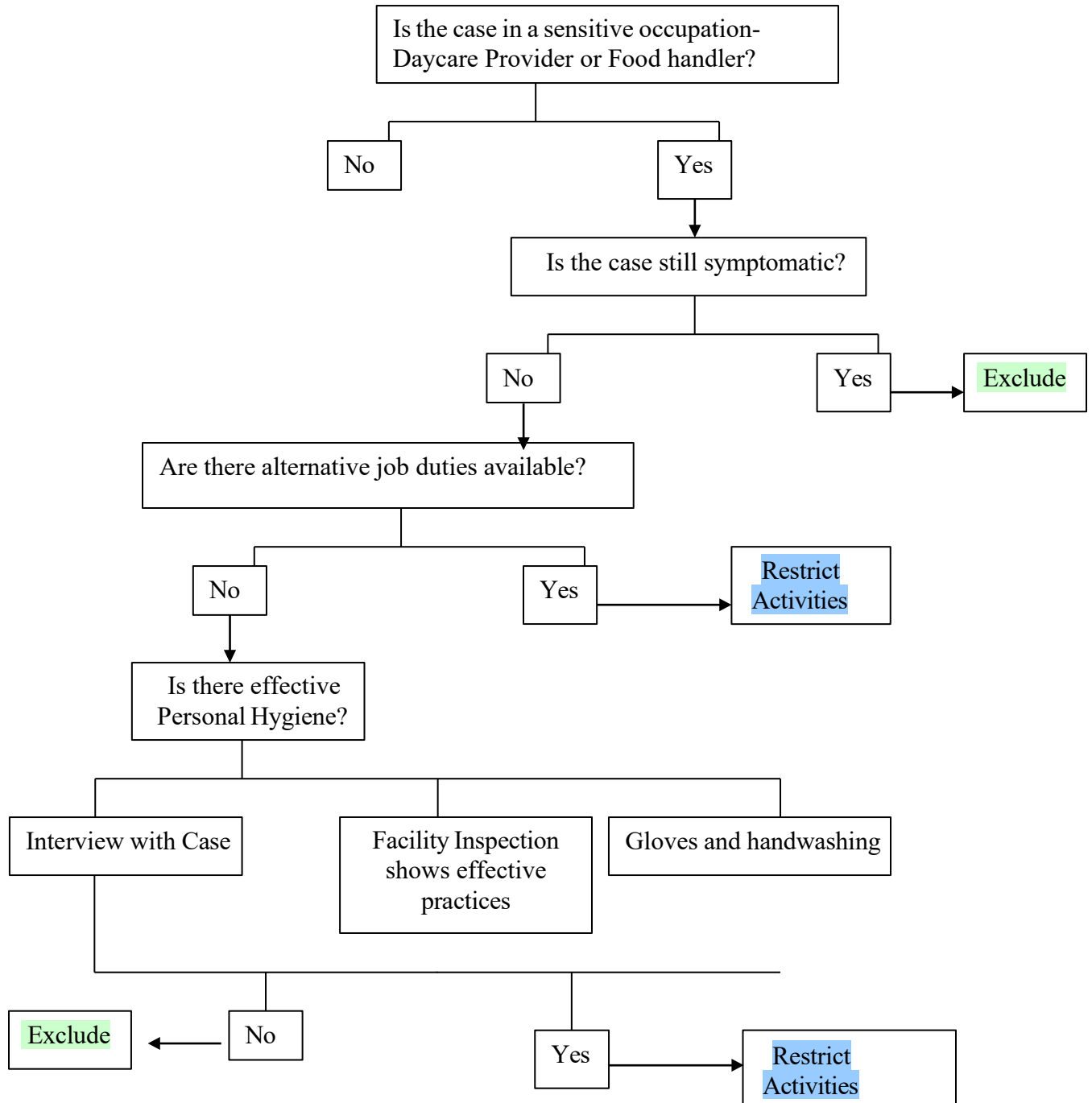
### Food Sampling Procedures

Food samples may be collected if warranted by the investigation and suspected food remains onsite.

1. The Licensed Establishment team will decide which collected food samples will be forwarded to the Montana Public Health Laboratory for testing as advised by the laboratory. (All samples must be submitted to the Montana Public Health Laboratory. The laboratory will then determine if other laboratory support is required).
2. For 24/7 access to laboratory services (both the MT Public Health Laboratory and the MT Environmental Laboratory), the team will call 1-800-821-7284. This is a direct line to the Laboratory Services Bureau during business hours and to the answering service for after-hours calls.
3. If food samples are to be collected, the procedures from the Montana Public Health Laboratory must be followed depending on the food sample.
4. If food samples are in the original packaging, the entire package should be collected and stored as instructed by the Montana Public Health Laboratory.
5. If unpackaged food is collected, it must be done aseptically to avoid contamination of the product using procedures provided by the laboratory.
6. Use the correct kit for specimen collection and delivery.
7. Follow procedures for food collection and handling, and human sample collection handling as directed by the Laboratory. The procedures are in the foodborne illness outbreak kit which is stored in room 66 or provided by DPHHS.
8. Contact the Montana Public Health Laboratory (DPHHS) for proper procedures regarding transportation of specimens to the lab (phone number 406-444-3444).
9. Reporting of results: telephone, fax, mail – provide contact name and number for results.

## Attachment 6: Decision Tree for Exclusion and Restriction

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



## Attachment 7: Exclusion and Restriction Order Templates

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*Division of Disease Control and Prevention*  
1930 Ninth Avenue, Helena MT 59601  
Phone: 406-457-8900  
Fax: 406-457-8997

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### Health Officer Exclusion Order

**Name**

**Address**

**Date**

**Dear Name:**

Your child, **Child's Name**, was diagnosed with Salmonellosis on **diagnosis date**. This disease may be spread through fecal contamination of the child's and/or caregiver's hands. Children who attend day care are especially at risk for spreading Salmonella to others. Therefore, by order of the Lewis and Clark County Health Officer, your child must not return to day care until released to do so.

The authority to exclude your child as a day care attendee is located in the Administrative Rules of Montana (ARM). Relevant sections of the ARM are provided on the back of this letter.

In order for your child to return to day care, you must complete the following:

1. Your child must be free of all symptoms
2. Contact the public health department for further information.

Due to the public health risk associated with Salmonella, it is imperative that you follow the directions provided in this order. Please understand that if you do not follow these instructions, we will need to take additional action.

Drenda Niemann, MPA, CPH, Health Officer

I have discussed and reviewed this order with XXXXX, RS. I understand and agree with the provisions of this Exclusion Order.

Parent Name:

Date:

Ec: Drenda Niemann, Health Officer

Licensed Establishment Program Supervisor

For your information, sections of the Administrative Rules of Montana that regulate control of communicable diseases are included in this letter.

**37.96.505 MANAGEMENT OF ILLNESS**

- (1) All licensed and registered child care providers must designate a staff member to check daily the health status of each child immediately upon that child's entry into the child care facility.
- (2) All licensed and registered child care providers must exclude any child or staff member with an illness until symptoms have resolved, adequate treatment has been received, or a health care provider states that the person is noninfectious. The following symptoms or illnesses require exclusion:
  - (p) shigellosis, salmonella, or E. coli, until a local health authority clears the person for readmission;



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Phone: 406-457-8900  
Fax: 406-457-8997

Date: **DATE, 20XX**

Facility: **ADDRESS**

**Helena, MT 59601**

**License #**

**To NAME, General Manager:**

You are hereby notified that the **FACILITY** employee **NAME** is excluded from work as a food handler until further notice by order of Lewis and Clark Public Health. This employee may work in a restricted capacity in a food service facility if the employer and employee so choose and if both the employee and Person in Charge (PIC) at the food service facility ensure proper compliance with this status. A restricted capacity means that the employee will have no contact with food, surfaces in a food preparation or food storage area, or with clean dishes, utensils, or single-service articles.

Please see the following definition from the Montana Food Code:

“Restrict” means to limit the activities of a FOOD EMPLOYEE so that there is no RISK of transmitting a disease that is transmissible through FOOD and the FOOD EMPLOYEE does not work with exposed FOOD, clean EQUIPMENT, UTENSILS, LINENS, or unwrapped SINGLE-SERVICE or SINGLE-USE ARTICLES.

You may also wish to see Section 2-2 in the Montana Food Code for information on employee health exclusions and restrictions. This can be found at <https://www.fda.gov/media/87140/download>.

You will be notified when this exclusion/restriction is lifted.

**Signed by Health Officer**



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Fax: 406-457-8997

### Health Officer Exclusion/Restriction Order

**Date**

**To: Name**

**Address**

**Email**

Dear **XXXXX**,

Lewis and Clark Public Health was notified on **DATE** that you have been diagnosed with Salmonellosis. This disease may be spread through fecal contamination from unclean hands to food and food contact surfaces. Therefore, by order of the Lewis and Clark County Health Officer, you must not work in a kitchen or as a food handler until released to do so. The authority to exclude you as an employee in a sensitive occupation is located in the Administrative Rules of Montana (ARM). Relevant sections of the ARM are provided on the back of this letter.

In order to return to work as a food handler, you must complete the following:

1. You must be free of all symptoms
2. If prescribed, finish your antibiotics then
3. Wait 48 hours
4. Collect stool sample using the kit and instructions provided to you
5. Contact a public health nurse at 457-8900 and make an appointment to drop off the sample and collect additional kit
6. Wait 24 hours
7. Collect stool sample using the kit and instructions provided to you
8. Contact the public health nurse at 457-8900 and make an appointment to drop off the sample

When two (2) consecutive stool samples are culture negative for Salmonella, we will provide you with a letter allowing you to return to work, without restriction.

Once you are symptom-free for at least 24 hours, you may work in a food service facility in a restricted capacity only, and only if the employer agrees. This would mean that you may not work with any food, clean surfaces, or clean dishes/utensils or single service articles. From the Food code, please see the following definition: "Restrict" means to limit the activities of a FOOD EMPLOYEE so that there is no RISK of transmitting a disease that is transmissible through FOOD and the FOOD EMPLOYEE does not

Lewis and Clark Public Health CD Response Plan

work with exposed FOOD, clean EQUIPMENT, UTENSILS, LINENS, or unwrapped SINGLE-SERVICE or SINGLE-USE ARTICLES.

Please contact us if you feel there is work in a restricted capacity available with your employer.

Due to the public health risk of foodborne illness, it is imperative that you follow the directions provided in this order. Please understand that if you do not follow these instructions, we will need to take additional action.

Date:

Drenda Niemann, MPA, CPH, Health Officer

I have discussed and reviewed this order with XXXXX. I understand and agree to the provisions of this Exclusion Order.

NAME: Date:

Ec: Drenda Neiman, Health Officer

Fred Sargeson, Operations Manager

Licensed Establishment Program Supervisor

For your information, sections of the Administrative Rules of Montana that regulate control of communicable diseases are included in this letter.

Administrative Rules of Montana (ARM) 37.114.301 SENSITIVE OCCUPATIONS

(1) A local health officer or the department may restrict a person employed or engaged in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease from practicing an occupation or activity while infected by a reportable disease if, given the means of transmission of the disease in question, the nature of the person's work would tend to transmit the disease.

(2) No infectious person may engage in any occupation or activity involving the preparation, serving, or handling of food, including milk, to be consumed by others than his/her immediate family, until a local health officer determines him/her to be free of the infectious agent or unlikely to transmit the infectious agent due to the nature of his/her particular work.

(3) Persons involved in food preparation, serving, or handling of food may be subject to additional restrictions as specified in: "Food Code, 2013, Recommendations of the United States Public Health Service, Food and Drug Administration" published by National Technical Information Service, Publication PB2013-110462, ISBN 978-1-935239-02-4, November 3, 2013.

Food Code, 2013, Chapter 2, Section 2-201.11

(A) The PERMIT HOLDER shall require FOOD EMPLOYEES and CONDITIONAL EMPLOYEES to report to the PERSON IN CHARGE information about their health and activities as they relate to diseases that are transmissible through FOOD. A FOOD EMPLOYEE or CONDITIONAL EMPLOYEE shall report the information in a manner that allows the PERSON IN CHARGE to reduce the RISK of foodborne disease transmission, including providing necessary additional information, such as the date of onset of

symptoms and an illness, or of a diagnosis without symptoms, if the FOOD EMPLOYEE or CONDITIONAL EMPLOYEE:

(2) Has an illness diagnosed by a HEALTH PRACTITIONER due to:

- (a) Norovirus,
- (b) Hepatitis A virus,
- (c) Shigella spp.,
- (d) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI,
- (e) Salmonella Typhi;
- (f) nontyphoidal Salmonella

2013 Food Code Section with Disease specific information:

2-201.12 The PERSON IN CHARGE shall EXCLUDE or RESTRICT a FOOD EMPLOYEE from a FOOD ESTABLISHMENT in accordance with the following:

(A) Except when the symptom is from a noninfectious condition, EXCLUDE a FOOD EMPLOYEE if the FOOD EMPLOYEE is: (1) Symptomatic with vomiting or diarrhea; or (2) Symptomatic with vomiting or diarrhea and diagnosed with an infection from Norovirus, Shigella spp., nontyphoidal Salmonella, or SHIGA TOXIN-PRODUCING E. COL P (3) If a FOOD EMPLOYEE was diagnosed with an infection from Shigella spp. and EXCLUDED as specified under Subparagraph 2-201.12(A)(2):

(a) RESTRICT the FOOD EMPLOYEE, who is ASYMPTOMATIC for at least 24 hours and works in a FOOD ESTABLISHMENT not serving a HIGHLY SUSCEPTIBLE POPULATION, until the conditions for reinstatement as specified under Subparagraphs (E)(1) or (2) of this section are met; or

(b) Retain the EXCLUSION for the FOOD EMPLOYEE, who is ASYMPTOMATIC for at least 24 hours and works in a FOOD ESTABLISHMENT that serves a HIGHLY SUSCEPTIBLE POPULATION, until the conditions for reinstatement as specified under Subparagraphs (E)(1) or (2), or (E)(1) and (3)(a) of this section are met.

Reinstate a FOOD EMPLOYEE who was EXCLUDED as specified under Subparagraphs 2-201.12(A)(2) or (E)(1) or who was RESTRICTED under Subparagraph 2-201.12(E)(2) if the PERSON IN CHARGE obtains APPROVAL from the REGULATORY AUTHORITY and one of the following conditions is met:

(1) The EXCLUDED or RESTRICTED FOOD EMPLOYEE provides to the PERSON IN CHARGE written medical documentation from a HEALTH PRACTITIONER stating that the FOOD EMPLOYEE is free of a Shigella spp. infection based on test results showing 2 consecutive negative stool specimen cultures that are taken:

- (a) Not earlier than 48 hours after discontinuance of antibiotics, and
- (b) At least 24 hours apart;

(2) The FOOD EMPLOYEE was EXCLUDED or RESTRICTED after symptoms of vomiting or diarrhea resolved, and more than 7 calendar days have passed since the FOOD EMPLOYEE became ASYMPTOMATIC; or

(3) The FOOD EMPLOYEE was EXCLUDED or RESTRICTED and did not develop symptoms and more than 7 calendar days have passed since the FOOD EMPLOYEE was diagnosed.

1-201.10 Statement of Application and Listing of Terms Defined Terms. (A) The following definitions shall apply in the interpretation and application of this Code. (B) Terms Defined. As used in this Code, each of the terms listed in ¶ 1- 201.10( B) shall have the meaning stated below.

“Restrict” means to limit the activities of a FOOD EMPLOYEE so that there is no RISK of transmitting a disease that is transmissible through FOOD and the FOOD EMPLOYEE does not work with exposed FOOD, clean EQUIPMENT, UTENSILS, LINENS, or unwrapped SINGLE-SERVICE or SINGLE-USE ARTICLES.



*Division of Disease Control and Prevention*  
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---

**Health Officer Restriction Order**

**Date**

**To: Name**

**Address**

**Email**

RE: Release from Restriction Order Dear CASE NAME:

On DATE, we were notified by the Montana Public Health Laboratory that you have provided two negative stool cultures and are free of (ORGANISM). At this time, you are released from restriction and may return to work unrestricted. Thank you for your attention to this matter.

If you have questions about this release, you may call or email CONTACT INFORMATION.

Sincerely,

Drenda Niemann, MPA, CPH Health Officer

Ec: Drenda Niemann, Health Officer Licensed Establishment Program Supervisor



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---

**Health Officer Restriction Order**

**Date**

**To: Name**

**Address**

**Email**

RE: Release from Exclusion Order

Dear NAME:

On DATE, we were notified by the Montana Public Health Laboratory that your child has provided two negative stool cultures and is free of (Disease). At this time, your child is released from exclusion and may return to day care unrestricted.

If you have questions about this release you may call (Sanitarian), 406-xxx-xxxx or Nina Heinzinger at 406-447-8361.

Sincerely,

Drenda Niemann, MPA, CPH Health Officer

Ec: Health Officer Operations Manager

Licensed Establishment Supervisor

## Attachment 8: Exclusion and Collecting Samples Procedures

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1. RS provide case with test kit (Cary-Blair Transport media, hat)
  - a. Instruct on how to collect sample
    - i. Use Swab immediately
    - ii. Place swab in Cary-Blair Transport Media
    - iii. Refrigerate until delivered to laboratory
2. RS Instruct on how to return the sample
  - a. Call PHN and make appointment to deliver the sample (457-8900)
3. RS Complete lab form and deliver to PHN with another Carey-Blair kit.
  - a. Write in comment box "Test of Cure: SALM-SCR"
  - b. No tests need to be marked. Comment will suffice.
4. When case arrives,
  - a. PHN meets with case in private room
  - b. Obtains sample
  - c. Confirms date and time of collection
  - d. Obtains lab sheet from folder in lab
  - e. Gives additional kit with instructions to collect after 24 hours
5. PHN will initiate new lab sheet
6. PHN will Deliver to the Montana Public Health Lab results will be sent to the Sanitarians

\* RS will call case and give them the results. If they have 2 negative stool samples 24 hours apart they will be released from exclusion.

\* RS will notify PHN so that unused lab sheet will be destroyed.

### **CDD Collection of Stool Specimen**

- 1) Your stool specimen needs to be processed as soon as possible after collection. Call a public health nurse at 406-457-8900 (8-5 Monday through Friday) to make arrangements to come into the office to deliver your specimen and pick up a new collection kit.
  - a. The best time to collect your stool specimen is in the evening or morning, so it can be delivered to our office in the morning. We have to ship it for processing by noon to get it to the lab in time. Do not collect on a Friday afternoon or Saturday.
- 2) Place collection hat on toilet (under the seat)
- 3) Label tube with:
  - a. Your Name
  - b. Your Date of Birth
  - c. Write on the label the date your specimen was collected
  - d. Write on the label the time Specimen was obtained. Without this information, the specimen can not be processed.
- 4) Use the tongue blade to get stool specimen from the collection hat to the collection tube.
- 5) Secure the tube tightly so it does not leak.
- 6) Place the collection tube in Biohazard bag
- 7) Store collection tube at room temperature, unless instructed otherwise.

- 8) Use a new collection hat for further specimens.

**MT PHL Collection of Stool Specimen**

- 1) Your stool specimen needs to be processed as soon as possible after collection. Call a public health nurse at 406-457-8900 (8-5 Monday through Friday) to make arrangements to come into the office to deliver your specimen and pick up a new collection kit.
  - a. The best time to collect your stool specimen is in the evening or morning, so it can be delivered to our office in the morning. Do not collect on a Friday afternoon or Saturday.
- 2) Place collection hat on toilet (under the seat); or swab directly from diaper.
- 3) Label tube with:
  - a. Patient's Name
  - b. Patient's Date of Birth
  - c. Write on the label the date specimen was collected
  - d. Write on the label the time Specimen was obtained. Without this information, the specimen cannot be processed.
- 4) Use the swab (located in the collection tube) to get stool specimen from the collection hat to the collection tube.
- 5) Secure the tube tightly so it does not leak.
- 6) Make sure collection tube is labeled (as above) and then place the collection tube in Biohazard bag
- 7) Store collection tube in the refrigerator, unless instructed otherwise.
- 8) Use a new collection hat for further specimens.

## Attachment 9: Traceback for Food Source Identification

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### *Traceback Protocol*

#### **PURPOSE**

This procedure is intended to guide Environmental Health Specialists on how to address the trace-back of foods implicated in an illness, outbreak, or intentional food contamination. Additionally, the procedure outlines how the roles of involved agencies will be coordinated.

#### **INTRODUCTION**

A trace-back investigation is the method used to determine and document the distribution and production chain, and the source(s) of a product that has been implicated in a foodborne illness investigation. A food may be implicated or associated with foodborne illness outbreak through epidemiological or statistical analysis, laboratory analysis, food preparation review or a combination of these methods. A trace-back investigation involves good interviewing techniques, a complete record review, and timely reporting to meet its intended purpose. A subsequent source investigation may be conducted to determine possible routes or points of contamination by inspecting common distribution sites, and/or processors identified in the trace-back investigation.

A trace-back investigation may be conducted for several reasons:

- to identify the source and distribution of the implicated food and remove the contaminated product from the marketplace,
- to distinguish between two or more implicated food products, and
- to determine potential routes and/or sources of contamination to prevent future illnesses.

CDC or state/local health or regulatory agencies may conduct limited trace-backs and/or trace-forward investigations to strengthen an epidemiological association by comparing the distribution of illnesses and the distribution of the product. This is often referred to as an “epi” trace-back.

### *Traceback Procedures*

#### **INITIATING A TRACEBACK INVESTIGATION**

Initiation of a trace-back investigation usually begins when 1) epidemiological evidence implicates a food product and 2) hazard analysis shows that other contributing factors were not to blame (e.g., cross-contamination, ill food workers, other on-site sources of infectious agent). Other factors that will be considered before initiating a trace-back investigation include disease severity, the risk of ongoing exposure, the availability of shipping records, reliable exposure data, the size and scope of the outbreak(s), and the availability of resources to conduct the investigations.

## Lewis and Clark Public Health CD Response Plan

When the licensed establishment team determines that a foodborne illness outbreak has occurred, Lewis and Clark Public Health will follow the Communicable Disease Response Plan, Outbreak Response.

During a foodborne illness outbreak, Lewis & Clark Public Health will consult with the MT Dept of Public Health (DPHHS) when necessary to determine if a trace-back investigation is needed. When an implicated product involves interstate commerce, DPHHS will notify the Food and Drug Association (FDA) or the United States Dept of Agriculture (USDA) depending on the type of product involved.

Information needed for the trace-back investigation will include a written epidemiologic summary, a hazard analysis and inspection reports (including a food preparation review), laboratory results, and copies of any invoices and distribution information.

All information from the trace-back investigation will be forwarded as requested to the DPHHS, FDA and CDC.

### **TRACE-BACK COORDINATION**

Lewis and Clark Public Health will coordinate with the DPHHS and the FDA on all trace-back investigations. Most trace-back investigations are in response to multi-state foodborne illness outbreaks and therefore trace-backs are usually occurring simultaneously in multiple jurisdictions. When it is a multi-state outbreak the FDA will ask for assistance from the state/local agencies.

### **PRODUCT SAMPLING**

If leftover food from the implicated meal(s) or product from an implicated shipment is available, it may be collected for laboratory analysis. Necessary materials and instructions may be obtained from DPHHS Public Health Laboratory.

### **TRACE-BACK REPORTS**

The investigating sanitarian(s) along with the program supervisor will be responsible for generating a report. The trace-back report should include the following forms and include relevant invoices, inventory records, shipping/receiving records, as well as a cover letter summarizing the timeline and information gathered from observations and interviews. The report will be submitted to DPHHS, who is responsible for sharing the report with federal agencies as needed.

Forms for these reports are available through DPHHS, Environmental Health and Food Safety

- Form A: Food Investigation Traceback Report – identifies food item under investigation and distribution.
- Form B: Food Investigation Traceback Report – identifies food item under investigation, place of service and preparation and/or purchase.
- Form C: Flow Diagram of Product Source and Distribution

### **TRACE-BACK RESPONSIBILITIES**

The investigating sanitarian is responsible for completing the following tasks:

1. Review background information on the outbreak and establishment before visiting the establishment.
2. Conduct an investigation and record collection at the implicated establishment(s). The investigation must include the following information.
  - a. Epidemiologic data
  - b. Exposure dates
  - c. Exposure places
  - d. Environmental inspection
  - e. Food service employee health
    - i. Cross-contamination issues
    - ii. Collection of food samples, if directed
  - f. Preliminary trace-back and distribution information
  - g. Implicated product name and any available packaging, labeling
3. Analyze the data. Discuss analysis and next steps with the supervisor
4. Write trace-back report and submit it for review by supervisor and Operations Manager

The Licensed Establishment Supervisor is responsible for completing the following tasks.

1. Coordinate with DPHHS and FDA on trace-back investigation.
2. Update the Health Officer on the trace-back investigation.
3. Maintain regular contact with the investigating sanitarian(s).
4. Review trace-back records and data analysis.
5. Review the final trace-back report.
6. Submit final trace-back report to all agencies involved in the investigation.

Coordinating Agencies may provide direction and technical expertise, depending on the food product involved. Contact information is listed below:

**Montana Department of Public Health and Human Services (DPHHS)**

406-444-2837 OR [hhsfcs@mt.gov](mailto:hhsfcs@mt.gov)

**Food and Drug Administration (FDA)**

888-723-3366

**United States Department of Agriculture (USDA)**

Meat and Poultry 888-674-6854 OR [MPHotline.fsis@usda.gov](mailto:MPHotline.fsis@usda.gov)

**DPHHS Forms**

## Lewis and Clark Public Health CD Response Plan

DPHHS Forms are found on Connected Communities, which is password protected. To get the forms, staff should reach out to the Environmental Health and Food Safety section of DPHHS.

Forms include:

[Form A: Food Investigation Traceback Report](#)

[Form B: Food Investigation Traceback Report](#)

[Form C: Flow Diagram of Product Source and Distribution](#)

## Attachment 10: Recall Procedures for Removing Food from Commerce

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### *Lewis and Clark Public Health Recall Procedures of Food*

#### **PURPOSE**

This procedure will address the responsibilities of Lewis and Clark Public Health (LCPH) in assisting the Montana Department of Public Health and Human Services (DPHHS) and FDA in mandatory and voluntary recalls from industry.

#### **INTRODUCTION**

Recall of food is in the common interest of the industry, the government and in particular, the consumer. A recall is defined as an action to remove from sale, distribution and consumption foods which may pose a safety hazard to the consumer.

A food recall notice may be initiated when there is suspected or confirmed presence of physical, bacterial, or chemical contaminant in a distributed food product that could cause illness or injury. Examples of contaminants include bacterial pathogens, metal filings or a major food allergen that is not disclosed on the label. A recall may also be initiated when a food product has been deemed to be misbranded, adulterated, or determined in some other way to pose harm to the health and safety of the consumer.

#### **RECALL PROCEDURES**

1. The FDA and other Federal food safety agencies will issue food product recall notices to the FDA liaison in the DPHHS Food and Consumer Safety Section (FCSS). Food product recalls regarding products that have been produced or distributed within Montana will be routed to interested parties such as local health department sanitarians via email.
2. The recall notices from FCSS are broken down into three categories:

<b>Recall Level</b>	<b>Category</b>
<b>1</b>	<b>Action Needed</b>
<b>2</b>	<b>Discretionary</b>
<b>3</b>	<b>Advisory</b>

## Lewis and Clark Public Health CD Response Plan

Level 1: Action needed recall means the food product is in Montana, or the action is warranted

Level 2: Discretionary recall means the food product may be or is in Montana, but exact information is not known

Level 3: Advisory recall means no actionable information is known

3. FCSS will send the recall notice to all LCPH sanitarians.
4. The Licensed Establishment Supervisor will assure the sanitarians take the appropriate action stated in the recall notice. Each sanitarian will be responsible for contacting the establishments they inspect unless otherwise directed by the LE supervisor. With wide distribution of recalled products, a single email to multiple facilities may be advised.

### **Description of recommended action to be taken by sanitarian staff:**

#### **Alert level 1 – Action Recommended**

- Identify distributors and retailers in assigned area.
- Supervisor will create message for sending to the affected facilities.
- This will be forwarded to staff sanitarians for distribution to affected facility contacts. Constant Contact or the Licensed Establishment Team Work Plan has contact information for each facility.
- When requested by FCSS or FDA, sanitarian will contact distributors or retailers
  - Verify that the distributor or retailer is aware of the recall.
  - Confirm if product is currently or has been in stock.
  - Advise retailer to remove product and follow recall instructions.
  - Notify DPHHS where product was located and its disposition.

#### **Alert level 2 - Discretionary**

- Recall notice will be evaluated for risk to the public. Bacterial or physical contamination concerns will always be distributed to affected facilities.
- Identify distributors and retailers in assigned area.
- Supervisor will create message for sending to the affected facilities.
- This will be forwarded to staff sanitarians for distribution to affected facility contacts. Constant Contact has contact information for each facility.
- When requested by FCSS or FDA, sanitarian will contact distributors or retailers
  - Verify that distributor or retailer is aware of recall.
  - Confirm if product is currently or has been in stock.
  - Advise retailer to remove product and follow recall instructions.
  - Notify DPHHS where product was located and its disposition.

#### **Alert level 3 – Advisory**

- No action needs to be taken
- Be alert for additional updates.

## Attachment 11: Emergency Medical Countermeasures Plan

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### ***Emergency Medical Countermeasures (EMC) Plan Table of Contents***

1. Purpose
2. Mission
3. Scope
4. Situation Overview
5. Assumptions
6. Roles and Responsibilities
7. Concept of Operations
  - Objective 1: Receive and store EMC assets
  - Objective 2: Set up PODs and begin dispensing within 24 hours
  - Objective 3: Deliver EMC to drop points and PODs for distribution
  - Objective 4: Operate 4 PODs 24 hours/day until EMC is distributed to population of Lewis and Clark County
8. Closed PODS for Special Populations
9. Demobilization procedures
10. Legal Issues
11. Appendix A: Standard POD Set-up
12. Appendix B: Job Action Sheets
13. Appendix C: POD Staffing requirements

**1. Purpose:**

The Emergency Medical Countermeasures (EMC) plan provides procedures for set up and operation of distribution points for emergency medication and other medical countermeasures.

**2. Mission:**

- a. Receive EMC assets during an emergency
- b. Deliver and distribute EMC to drop points and/or PODs
- c. Dispense EMC to the population in Lewis and Clark County

**3. Scope:**

- a. This plan delineates procedures for publicizing and distributing emergency medication to the population of Lewis and Clark County within 48 hours of when such medication is available. Included are procedures for communication, security, supplies, distribution point (POD) layout, management, and dispensing operations.
- b. Response strategies and required resources will vary depending on the size and characteristics of the population impacted; the availability of medications, staffing, and supplies; the epidemiology of the illness; and the level of public concern.

**4. Situation Overview:**

- a. **Medical countermeasures, or MCMs:** FDA-regulated products (biologics, drugs, devices) that may be used in the event of a potential public health emergency stemming from a naturally occurring emerging disease or a terrorist attack with a biological, chemical, or radiological/nuclear material.
  1. MCMs can be used to diagnose, prevent, protect from, or treat conditions associated with chemical, biological, radiological, or nuclear (CBRN) threats, or emerging infectious diseases.
  2. MCMs can include:
    - a. Biologic products, such as vaccines, blood products and antibodies
    - b. Drugs, such as antimicrobial or antiviral drugs
    - c. Devices, including diagnostic tests to identify threat agents, and personal protective equipment (PPE), such as gloves, respirators (face masks), and ventilators
- b. **Lewis & Clark County Demographics and Vulnerable Populations:** Lewis & Clark County has several challenges that may have an impact on distribution of ECM. Public Health is prepared to meet the needs of the population it serves, especially its most vulnerable residents.
  1. The U.S. Census Bureau estimated the population of Lewis and Clark County in 2023 to be 75,011. Almost half of county residents live within the city limits of Helena, which is the county seat and the state capital. Smaller rural communities include Augusta, East Helena, Lincoln, Canyon Creek, Craig, Marysville, and Wolf Creek. All but East Helena are unincorporated.

Coordination of ECM will account for rural communities and provide opportunities for residents to receive ECM.

2. Lewis and Clark County has a higher percentage of veterans than the U.S. in general due to the location of the VA Medical Center and the Montana National Guard at Fort Harrison. Coordination of ECM must account for the military and veteran population in the community. Lewis & Clark County will partner with the Department of Veterans Affairs and the National Guard to ensure that those populations have access to ECM.
3. Poverty is not evenly distributed throughout Helena and East Helena. Each community has neighborhoods where the average income is lower than that of surrounding areas. Lewis & Clark County will make accommodations to reach residents who may not have the means to reach POD sites and/ or other distribution points.
4. Lewis & Clark County will make accommodations to reach the unhoused population through coordination with the Community Organization Active in Disaster (COAD), local non- profit organizations, Pure View Health Center, Saint Peter's Health, and other service providers as able and appropriate.

**5. Assumptions:**

- a. The Department of Public Health & Human Services (DPHHS) will provide details of the event and response guidance.
- b. The state will receive the shipment of emergency countermeasures (EMC) from Centers for Disease Control (CDC) or other sources.
- c. The state will coordinate shipment of EMC to Lewis and Clark County.
- d. EMC operations will be supported by personnel from Volunteer Fire Departments, Police Auxiliary, Tri-County COAD, and St. Peters Health, PureView and other partners as needed and able.

**6. Roles and Responsibilities:**

- a. Lewis and Clark Public Health (LCPH) will specifically manage receipt and distribution of emergency medical counter measures and coordinate incident management with other responding agencies through Unified Command or as appropriate.
  1. Receives and stores EMC
  2. Sets up POD
  3. Provides JITT (Just in time training)
  4. Conducts POD operations
  5. Demobilizes PODs
- b. Lewis and Clark County Disaster and Emergency Service (DES) will coordinate support for incident management through the County Emergency Operations Center (EOC) as needed.
- c. The Lewis and Clark Public Health Medical Advisor:
  1. Writes standing orders for medication administration,
  2. Serves as a consultant for nursing staff
  3. Signs receipt of shipments of medical countermeasures
- d. Lewis and Clark County Sheriff

1. Provides security at POD sites
- e. Lewis and Clark County Public Works
  1. Assist with transport of EMC to POD sites

**7. Concept of Operations:**

- a. The Lewis and Clark County Health Officer will:
  1. Activate the Incident Command Post (ICP) or Unified Health Command (UHC) and request activation of the County Emergency Operations Center (EOC) when the following situations occur and as appropriate:
    - i. A large number of persons with similar symptoms, disease, syndrome, or deaths
    - ii. An unusual illness in a population – single case of disease from uncommon agent, and/or a disease with unusual geographic or seasonal distribution, and/or an endemic disease or unexplained increase in incidence
    - iii. A higher than normal morbidity and mortality from a common disease or syndrome
    - iv. A failure of a common disease to respond to usual therapy
    - v. Multiple unusual or unexplained disease entities in the same patient
    - vi. Multiple atypical presentations of disease agents
    - vii. Similar genetic type in agents isolated from temporally or spatially distinct sources
    - viii. Unusual, genetically engineered, or an antiquated strain of a disease agent
    - ix. Simultaneous clusters of similar illness in non-contiguous areas
    - x. Atypical aerosol-, food-, or water-borne transmission of a disease
    - xi. Unexplained increases in emergency medical service requests
    - xii. A chemical, biological, radiological, nuclear, or explosive (CBRNE) incident
    - xiii. A medical emergency brought on by a natural disaster
    - xiv. Claim of a biological or chemical release reported by intelligence or law enforcement
    - xv. An indication from intelligence sources or law enforcement of an increased potential for a terrorist attack
    - xvi. Local cases of a novel influenza virus
  2. Demobilize the Incident Command Post (ICP/UHC) and County Emergency Operations Center (EOC) when the following situations occur and as appropriate:
    - i. The elimination of a threat and/or incident that required a ECM response operation
    - ii. The eradication of an illness or disease outbreak
    - iii. The achievement of ECM dispensing targets and objectives
    - iv. Private medication centers, pharmacies, and local clinics have adequate capacity and resources to distribute ECM without the use of PODs
  3. The ICP will maintain communication with the EOC to coordinate the staff and operation of the Drop Point site(s).

4. The ICP will coordinate security for dispensing sites and transportation of EMC materiel from the drop point to dispensing sites and hospitals.
5. The ICP will provide reports to the EOC when there is a major operation status change, when a problem arises, or at times requested by the EOC.
6. **Command and Control:** Public Health Incident Command Post
  - i. **Incident Commander:** Health Officer or Designated Backup
  - ii. **Public Information Officer:**
    1. Provides public notification of: POD site opening dates, hours of operation, geographic areas served by each POD, and what the public needs to know before they go (Head of household may pick up, Bring allergy and DOB for all household members, No medical services for symptomatic persons are available at POD)
  - iii. **Liaison Officer:** Coordinates resource and information management with cooperating and supporting agencies
    1. Transportation, volunteers, facilities, equipment
    2. Keeps agency heads and elected officials apprised of the situation
    3. Communicates with neighboring jurisdictions to facilitate mutual aid assistance.
  - iv. **Safety Officer:**
    1. Ensures safety of all clinic workers and clients.
    2. Assesses the operation for safety issues, instructs staff on safety procedures, and implements safety measures as needed.
  - v. **Logistics Section Chief:** Coordinates staffing and resources for the POD
    1. Ensures facility is in Lewis & Clark order for clinic operations.
    2. Works with the EOC regarding procurement of supplies.
    3. Notifies POD sites immediately of the need to distribute EMC.
      - a. Locations:
        - i. Lewis and Clark County Fairgrounds
        - ii. Montana Department of Transportation Headquarters
        - iii. Community Center in Lincoln
        - iv. Senior Center in Augusta.
    4. Calls County EOC for volunteers. Includes the following information: Job type and number needed: e.g. forms checker(5) greeter, (5), Training that will be provided, Where to go, when to be there
    5. Requests
      - a. Law enforcement for POD security
      - b. County Public Works department to schedule EMC transport to POD sites
  - vi. **Operations Section Chief:** Coordinates POD operations
    1. All sites will use chairs and tables located on site.

2. Layout, equipment and staff are described in APPENDIX A
  - a. POD set up is complete when:
    - i. Tables, chairs and signage are in place
    - ii. Forms and supplies are delivered and distributed to work stations
    - iii. Staff staging area has supplies for volunteer identification and job action sheets
    - iv. EMC delivery is scheduled
    - v. Security has been notified of scheduled opening
  - vii. **Planning Section Chief:**
    1. Determines data elements needed for operational period planning
    2. Identifies sources of such data and establish access to such sources
    3. Communicates technical support and supply projections to Logistics and other section chiefs as appropriate
    4. Collects and interprets data and reports to Incident Commander
    5. Develops an Incident Action Plan and continuously evaluates the progress of the event and intervention(s)
  - viii. **Finance Section Chief:** Supervises the documentation of expenditures relevant to the incident.

**Objective 1: Receive and store EMC assets**

- a. Controlled Substances must be received by:
  - i. The Medical Advisor to the Health Department, OR
  - ii. Pharmacist from St Peter's Hospital
- b. Uncontrolled Substances may be accepted by Health Department Public Health Nurse.
- c. EMC material will be received at Lewis and Clark County Public Works Department, and stored there; 3402 Cooney Drive, Helena MT.
- d. Upon receipt, the EMC assets will be inventoried and the person in charge of receipt will document the following information:
  - i. Product Description
  - ii. Product Size
  - iii. Unit of Use
  - iv. National Drug Code
  - v. Lot Number
  - vi. Expiration Dates
- e. If excess EMC must be returned for any reason:
  - i. Sites with small unused quantities of medications and/or vaccines will be asked to transport ECM back to a storage site where the EMC will be re-inventoried.
  - ii. Lewis & Clark Public Health will arrange a pickup of EMC for sites that have large unused quantities of medications and/or vaccines.

- iii. Once collected and inventoried by Public Health, ECM will either be reallocated for use at a different POD or be transported and returned to DPHHS following the agency's instructions.

**Objective 2: Set up PODs and begin dispensing within 24 hours.**

- a. Public Health Medical Advisor will issue standing orders for dispensing medications prior to distribution.
- b. Some pharmaceuticals may require dispensing by a pharmacist only, and therefore special authorization may be necessary.
  - i. The St Peter's Health Pharmacy may act as the dispensing agency if dispensing authorization is required.
- c. Coordination may be through the County Emergency Operations Center, if activated. If not, Public Health will request support directly from community partners.

**Objective 3: Deliver EMC to drop points and PODs for distribution.**

- a. Logistics is responsible for coordination of transport through the Emergency Operations Center, if activated. If not, Public Health will request assistance directly from Public Works department.

**Objective 4: Operate PODs 24 hours/day until EMC is distributed to population of Lewis and Clark County.**

- a. Each dispensing site will have stations for
  - i. Greeting: Greet participants and expedite the flow into the POD.
  - ii. Registration: Ensure form completion and process the participant to the appropriate next station.
  - iii. Triage: Assess and sort ill persons, those not eligible and those eligible for vaccine/antibiotic treatment to minimize bottlenecks.
  - iv. Drug dispensing: Disseminate medical countermeasure treatment.
- b. Additional staff positions
  - i. **Medical Screening:** Clears or defers for medical countermeasure treatment. Must be a Physician or mid-level practitioner.
  - ii. **Behavioral Health Support:** Assists staff and the general community with the emotional and behavioral aspects of a public health emergency at a POD
  - iii. **Data Collector:** Collects all data from clinical areas throughout the POD
  - iv. **Educator:** Provides information and answer questions. Must be clinical health professionals and/or health educators
  - v. **Hospitality worker:** Responsible for maintaining the break area for workers. Provides food and beverage service to POD staff.
  - vi. **POD manager:** Responsible for administrative oversight of the POD. Supervises all administrative aspects of the clinic. Reports to Operations Section Chief
    1. Makes appropriate staff assignments
    2. Ensures staffing requirements are met, both clinical and non-clinical

3. Ensures clinic operation
4. Orients and supervises non-clinical staff
5. Ensures security of clinic site and medication
6. Provides Just-In-time training
- vii. **Clinical Manager:** Responsible for the clinical operations and staff supervision at the POD. Reports to Operations Section Chief
- c. Just in Time Training (JITT) will be provided by POD or Clinical Manager for all volunteers.
- d. Lewis and Clark Public Health (LCPH) will coordinate dispensing sites
  - i. St Peter's Health will institute an emergency call-out of staff and detail as many as can be spared to the dispensing site.
  - ii. LCPH will activate a mutual aid agreement with Gallatin, Silver Bow, Jefferson, Broadwater, and Madison counties.
  - iii. A volunteer call out will be requested from Lewis and Clark County EOC.

#### **8. Closed PODS for Special Populations:**

- a. EMC will be disbursed to sheltered-in-populations such as nursing homes, assisted living facilities, and detention centers.
- b. These facilities will be dispensing sites for their patient populations.
- c. ICP Operations will:
  - I. Notify all sites and medical partners when the prophylactic or vaccination regimen is known
  - II. Coordinate delivery of EMC to drop points
  - III. Push sites include: St. Peters Health, Blue Cross Blue Shield, State Employees, Helena and East Helena School Districts (for staff), Pediatric Clinics, and Carroll College

#### **9. Demobilization Procedures:**

The decision to end EMC response operations, discontinue receipt of SNS (when applicable), and demobilize incident command will be made by the Health Officer/IC/UHC or their designee(s) in consultation with SMEs. These individuals include, but are not limited to:

- Health Officer
- Public Health Nurse Supervisor
- Public Health Medical Director
- Public Health Emergency Coordinator
- Public Health Communications Specialist
- Public Health Epidemiologist

SMEs from other local, state, and federal agencies may also be consulted before demobilization occurs. These individuals/agencies include, but are not limited to:

- Lewis & Clark County DES
- Lewis & Clark County Sheriff
- Montana DPHHS
- Neighboring jurisdictional health officers
- Montana State Epidemiologist, and State Lab Director

- Centers for Disease Control and Prevention (CDC)

Factors that may trigger demobilization include, but are not limited to:

- The elimination of a threat and/or incident that required an EMC response operation
- The eradication of an illness or disease outbreak
- The achievement of EMC dispensing targets and objectives

Once the decision to demobilize has been made, incident command will notify all parties involved in the EMC response operation. Incident Command will develop a demobilization plan and distribute that plan to all supporting agencies. Discussion on how to reconstitute normal services may also be held with the appropriate parties.

The Health Officer or his/her designee will notify DPHHS that SNS/EMC are no longer needed if previously requested and pushed to Public Health. HMAC may facilitate this notification process. DPHHS will specify a date and time that supply shipments should terminate.

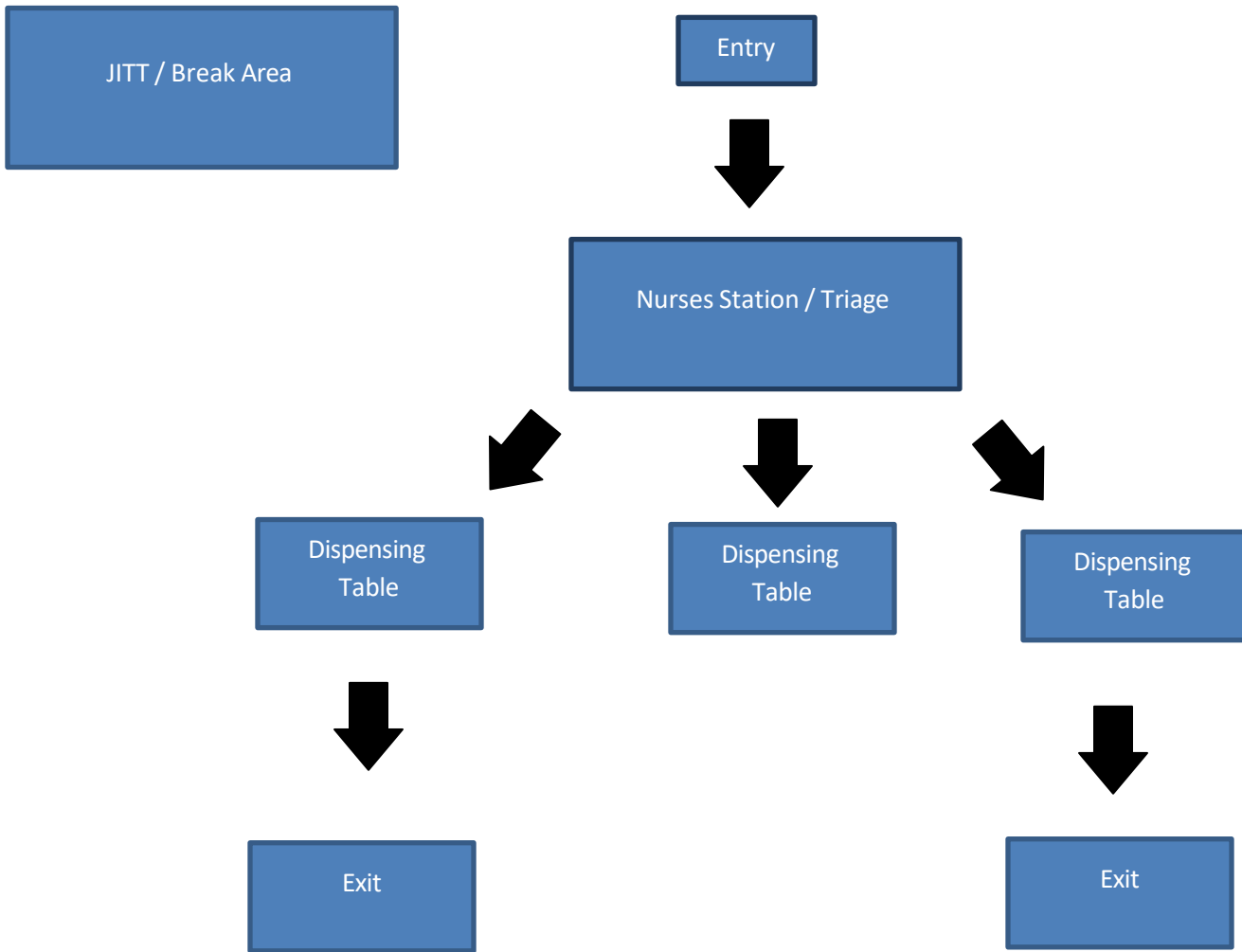
Breakdown will include, but is not limited to:

- Returning any unused medications and/or vaccines to LCPH (DPHHS)
- Returning equipment and other resources to where they came from
- Appropriate cleanup and disposal of all biomedical waste, including syringes.

## 10. Legal Issues

- a. In order to establish statewide consistency, the following guidance is for clarification of the legal issues that may arise during an emergency.
- b. Standing Orders. The local Medical Officer is authorized to issue standing orders and protocols for dispensing sites. However, if a local order is not in place the State Medical Officer has developed a standing order to prescribe medications for individuals at a Point of Dispensing (POD) site during a mass prophylaxis event.
- c. Authority to Dispense. If the State Medical Officer has determined there is a need to use the Strategic National Stockpile medical assets for prophylaxis purposes, the following authority will go into effect. Criteria were shared with the MT Board of Pharmacy and will be reviewed annually.
  1. As per MCA 37-2-104 a medical practitioner may furnish a patient any drug during an emergency. Additionally, the furnishing of drugs by a medical practitioner will only be conducted in special incidents requiring the Strategic National Stockpile and is not a usual course of doing business. Therefore, all licensed medical practitioners who have a relationship with dispensing medications are potential candidates to dispense at a POD.
  2. A “medical practitioner” is defined in MCA 37-2-101 and means any person licensed by the state of Montana to engage in the practice of medicine, dentistry, osteopathy, podiatry, optometry, or a nursing specialty and is in the licensed practice to administer or prescribe drugs.
  3. Lewis and Clark Public Health will ultimately decide eligibility to dispense as long as it does not supersede the above guidance.

# Standard POD Setup Diagram



## 11. Appendix A

### Position: **POD Manager**

**Role:** Responsible for administrative oversight of the POD. Directs activities of Liaison, Public Information Officer, Medical Director and Health & Safety officer; Provides direct supervision to Section Chiefs.

**YOU REPORT TO:** OPERATIONS SECTION CHIEF

#### **Before your shift:**

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation and Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated
- Y Coordinate initial delivery of clinical and non-clinical supplies and equipment with Logistics Section Chief
- Y Provide orientation and convene walk through for all staff with Clinical Manager
- Y Ensure site is physically set-up and ready for operations
- Y Conduct clinic walk through with Clinical Manager

#### **During your shift:**

- Y Wear appropriate PPE, as needed
- Y Supervise all administrative aspects of the clinic
- Y Make appropriate staff assignments using the NDPHCS POD operations organizational chart
- Y Ensure staffing requirements are met, both clinical and non-clinical
- Y Ensure clinic operation through Section Chiefs
- Y Orient and supervise non-clinical staff through Section Chiefs
- Y Ensure security of clinic site and medication through security liaison
- Y Communicate with NDPHCS, Clinical Manager and other staff, as needed
- Y Assign/reassign staff to meet needs throughout shift
- Y Communicate need for additional supplies and equipment with Logistics Section Chief
- Y Coordinate external communications with Public Information Officer
- Y Coordinate communications/issues to EOC with Liaison
- Y Serve as troubleshooter and resource person during clinic operation, or identify designee

#### **After your shift:**

- Y Assist with teardown or cleanup of clinic and prepare clinic for next day operations, as needed
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming POD Manager
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position:** Clinical Manager

**Role:** Responsible for the clinical operations and staff supervision at the POD. Must be a licensed nurse or physician with experience in planning and operating clinics. Needs supervisory/management skills.

**You report to:** POD Manager

**Before your shift:**

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated Register at Staff Check-in
- Y Review standing orders and emergency protocols
- Y Meet with Logistics Coordinator
- Y Review POD layout with Logistics Coordinator
- Y Designate Staging area for dispensing of meds
- Y Designate area of clinic for Triage
- Y Designate area of clinic for transporting of clients
- Y Designate space for medical consultation
- Y Meet with Triage, Screeners, Dispenser and Medical Evaluators after check-in
- Y Ensure Maintenance receives "Just in Time" training for medical waste
- Y Design optimal clinic flow structure to minimize bottlenecking

**During your shift:**

- Y Wear appropriate PPE, as needed
- Y Assure breaks for staff of the clinic/dispensing area
- Y Assure Behavioral Health is stationed nearby
- Y Assure dispensing tables are well supplied and equipped
- Y Assure supplies are accessible to staff
- Y Report issues to POD Manager

**After your shift:**

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Clinical Manager
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position:** Greeter Team Leader

**Role:** Greet participants and expedite the flow into the POD. Should be volunteers with excellent communication, decision-making and assessment skills; trained administrative professionals, as needed.

**You report to:** POD Manager

BEFORE YOUR SHIFT:

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated
- Y Review job responsibilities with Greeter Team

DURING YOUR SHIFT:

- Y Wear appropriate PPE, as needed
- Y Coordinate distribution of registration forms, clipboards and pens
- Y Coordinate directing individuals to clinic line
- Y Coordinate directing individuals who appear ill to Triage
- Y Coordinate referrals of individuals to Behavioral Health, as needed
- Y Coordinate referrals of individuals with language barriers to Interpreters
- Y Coordinate Notification of Security to handle disruptive individuals, as needed
- Y Resolve issues or problems to presented by Greeters
- Y Report issues or problems to Clinical Manager

AFTER YOUR SHIFT:

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Greeter Team Leader
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position:** Greeter

**Role:** Greet participants and expedite the flow into the POD. Should have excellent communication, decision-making and assessment skills.

**You report to:** Greeter Team Leader

BEFORE YOUR SHIFT:

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated

DURING YOUR SHIFT:

- Y Wear appropriate PPE, as needed
- Y Pass out registration forms, clipboards and pens
- Y Direct individuals to clinic line
- Y Direct individuals who appear ill to Triage
- Y Refer individuals to behavioral health, as needed
- Y Refer individuals with language barriers to translator
- Y Notify security to handle disruptive individuals, as needed
- Y Report issues or problems to Greeter Team Leader

AFTER YOUR SHIFT:

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Greeter
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position:** Medical Screener

**Role:** Clears or defers for prophylactic treatment. Must be an MD, ARNP.

**You report to:** Clinical manager

BEFORE YOUR SHIFT:

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated
- Y Review standing orders and emergency protocols
- Y Address any language or special needs concerns

DURING YOUR SHIFT:

- Y Wear appropriate PPE, as needed
- Y Review registration form to assess for contraindications
- Y Following clinic protocols, clear or defer for prophylaxis
- Y Following clinic protocols, determine proper medication regimen
- Y Indicate appropriate medication regimen on registration form
- Y Direct individuals to medication dispensing workstation
- Y Refer individuals to medical consultation, as needed
- Y Refer individuals to behavioral health, as needed
- Y Report issues or problems to clinic area leader
- Y Notify security to handle disruptive individuals as needed.

AFTER YOUR SHIFT:

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Medical Screener
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position: Triage**

**Role:** Responsible for sorting clients in groups and direct client to appropriate area of the clinic. Preferably a public health nurse, other clinician or physician with experience in clinical triage. Works closely with Clinical Manager, Screeners and Medical Evaluators. Reporting to this role are Clinic/Dispensing Runners. Located in the clinic/dispensing area.

**You report to: Triage Team Leader/Medical Screener**

BEFORE YOUR SHIFT:

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated

DURING YOUR SHIFT:

- Y Wear appropriate PPE, as needed
- Y Assess and sort ill persons, those not eligible and those eligible for vaccine/antibiotic treatment to minimize bottlenecks
- Y Consult with Medical Evaluators as needed

AFTER YOUR SHIFT:

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Triage staff
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position: Registration Clerk Team Leader**

**Role:** Ensure form completion and process the participant to the appropriate next station. Reporting to you are trained administrative and clerical personnel.

**You report to: POD Manager**

**BEFORE YOUR SHIFT:**

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated
- Y Review job responsibilities with Registration Team

**DURING YOUR SHIFT:**

- Y Wear appropriate PPE, as needed
- Y Continually monitor forms, request new copies of forms from administration so there is no disruption in traffic flow
- Y Collect forms for Registrations Clerks and regularly send to Data Collectors
- Y Coordinate directing individuals who have education questions to education workstation, as needed
- Y Coordinate direct individuals who have medical questions to medical screening workstation, as needed
- Y Coordinate referrals of individuals to behavioral health, as needed
- Y Coordinate referrals of individuals with language barriers to Interpreters, as needed
- Y Coordinate referrals of individuals with properly completed forms and no questions or barriers to dispensing
- Y Resolve issues or problems presented by Greeters
- Y Report issues or problems to Clinical Manager

**AFTER YOUR SHIFT:**

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Registration Clerk Team Leader
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position: Registration Clerk**

**Role:** Ensure form completion and process the participant to the appropriate next station. Should be trained administrative and clerical personnel.

**You report to: Registration Team Leader**

BEFORE YOUR SHIFT:

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated

DURING YOUR SHIFT:

- Y Wear appropriate PPE, as needed
- Y Confirm registration form is completed
- Y Direct individuals who have education questions to education workstation
- Y Direct individuals who have medical questions to medical screening workstation
- Y Refer individuals to behavioral health, as needed
- Y Refer individuals with language barriers to translator
- Y Refer individuals with properly completed forms and no questions or barriers to dispensing
- Y Report issues or problems to clinic area leader

AFTER YOUR SHIFT:

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Registration Clerk
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position: Dispensing Team Leader**

**Role:** Provide nursing supervision and management to dispensing personnel. Must be qualified to administer vaccine or dispense medication under state law and have supervisory experience. Reporting to you are Dispensing Personnel.

**You report to: Clinical Manager**

BEFORE YOUR SHIFT:

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated
- Y Review standing orders and emergency protocols

DURING YOUR SHIFT:

- Y Wear appropriate PPE, as needed
- Y Designate space for patient confidentiality
- Y Familiarize self with the personnel working under your supervision
- Y Monitor colleagues and clients for signs of stress or fatigue and notify your supervisor as needed
- Y Ensure adequate supply levels-use a runner to get supplies as needed
- Y Train incoming vaccinators if directed to do so by Medical Services Director
- Y Provide routine progress reports to Clinical Nurse Manager and Planning Team Leader
- Y Provide supervisory guidance to personnel under you
- Y Troubleshoot any problems that may occur with personnel under you (ex. if an allergic reaction occurs-direct and/or assist personnel as needed)
- Y When necessary, be prepared to step in and take over a staff member's vaccinator/ dispensing position short term until another qualified staff member can take over
- Y Schedule and ensure that vaccinator/dispenser staff take regular breaks
- Y Ensure that all documentation has been filled in and is complete

AFTER YOUR SHIFT:

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Dispensing Team Leader
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation
- Y When relieved, hand in all documentation and paperwork to the Planning Team Leader

**Position:** Educator

**Role:** Provide information and answer questions. Must be clinical health professionals and/or health educators. At least one clinic person must be available to address clinical questions from participants

**You report to:** Clinical

**Before your shift:**

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated

**DURING YOUR SHIFT:**

- Y Wear appropriate PPE, as needed
- Y Disseminate education materials regarding the disease and prophylaxis
- Y Answer general questions regarding the disease and prophylaxis
- Y Refer individuals to behavioral health, as needed
- Y Refer individuals with language barriers to translator
- Y Report issues or problems to Clinic Area Leader

**AFTER YOUR SHIFT:**

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Educator
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position: Behavioral Health Support**

**Role:** To assist victims, families, first responders, staff and the general community with the emotional and behavioral aspects of a public health emergency at a POD.

**You report to: POD Manager**

BEFORE YOUR SHIFT:

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated

DURING YOUR SHIFT:

- Y Wear appropriate PPE, as needed
- Y Provide Psychological First Aid, Behavioral Health Needs Assessments, Brief Counseling Interventions, and Crisis Intervention, Problem Solving and Public Education and Information Counseling services, as needed.
- Y Monitor staff and first responders for symptoms of stress or physical/psychological overload and communicate any concerns to POD Manager.
- Y Provide psycho-educational, resource and referral information to health care and human service providers and other community agencies.
- Y Complete evaluation at the conclusion of the clinic

AFTER YOUR SHIFT:

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming DBHRT staff
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation
- Y Complete a Behavioral Health Support report within 72 hours of the clinic

**Position: Data Collector**

**Role:** Collect all data from clinical areas throughout the POD and turn into the Finance & Administration Chief. Should be trained administrative professionals, as needed.

**You report to: Finance & Administration Chief**

BEFORE YOUR SHIFT:

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated

DURING YOUR SHIFT:

- Y Wear appropriate PPE, as needed
- Y Continuously collect completed medical registration forms and return to the Administration Station for drop-off.
- Y Continuously ensure there are new registration forms available at all key stations.
- Y Collect clipboards and pens for recycling throughout the medical stations.
- Y Assist in the area of Staff Check Area on an as needed basis.
- Y Give directions as need (e.g., restrooms, public phones)
- Y Report any issues or problems to appropriate area leader

AFTER YOUR SHIFT:

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Data Collector
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

**Position: Hospitality Staff**

**Role:** Responsible for break area for workers. Provide food and beverage service to POD staff. Staffed by volunteer organizations (i.e. American Red Cross)

**You report to: POD manager**

BEFORE YOUR SHIFT:

- Y Register at Staff Check-in
- Y Clearly display ID badge
- Y Familiarize self with location of all clinic areas
- Y Review your Job Action Sheet
- Y Attend clinic orientation
- Y Check in with your Supervisor
- Y Review job responsibilities with your Supervisor
- Y Receive vaccine/medication if not already treated

DURING YOUR SHIFT:

- Y Wear appropriate PPE, as needed
- Y Maintain a clean and comfortable break area
- Y Refer workers to debriefing staff as needed
- Y Maintain adequate supplies of food and drink
- Y Ensure food and beverage supplies have been obtained from a licensed source
- Y Report issues or problems to appropriate personnel

AFTER YOUR SHIFT:

- Y Assist with teardown or cleanup of clinic
- Y Attend staff debriefing at shift change and/or at close of clinic
- Y Prepare clinic for next day operations, as needed
- Y Brief incoming Hospitality staff
- Y Sign out with Finance/Administration
- Y Return ID, PPE and any other supplies and documentation

### 13. Appendix C: POD Staffing Requirements

#### Assumptions

- Craig and Wolf Creek will use MT DOT POD
- Marysville and Helena Valley NW will use Fairgrounds POD
- Divide population by 3.2 for HOH (Head of Household) pickup
- Distribution complete w/in 24 hr
- Drug dispensing table takes 3 minutes to throughput 1 customer
- Entire POD throughput takes 10 minutes
- Lincoln and Augusta will be staffed to serve population in 12 hours instead of 24.
- POD workers will work 12 hour shifts

MT DOT POD Population Estimate				
City	Population	Throughput required/hour	Workers/ 12 hour	Workers/ 24 hours
East Helena	2138			
Helena Valley North East	4245			
Helena Valley South East	9374			
Craig	39			
Wolf Creek	25			
<b>Totals</b>	<b>15762</b>	<b>172</b>	<b>25</b>	<b>50</b>
Fairgrounds - POD Population Estimate				
City	Population	Throughput required/hour	Workers/ 12 hour	Workers/ 24 hours
Helena City	34464			
Helena West Side	1584			
Helena Valley - West Central	8206			
Helena Valley - North West	5143			
Helena Undesignated	282			
Marysville	60			
<b>Totals</b>	<b>44099</b>	<b>574</b>	<b>55</b>	<b>110</b>
Augusta (CDD +CDP) 365 HOH pick up	1167	<b>15</b>	<b>6</b>	<b>12</b>
Lincoln (CDP + Lincoln town cdd) 740 HOH pick up	2367	<b>31</b>	<b>8</b>	<b>16</b>

Census Designated Places (CDPs) are the statistical counterparts of incorporated places and are delineated to provide data for settled concentrations of population that are identifiable by name but are not legally incorporated under the laws of the state in which they are located. The boundaries usually are defined in cooperation with local or tribal officials and generally updated prior to each decennial census. These boundaries, which usually coincide with visible features or the boundary of an adjacent incorporated place or another legal entity boundary, have no legal status, nor do these places have officials elected to serve traditional municipal functions. CDP boundaries may change from one decennial census to the next with changes in the settlement pattern; a CDP with the same name as in an earlier census does not necessarily have the same boundary. CDPs must be contained within a

single state and may not extend into an incorporated place. There are no population size requirements for CDPs.

**POD Security Template Summary**

<b>Section I Public Security</b>	
A	Crowd Control
B	Law Enforcement
C	Fire Control
D	Information
E	Special Needs

<b>Section II Access Controls / Pharmaceuticals</b>	
A	Badging
B	Staff Entrance/Exit
C	Supplies/Equipment Loading Docks

<b>Section III Traffic</b>	
A	Parking
B	Vehicle Entrance/Exit Control

<b>Section IV Perimeter Protection</b>	
A	Barriers

<b>Section V Designation of Responsibility</b>	
A	Chain of Command
B	Understanding of Roles

<b>Section VI Recommendations</b>	
A	POD Security Adequacy

**POD Security Template Example**

Facility Name: Lewis & Clark County Fairgrounds
Estimated Throughput Per Hour: 150-200
Inspection Date: Dec 20, 2020

**Section I - Public Security**

**A Crowd Control**

<b>1</b>	<p>Determine where and how the queue/line into the dispensing area will be organized. Consider the need for signs and/or barriers. Describe how the queue/line will be organized and what resources will be required to help direct the public.</p> <p><u>    </u> Satisfactory <u>    </u> Needs Improvement <u>    </u> Not Applicable <u>    </u> Not Reviewed</p> <p>NOTES:</p> <p>This has all been done and tested via the PureView Testing site since August 2020. Signage and a traffic plan are in place and being implemented daily.</p>
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<b>2</b>	<p>Determine the minimum number of law enforcement and/or security personnel working in eight or twelve-hour shifts (depending on local protocol) required for crowd control. Consider their mobility as well as their visibility to the public.</p> <p>Number of required law enforcement and/or security personnel: <u>0</u></p> <p><u>  X  </u> Satisfactory <u>    </u> Needs Improvement <u>    </u> Not Applicable <u>    </u> Not Reviewed</p> <p>NOTES:</p> <p>At this time no law enforcement is needed. Traffic control and access control can be handled by volunteers and county public health or PureView staff. Traffic and Access control can be managed by 15-20 people per shift.</p>
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B	Law Enforcement
1	<p>Determine the minimum number of law enforcement personnel working in eight or twelve-hour shifts (depending on local protocol) required for general law enforcement issues including personnel required for roaming patrols. Consider their mobility as well as their visibility to the public.</p> <p>Number of required law enforcement personnel: <u>0</u></p> <p><input checked="" type="checkbox"/> Satisfactory      Needs Improvement      Not Applicable      Not Reviewed</p> <p>NOTES:</p> <p>Current daily law enforcement staffing is expected to be adequate to respond should help be needed. Response times to the fairgrounds are measured in minutes for both law enforcement and fire as well as EMS should there be any emergencies. We do not expect to need law enforcement presence on site to manage the POD.</p>

2	<p>Address issues such as where law enforcement personnel will hold detainees or unruly citizens, the transfer of detainees to jails if necessary, the number of flexi-cuffs required and how/when detainees will receive their prophylaxis or vaccination.</p> <p><input type="checkbox"/> Satisfactory      <input type="checkbox"/> Needs Improvement      <input checked="" type="checkbox"/> Not Applicable      <input type="checkbox"/> Not Reviewed</p> <p>NOTES:</p> <p>Once detainees are booked into jail, LCPH will coordinate with Jail medical staff to vaccinate detainees as needed.</p>
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3	<p>Can signs be posted prohibiting firearms and weapons in the facility?</p> <p><input checked="" type="checkbox"/> Satisfactory      <input type="checkbox"/> Needs Improvement      Not Applicable      Not Reviewed</p> <p>NOTES:</p> <p>Yes, however, recent changes to Montana Concealed Carry laws may make doing so no longer allowed.</p>
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<b>4</b>	<p>Determine if the facility has a working security camera system available for use.</p> <p>Security camera system available: Yes ___ No <input checked="" type="checkbox"/> X</p> <p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Not Reviewed</p> <p>NOTES:</p> <p>Cameras are not needed for POD operations at this site. If the facility were to be used for storage or supplies etc., the fairgrounds is staffed 24/7 by maintenance personnel.</p>
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<b>C</b>	<b>Fire Control</b>
<b>1</b>	<p>Determine if the facility is in compliance with fire ordinances and that the local fire marshal has approved the site for POD operations</p> <p><input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Reviewed</p> <p>NOTES:</p> <p>As a County facility, the location is regularly inspected by the Fire Marshall and meets all fire and safety codes.</p>

<b>2</b>	<p>Review and familiarize law enforcement with the facility's evacuation plan. Confirm that the plan is in compliance with local fire ordinances and that evacuation routes are posted. Determine which areas and/or doors may pose a fire hazard if locked.</p> <p><input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Reviewed</p> <p>NOTES:</p>
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D Information	
1	<p>Address the issue of information dissemination to the public. Determine what resources (bullhorns, PA systems, loudspeakers, signs or pamphlets) are needed and are available to keep the public aware of the information they will require in order to alleviate the possibility of public frustration that may cause security issues to arise.</p>
	<p><input checked="" type="checkbox"/> Satisfactory    <input type="checkbox"/> Needs Improvement    <input type="checkbox"/> Not Applicable    <input type="checkbox"/> Not Reviewed</p>
	<p>NOTES:</p> <p>Signage and access/traffic control points (TCP) will be utilized to provide information as needed. Handouts and pamphlets will be utilized both in the building and on the 15/30 minute observation lines.</p>

2	<p>Determine what resources are required to facilitate clear lines of communication between the POD staff, the Emergency Operations Center, the Public Information Officer and the media to allow information to flow to those who have not yet received POD services and may be on the way to the facility.</p>
	<p><input checked="" type="checkbox"/> Satisfactory    <input checked="" type="checkbox"/> Needs Improvement    <input type="checkbox"/> Not Applicable    <input type="checkbox"/> Not Reviewed</p>
	<p>NOTES:</p> <p>Email and phone are adequate for normal operations. If these platforms are compromised, public safety, HAM, or GMRS radios may be utilized as needed.</p>

E Special Needs	
1	<p>Determine what personnel may be required to assist individuals with special needs. Determine what measures must be taken in order to assist those with special needs. (i.e., is an alternate entrance needed)</p>
	<p><input checked="" type="checkbox"/> Satisfactory    <input type="checkbox"/> Needs Improvement    <input type="checkbox"/> Not Applicable    <input type="checkbox"/> Not Reviewed</p>
	<p>NOTES:</p> <p>While we plan to use this location for a drive thru POD, contingency plans have been discussed for assisting people who are unable to drive themselves or wait in a long line of cars. Plans include partnering with assisted living facilities for use of their vans to transport disabled patients and to allow those vans/vehicles to bypass the regular line and go to the west side of the building for service.</p>

**Section II - Access Control / Pharmaceuticals**

A Badging	
1	<p>Determine what measures must be taken to ensure that law enforcement and/or security personnel are familiar with badging standards for staff and people dispensing.</p> <p><input checked="" type="checkbox"/> Satisfactory      <input type="checkbox"/> Needs Improvement      <input type="checkbox"/> Not Applicable      <input type="checkbox"/> Not Reviewed</p> <p>NOTES:</p> <p>All traffic volunteers wear yellow or orange hi-viz vests. All medical staff wears name tags and full PPE. Most also wear scrubs. All are easily identifiable as POD staff.</p>

B Staff Entrance/Exit	
1	<p>Designate an entrance/exit location that may be used only by POD staff and law enforcement and/or security personnel. Determine what resources are available and what will be required to secure this location (locks, guards, ID entry only, etc). Determine if locking these areas may pose a fire hazard.</p> <p><input type="checkbox"/> Satisfactory      <input type="checkbox"/> Needs Improvement      <input type="checkbox"/> Not Applicable      <input type="checkbox"/> Not Reviewed</p> <p>NOTES:</p> <p>The west side of the main building has been designated and marked off with signage already.</p>

C	Supplies/ Equipment Loading Docks
1	<p>Determine what resources are available and what will be required to secure the loading docks for supplies, equipment and pharmaceuticals (locks, guards, ID entry only, etc). Determine if locking these areas may pose a fire hazard.</p> <p>X Satisfactory    ___ Needs Improvement    _ Not Applicable    ___ Not Reviewed</p> <p>NOTES:</p> <p>The location has forklift and unloading capability. fairgrounds staff are available to operate forklifts as needed.</p>

2	<p>Determine the minimum number of "No Parking" signs, traffic cones and parking barriers required to ensure loading areas remain free from obstruction</p> <p>Number of required "No Parking" signs: <u>12</u> _</p> <p>Number of required traffic cones/candles: <u>100</u>___</p> <p>Number of required barriers: <u>2</u></p> <p><u>X</u> Satisfactory    ___ Needs Improvement    ___ Not Applicable    ___ Not Reviewed</p> <p>NOTES:</p>
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3	<p>Determine if products not actively being dispensed can be kept out of site of the general public.</p> <p><u>  </u> Satisfactory    ___ Needs Improvement    _ Not Applicable    ___ Not Reviewed</p> <p>NOTES:</p> <p>Coolers, freezers and storage space is available.</p>
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**Section III - Traffic**

**A Parking**

<b>1</b>	<p>Locate existing handicap-designated parking spaces and determine the number of additional handicap spaces that may be required.</p> <p>Number of available handicap parking spaces: <u>  15-20  </u>                  Number of additional handicap spaces needed: <u>  0  </u>  <input checked="" type="checkbox"/> Satisfactory                      <input type="checkbox"/> Needs Improvement                      <input type="checkbox"/> Not Applicable                      <input type="checkbox"/> Not Reviewed</p> <p>NOTES:</p> <p>Portable handicap parking signs are available on site and can be used to designate spaces as needed for convenience.</p>
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**B Vehicle Entrance/Exit Control**

<b>1</b>	<p>Determine the number of available vehicle entrance/exits to the facility. Determine the minimum number of law enforcement and/or security personnel working in twelve-hour shifts required at each entrance/exit to control the flow of traffic in and out of the facility.</p> <p>Number of available vehicle entrance/exits: <u>  3  </u>                      <u>      </u>                  Number of required law enforcement and/or security personnel: <u>  3  </u>  <input checked="" type="checkbox"/> Satisfactory                      <input type="checkbox"/> Needs Improvement                      <input type="checkbox"/> Not Applicable                      <input type="checkbox"/> Not Reviewed</p> <p>NOTES:</p> <p>Both the east and west gates have been closed and locked forcing all traffic to enter the grounds via the main gate. 2-3 personnel, along with signage, are adequate to screen and manage incoming traffic at the first traffic control point.</p>
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<b>2</b>	<p>Coordinate with law enforcement/security personnel to ensure traffic congestion issues can be alleviated and that emergency and supply vehicles can access the facility with ease.</p> <p>Number of required signs: <u>  12  </u>                  Number of required barriers: <u>  2  </u>                  Number of required traffic cones: <u>  50-100  </u>                  Is any road closing required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> Satisfactory                      <input type="checkbox"/> Needs Improvement                      <input type="checkbox"/> Not Applicable                      <input type="checkbox"/> Not Reviewed</p> <p>NOTES:</p> <p>A comprehensive traffic plan has been developed that allows for managing up to 500 vehicles without impacting traffic off site on Custer Ave. This plan is attached.</p>
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**Section IV - Perimeter Protection**

<b>A</b>		<b>Barriers</b>			
1	Determine what types of perimeter barriers already exist at the facility. Determine what types of barriers or resources may still be required to secure the facility's perimeter.				
	<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Needs Improvement		<input type="checkbox"/> Not Applicable
	NOTES: physical barriers are not really needed. signage is adequate to manage traffic. volunteers can be used to augment or control traffic movement further.				

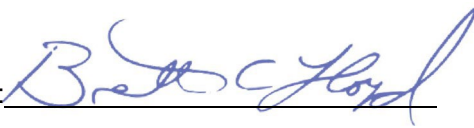
**Section V - Designation of Responsibility**

<b>A</b>		<b>Chain of Command</b>			
1	Outline an efficient chain of command system for security and POD personnel. Please attach copy. (Unnecessary for law enforcement personnel.)				
	<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Needs Improvement		<input type="checkbox"/> Not Applicable
	NOTES: Chain of Command is, in order: POD Manager, Vaccine Coordinator, Volunteer Coordinator, "traffic control shift manager". POD staff fall under the larger Unified Health Command Ops Section for the county (attached.)				

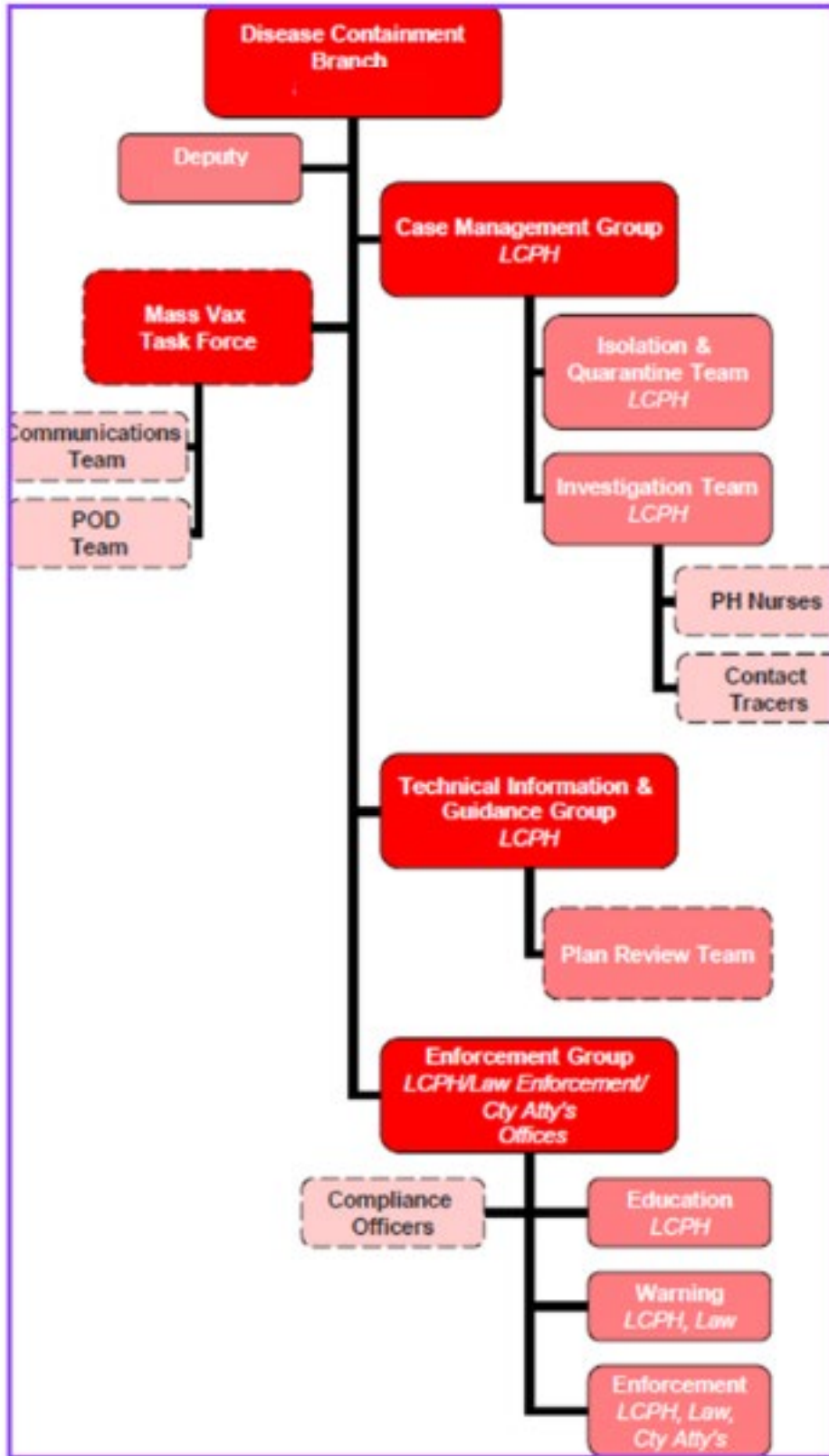
**B**

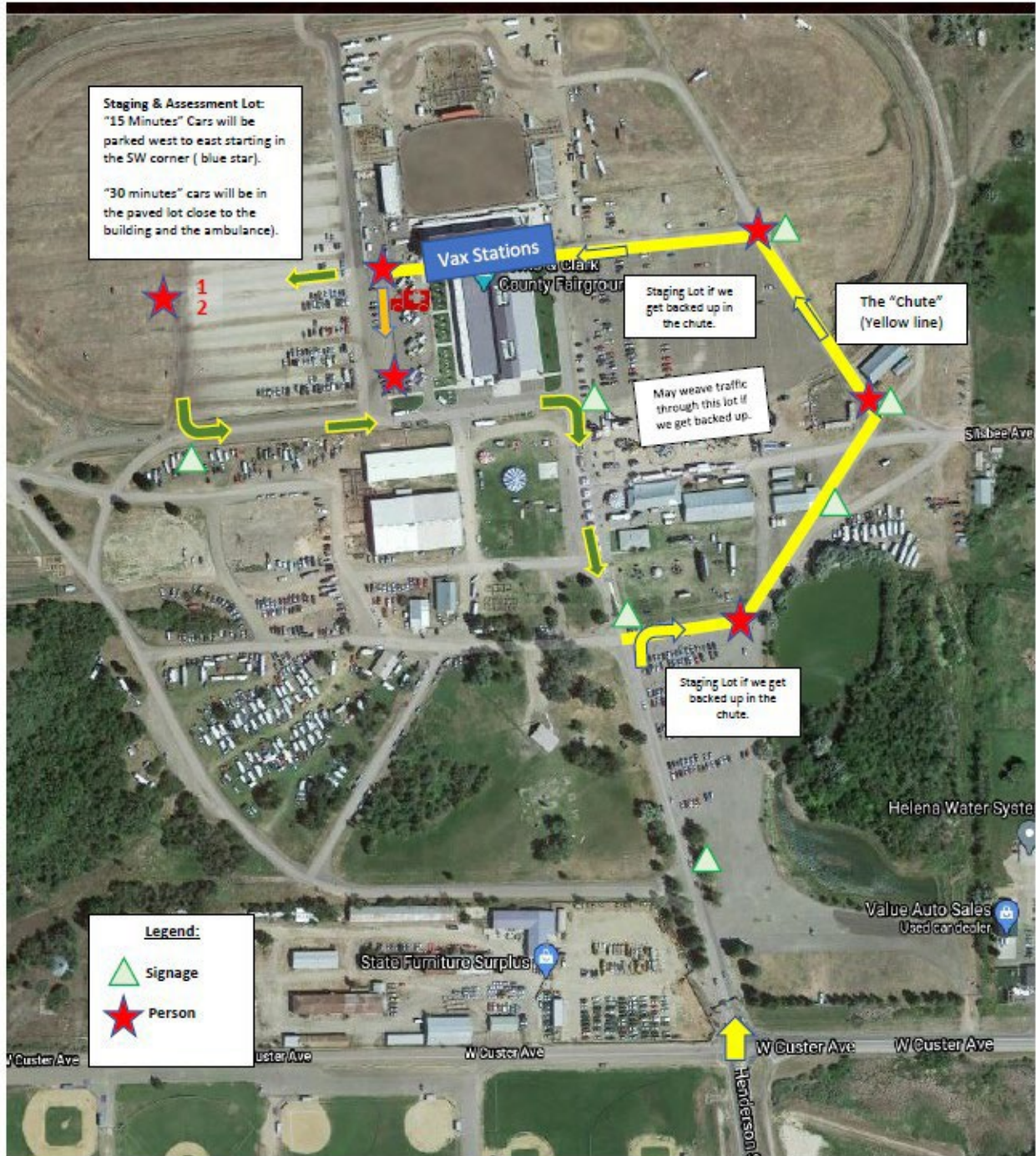
		<b>Understanding of Roles</b>			
1	Develop a system to designate responsibility to law enforcement and/or security personnel to promote efficiency and the understanding of security roles and responsibilities. (For Example, Just-In-Time Training Materials)				
	<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Needs Improvement		<input type="checkbox"/> Not Applicable
	NOTES: If law enforcement is actually needed to manage a situation, the POD Manager will coordinate with Fairgrounds Staff and the arriving officers as appropriate to respond. Fairgrounds Staff is always the primary responsible party for activities and incidents happening on the Grounds. The POD Manager is the lead POC for anything happening relative to the POD operations. If a crime has been committed, LEO lead will take charge until the situation is resolved.				

Section VI - Recommendation				
A	POD Site Security Adequacy			
1	After reviewing the information in this assessment, determine the overall adequacy of the POD site for effective implementation of security operations. Determine if security issues exist that may disqualify the site for use as a POD.			
	<b>Total Number of:</b> _20_ Satisfactory	<b>Total Number of:</b> _0_ Needs Improvement	<b>Total Number of:</b> _2_ Not Applicable	<b>Total Number of:</b> _0_ Not Reviewed
	POD Site Adequate: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
	NOTES:			
	No law enforcement presence is needed to manage normal POD operations. All access control and traffic management can be handled by volunteers (COAD).			

Signature(s) of POD site security inspector(s):	
Name: <u>Brett Lloyd</u>	
Department or Agency: <u>Lewis &amp; Clark Public Health</u>	
Work Phone: <u>406-457-8897</u>	
Signature: 	Date: <u>Dec 20, 2020</u>







## Attachment 13: Pandemic Flu Plan

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### Promulgation of Authorization

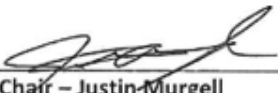
This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public's health and safety in Lewis & Clark County against communicable diseases. Lewis & Clark City-County Board of Health acknowledges that Lewis & Clark Public Health has the responsibility and duty to execute this plan in defense of public health.

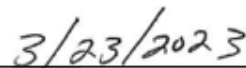
This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. Lewis & Clark Public Health, in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercises required to support this plan.


All partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the Public Health Emergency Preparedness and Response Capabilities National Standards (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.

All partners and stakeholders are responsible for advising Lewis & Clark Public Health of any changes in their own procedures or operations that could affect any emergency responses undertaken.

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

  
Board of Health Chair - Justin Murgell

  
(Date)

  
(Print Name)  
Health Officer - Drenda Niemann  
(Sign)

  
(Date)

**Purpose:**

The purpose of this plan is to provide a framework and context within the larger Communicable Disease Response Plan for response to an Influenza Pandemic.

**Scope:**

This plan falls under the umbrella CD Response Plan as well as the LCPH All-Hazards Annex and the Lewis & Clark County Emergency Operations Plan. Response to a pandemic flu will be conducted within the scope and authority of those higher-level plans.

**Situation:**

Pandemic Influenza will stress, even overwhelm, all aspects of the public health and larger healthcare system response, but it will be managed using existing plans and procedures as well as lessons learned from the recent Covid Pandemic. It is possible that a highly impacting and/or long duration pandemic will degrade the ability of LCPH to maintain staffing and services. In those instances, we will do the best we can with what we have still available.

**Access & Functional Needs Accommodations:**

LCPH recognizes that certain segments of the population may be at higher risk during a flu pandemic and will adjust our response strategies based on the best data and risk assessment outcomes we have at our disposal given the situation. We routinely work very closely with a variety of populations and service providers to help identify those likely to be most at risk during a pandemic and to mitigate those risks as much as possible.

**Planning Assumptions:**

This plan assumes that LCPH will be able to maintain at least a basic level of service in spite of the impact of the pandemic and that we will have adequate staff, space and resources to do so.

Concept of Operations:

(see the CD Response Plan, Section 3.0)

**Risk Communications:**

(see the LCPH Emergency Risk Communications Plan)

**Information Communications:**

Information sharing regarding incident operations will utilize all available platforms including, but not limited to phone, internet-based programs, GIS platforms, email and others. The County's primary productivity software is Microsoft 365, which includes Outlook (email) Teams (video meetings) as well as the usual office suite of Word, Excel, and PowerPoint. We will use these and others available (e.g

## Lewis and Clark Public Health CD Response Plan

state platforms like the Montana Infectious Disease Information System (MIDIS), Health Alert Network (HAN), and the Montana Immunization Information System (imMTrax) as appropriate.

### **Roles & Responsibilities:**

(see the LCPH All-Hazards Annex, Section 4.0)

### **Plan Review & Maintenance:**

This plan will be reviewed annually and after incidents or exercises as needed. Appropriate training and exercises will be conducted annually as needed and in accordance with the PHEP deliverables, LCPH and Lewis & Clark County Training & Exercise Plans.

Last Update: April 20, 2026

## Attachment 14: Potential Rabies Exposure Rules and Procedures

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See [rabies-control-prevention-kit\\_fnl.pdf](#)









# CD Response Plan. 2026 NEED SIGN

Final Audit Report

2026-05-21

Created:	2026-05-20
By:	Sandy Whittington (swhittington@lccountymt.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA0K_fqCT1ufTdcM1-vTBca-jpZ6epVO4

## "CD Response Plan. 2026 NEED SIGN" History

-  Document created by Sandy Whittington (swhittington@lccountymt.gov)  
2026-05-20 - 1:11:43 PM GMT
-  Document emailed to Chanan Brown (chananbrown@icloud.com) for signature  
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-  Document emailed to Drenda Niemann (dniemann@lccountymt.gov) for signature  
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-  Email viewed by Drenda Niemann (dniemann@lccountymt.gov)  
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-  Email viewed by Chanan Brown (chananbrown@icloud.com)  
2026-05-21 - 7:37:36 AM GMT
-  Document e-signed by Chanan Brown (chananbrown@icloud.com)  
Signature Date: 2026-05-21 - 7:39:10 AM GMT - Time Source: server - Signature Appearance Selected: MOBILE\_IMAGE
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