SANDERS COUNTY HEALTH DEPARTMENT

COMMUNICABLE DISEASE SURVEILLANCE PROTOCOL

FEBRUARY 2023

Contacts for this plan:
SCHD Public Health Director
Sanders County Health Officer
SCHD PHEP Nurse
Communicable Disease Surveillance Nurse

APPROVAL AND IMPLEMENTATION

SANDERS COUNTY HEALTH DEPARTMENT COMMUNICABLE DISEASE PROTOCOL

This document is hereby approved for implementation and supersedes all previous editions.

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Signature Date

Ron Petrie, Sanders County Health Officer

_____ _____

Signature Date

Tony Cox, Sanders County Board of Health Chairperson

_____ _____

Signature Date

Debbie Lang, RN, Public Health Director

_____ _____

Signature Date

Shawn Sorenson, RS, Sanders County Environmental Health

_____ _____

Signature Date

Bill Naegeli, OEM

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Introduction

The Sanders County Communicable Disease Reporting Protocol recognizes that communicable disease outbreaks, epidemics, or pandemics are a threat to the public health and well-being. This plan was designed to be specific guidelines for the prevention, mitigation, and response to infectious illnesses.

Purpose

This plan was developed to ensure communicable disease monitoring and containment in an effort to save lives, mitigate loss, and assist in preventing further catastrophe. The role of the Sanders County Health Department (SCHD) is to:

- **Gather and report communicable disease data:** As directed by Administrative Rules of Montana **(ARM)** Chapter 114, data regarding reportable illnesses in the jurisdiction to Montana Department of Health and Human Services will be gathered and sent in a confidential manner.
- **Education:** Provide accurate and comprehensive information about communicable diseases to the affected individual and provide guidance to health professionals as needed.
- **Delineate responsibilities to SCHD staff members:** A team approach is considered the most successful manner to monitor and respond to emergency events.
- **Create a partnership with key surveillance partners and stakeholders:** Communicate with designated key surveillance partners regarding the most effective methods of reporting and response during planning.

Within this document are plans for communicable disease response, pandemic influenza, an isolation and quarantine plan, and a lab sample transport plan for the identification of pathogens or toxins of unknown origin.

Scope & Authority

This communicable disease reporting protocol is limited in scope to events that affect or potentially affect public health. This plan contains activities that will be conducted during non-emergency phases. The implementation and responsibility of activation of the response portion of this plan are the Health Officer, Public Health Director, Board of Health, or appointed designee(s) of these listed individuals and entities.

Communicable Disease Public Health Emergency Response Plan

Purpose

Montana law requires the reporting of suspected communicable diseases to the local Health Department. Timely reporting of communicable disease to protect the public's health and assure that those affected are screened and treated appropriately.

Protocol

Reportable diseases and suspicious trends should be reported to the Health Department as soon as possible for investigation. Those requiring immediate reporting include: Anthrax, Botulism, Plague, Poliomyelitis, Smallpox, Tularemia, Viral Hemorrhagic Fevers or any unusual illness or cluster of illnesses.

Reporting numbers

For reporting during regular hours: Monday–Friday 8:00 a.m.–5:00 p.m. phone the Health Department at 406-827-6931 or 406-827-6925 or fax reports to 406-827-6988.

For reporting after hours, holidays and weekends please call the Sanders County Dispatch at 827-3584 and they will contact the appropriate person.

If you are unable to locate anyone locally and the report requires immediate response, please phone the Department of Public Health and Human Services (DPHHS) Communicable Disease 24/7 reporting number at 406-444-0273 and they will put you in contact with someone from DPHHS in Helena.

Routine Disease Surveillance Protocol

The following protocol has been developed to assure consistency in reporting and investigation of reportable communicable diseases. This protocol is applicable to all communicable diseases that may be reported in Sanders County.

Disease reports may be received from hospitals, labs, physicians, the State Health Department or other health jurisdictions.

All reports will be reviewed by the Health Department staff person assigned to communicable disease follow-up within 24 hours of receipt and they will be responsible for investigation, completion and submission of reporting forms.

In the event of a report of communicable disease the following steps should be taken:

1. Confirm the report of communicable disease. This may be done by contacting the lab or physician.
2. If the report comes as a result of testing by a physician.
    a. Contact the physician to coordinate notification of the patient and assure that the physician knows the diagnosis and has communicated that to the patient before the Health Department makes contact with the patient.
    b. Physicians should also be encouraged to inform the patient that the Health Department may be calling to investigate communicable diseases.
3. Notify other professionals as necessary. This may include:
    a. The Sanitarian in cases of food borne illness, rabies or when exposure is not limited to humans.
    b. The Health Officer and/or other medical providers in cases requiring mass prophylaxis, unusual events or when large numbers of people are involved.
    c. Veterinarians would be notified in the case of animal illness or when increased surveillance of the animal population is required.
4. If the reported illness involves a case or case contact outside of Sanders County, fax the information to DPHHS at 1-800-616-7460 for referral to the appropriate jurisdiction.
5. Locate the appropriate disease specific form and interviewing tool available in the DPHHS CD/Epi section. Forms also may be accessed through DPHHS at 406-444-0273.

6. Review recommendations for treatment, isolation and communicability. The standard resource is the current Control of Communicable Diseases Manual 21st edition.
7. Initiate contact with the person named in the report, maintaining confidentiality in all contacts. Depending on the report and the circumstances an initial investigation may be conducted during that initial contact whether by phone or in person.
8. Conduct investigation of case using the appropriate guidelines. Solicit information about source, other contacts and treatment.
9. Educate the client about the disease and appropriate precautions including treatment, work restrictions, follow-up testing and prevention of spread of the disease.
10. Follow up with any contacts assuring compliance with screening and treatment as appropriate.
11. Assure that necessary steps are taken to eliminate exposure of others to disease. This may include closure of food establishments, quarantine of animals or isolation of people. Increased surveillance may be implemented to identify additional cases. In taking these steps the Board of Health may be required to take action.
12. Coordinate appropriate care for emergency medical and public health personnel who may have been exposed.
13. In the event that a communicable disease is of interest to the general public and the media, assure that accurate information is given to the media and that client confidentiality is protected.
14. For most reportable communicable diseases, data entry is required through the Montana Infectious Disease Information System (MIDIS) to complete case reports. Those diseases requiring paper forms may be faxed via the DPHHS confidential fax line 1-800-616-7460. *Email is not an acceptable method of disease reporting.*
15. Conduct ongoing surveillance and case investigation until all cases have resolved and potential incubation periods have expired.
16. Highly active surveillance will be utilized to solicit case reports throughout an outbreak or as long as the potential remains utilizing the active surveillance contact list.

Active Surveillance Contact List

The following active surveillance contact list is utilized by the Health Department communicable disease coordinator to conduct ongoing surveillance on a weekly basis. In the event of an outbreak or public health emergency the following expanded contact list would be contacted on a daily or more frequent basis to elicit case reports and assure ongoing reporting. Providers would be contacted by phone and/or fax as appropriate.

In the event of a mass outbreak or public health emergency all providers in Sanders County would be notified of events however the following people have been designated as key contacts and are responsible for dissemination of information within their facilities.

Active surveillance contact list

Name	Title	Phone	Fax	Email	Cell
Mark Solinger	CFVH Lab Manager	406-826-4932	406-826-4823	msolinger@cfvh.org	
Dr. Jean Williams	Infection Control CFVH	406-826-4877	406-826-4803	jwilliams@cfvh.org	
Lisa Eberhardt	CFVH Clinic Chief of Nursing Operations	406-826-4929		leberhardt@cfvh.org	

Expanded active surveillance contacts

Name	Title	Phone	Fax	Email	
Dr. Hanson	CFVH Clinic Manager	826-4813	826-4803	ghanson@cfvh.org	
Lisa Eberhardt	CFVH Chief of Nursing Operations	826-4929		leberhardt@cfvh.org	
Ron Petrie	Health Officer			Ron.petrie@yahoo.com	208-277-7754
Shawn Sorenson	Sanitarian	827- 6909	827- 4388	ssorenson@co.sanders.mt.us	907-738-4268
Thompson Falls Veterinary Clinic	Thompson Falls Veterinarian	827-1234	827-1250	Abby_ingram_dvm@msn.com	
	Plains Veterinarian	826-3235	826-3325	Abby_ingram_dvm@msn.com	529-5492 529-8438
Mike Marrinan	Hot Springs Veterinarian	741-2576	741-2578		
Noxon Thompson Falls Plains	EMS	847-2647 827-4536 826-3670		coordinator@plainsambulance.org	

Hot Springs		741-2211			
Thompson Falls Plains Noxon Hot Springs	FIRE	827-3577 826-3543 847-2647 741-2552	827-4068	tfrfsafety@gmail.com	

EPIDEMIOLOGY (Epi) TEAM PROTOCOL

Purpose: Many communicable disease events require a team approach and require the cooperative efforts of public health nursing and environmental staff. At times, events may also require the assistance of the local Health Officer and coordination with local health providers, labs, medical facilities and DPHHS. Examples of these events include foodborne outbreaks, illnesses in daycares or schools, and rabies investigations.

Protocol: In the event of situations which may warrant intervention or input from both the environmental and human health perspective, the Epi Team will be activated. Meetings may be formal and include the expanded team or informal including the core team.

Events that should trigger a core team response include; reports of suspected rabies, foodborne illness, illnesses in daycares, long term care facilities and schools and other events that require input from more than the responding health department contact.

Events that should trigger a response from the expanded team include those in which laboratory testing of greater than normal numbers of people will be required, when it is suspected that clinic and hospital resources may be affected and in events with a large number of contacts which require the assistance of other entities. The team may also be activated in planning for possible events regarding influenza outbreaks and seasonally to deal with diseases like West Nile Virus.

Notification: Team members are all a part of the Health Department Health Alert Network **(HAN)** group and will be notified by that means of issues of concern. Meetings will be scheduled through the HAN network and also by phone as appropriate.

HAN alerts are distributed by the State Health Department of Health and Human Services (DPHHS) and all Epi team members are encouraged to utilize this means for updating and advising other members of possible or actual events.

Team members:

Core team:

Office	Name	Office Phone	Home Phone	Cell Phone
Health Department	Debbie Lang	406-827-6925		406-519-8448
Sanitarian	Shawn Sorenson	406-827-6909		907-738-4268
Health Department	Karren McKinzie	406-827-6901		406-270-3540
OEM	Bill Naegeli	406-827-6955		406-827-2227

Expanded team:

Office	Name	Phone	Cell Phone	
Health Officer	Ron Petrie		208-277-7754	
Hospital Lab	Mark Solinger	826-4932		
Infection Control	Dr. Williams	826-4877		
CEO, Clinic Manager	Dr. Hanson	826-4813		
Chief of Staff	Dr. Culmer	826-4845		
Hospital CNO	Lisa Eberhardt	826-4929		

(In absence of assigned members the person responsible for taking the call on their behalf will be a member of the team).

Distribution, updating and documentation

This protocol has been disseminated to all reporting sources and the cover page is a part of the law enforcement dispatch protocol. All reporting sources and law enforcement as well as key contacts identified in the plan will be given a new copy of the plan when revisions are made.

Reporting protocols, a list of reportable diseases and contact information is given to all providers on an annual basis.

Testing of the response capability of contacts is done on a quarterly basis by the Health Department and response is documented. Deficiencies in response will be addressed by the Health Department Director and Communicable Disease Coordinator.

All communicable disease reports and after hours' calls may be reviewed in MIDIS.

Appendix A: General Reporting Form
Appendix B: MIDIS entry information

Pandemic Influenza Plan

An influenza pandemic can occur when a non-human (novel) influenza virus gains the ability for efficient and sustained human-to-human transmission and then spreads globally. Local health departments, under the direction and authority of a local health officer, have the primary responsibility of planning and implementing the community-wide response to health threats

Purpose

This plan provides guidance to Sanders County Health Department (SCHD) regarding operational activities during the four phases of an influenza pandemic. The Sanders County Health Department's All-Hazards Emergency Operations Plan outlines the continuity of operations for SCHD, vital resources, and community resources available during a variety of disasters. This annex is a specialized contingency plan required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic. Overall, it is designed to mitigate the effect of pandemic influenza on Sanders County through surveillance, prevention, and resource utilization while maintaining essential functions of a public health department.

SCHD's priorities during a pandemic influenza will be to assure the continuation and delivery of essential public health services while providing for emergency needs of the county's residents.

SCOPE

Situation:

During a pandemic influenza outbreak, the Montana Department of Public Health and Human Services (DPHHS), under the direction of the Centers for Disease Control and Prevention (CDC), will provide guidance to Sanders County on vaccine availability and distribution.

It is likely that SCHD will have advanced notice prior to a pandemic influenza outbreak.

Most experts predict that a pandemic influenza outbreak will spread rapidly to the United States approximately one to six months after an international outbreak.

The effects of a pandemic influenza may last weeks to months, with a detrimental effects to the health and well-being of Sanders County residents.

Antiviral medications and vaccines may be in short supply.

Health care workers and first responders may be at higher risk of exposure and illness, which will further reduce response time, care, and safety of our residents.

Assumptions:

- Local medical facilities may be overwhelmed with individuals seeking treatment or requiring urgent care. Sanders County has can request refriderated truck/trailer as morgue. Alternative refrigerated sites for the storage of human remains pending burial or cremation may be necessary. Identifying facilities/resources with refrigerated storage to serve as temporary morgues may be necessary.
- Vaccines may be unavailable at the onset of the pandemic for a novel strain.
- Local supply of antivirals for the treatment of acute influenza and antibiotics for the treatment of secondary bacterial infections may be in short supply.
- SCHD is one of the primary providers of vaccinations in Sanders County, and as such, will likely lead the effort in pandemic prevention and mitigation through vaccination and public education. In addition, other medical entities that provide influenza vaccine (CFVH clinics) will be contacted to assert a combined effort in prevention and mitigation.
- Surrounding counties may be simultaneously affected, thereby limiting the amount of assistance available from surrounding medical facilities and public health jurisdictions.
- Some persons may become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Planning should include the most severe possibility. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may increase during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza ia approximately two days.
- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- On average, infected persons will transmit infection to approximately two other people.
- A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two to three months. Historically, the largest waves have occurred in the fall and winter, but seasonality of a pandemic cannot be predicted with certainty.

CONCEPT OF OPERATIONS

Roles and Responsibilities:

The National Incident Management System (NIMS) has been adopted by Sanders County Health Department for the purpose of appointing officials from local government to be in charge of response and recovery operations for specific disasters and emergencies.

Various state and local public health officials have overlapping authorities with regard to protecting the public's health and safety. The County Commisioners, the Board of Health, the local Health Officer, Office of Emergency Management (OEM), and executive heads of cities can each implement authorities within the scope of their jurisdiction to protect the public's health. During a pandemic, close communication and coordination between elected officials and the local Health Officer will ensure that decisions and response actions are clear and consistent.

Local government includes the Board of County Commisioners, the Board of Health, and the Mayors in Plains, Hot Springs and Thompson Falls.

The local Health Officer, under the direction of the Board of Health, will have authority over all activities taken in this plan, subject to the right of the Sanders County Commissioners to amend, rescind, or otherwise change a directive, mandate, or order issued in response to a declaration of emergency or disaster by the governor as allowed in §10-3-302 and §10-3-303 or by the principal executive officer of a political subdivision as allowed in §10-3-402 and §10-3-403; MCA, 2021 as amended.

Any directives, mandates, or orders, remain in effect only during the declared state of emergency or disaster or until the Sanders County Commisioners hold a public meeting and allow public comment and the majority of the Sanders County Commissioners move to amend, rescind, or otherwise change the directive, mandate, or order.

SCHD Officials respect bodily autonomy and recognize the legal doctrine of Informed Consent. Coercive measures to compel indiduals to undergo treatment without due process, participate in medical experiments, or to take experimental drugs, therapies, or vaccines without informed consent, are specifically prohibited by the Nuremberg code, and should have no place in State of Montana or Sanders County disease mitigation.

RISK COMMUNICATIONS

The primary communications goal is intended to provide clear direction for Sanders County Health Department personnel to communicate efficiently and effectively during a public health emergency or significant incident that may affect the residents of Sanders County.

Gather and disseminate incident data: Obtain verified, up-to-date information from appropriate sources, including subject-matter experts within the DPHHS, the Incident Commander, and staff of the Emergency Operations Center.

Inform the public: Provide accurate and comprehensive information about a public health incident, taking into account the unique needs of special audiences, such as the elderly, people with disabilities, Native Americans, non-english-speaking residents, schools, institutions, and individuals who cannot normally be reached by mass communication.

Share information with partners and stakeholders: Communicate with designated public information counterparts at DPHHS, other state agencies, local and tribal health jurisdictions, board of county commissioners, BOH, other county departments, local hospital and medical providers.

PANDEMIC PHASES

Inter-Pandemic Period:

Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase 2. No new influenza virus subtypes have been detected in humans. However a circulating animal influenza virus subtype poses a substantial risk of human disease

Pandemic Alert Period:

Phase 3. Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact.

Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5. Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

Pandemic Period:

Phase 6. Pandemic phase: Increased and sustained transmission in the general population.

Post Pandemic Period:

Return to Interpandemic Period (Phase 1)

- http://www.who.int/csr/resources/publications/influenza/whocdscsredc991.pdf
- http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5.pdf

MONITORING

Montana Codes Annotated (MCA) and the Administrative Rules of Montana (ARM) require local health departments to provide surveillance and epidemiolocgical investigation. Influenza is a reportable disease that local health departments are responsible for reporting to the state DPHHS.

PLANNING AND RESPONSE

Essential Functions:

Under the Montana Department of Health and Human Services (DPHHS) Emergency Operations Plan (EOP) Annex M, state authorities outline local, state, and federal health jurisdictions' responsibilities in a pandemic influenza event. The following table describes specific responsibilities and roles of SCHD employees during a pandemic influenza event.

Phase	Activity	Person(s) Responsible
Inter-pandemic Phase	Provide vaccination for disease prevention	All Staff
	Conduct active surveillance for communicable disease with key surveillance partners in the county	Communicable Disease Surveillance Nurse
	Provide educational resources to community members	All Staff
	Assess vaccine coverage levels	Administrative Assistant
	Conduct seasonal influenza vaccination clinics	Immunization Nurse
	Coordinate planning with other community partners, OEM and Local Emergency Planning Committee (LEPC)	PHEP Coordinator, Health Director
	Monitor influenza levels in the community as directed by DPHHS's influenza reporting rules	Communicable Disease Surveillance Nurse
	Monitor CDC findings of influenza activity and novel strain identification for location and severity of illness	Communicable Disease Surveillance Nurse
Alert Phase	Review SCHD EOP All Hazards Plan and the Emergency Medical Counter Measures (EMC) Plan to familiarize staff with contingency plans should they need to be instituted	All staff
	Communicate with and educate identified functional needs populations regarding the need for vaccination with influenza vaccine, and if a candidate, pneumococcal vaccine, and also influenza transmission prevention	Immunization Nurse and PHEP Coordinator with all staff
	Partner with local clinics and labs to quantify suspected and confirmed flu cases	Communicable Disease Surveillance Nurse
	Monitor Health Alert Network (HAN) and CDC news releases for messages regarding influenza activity that identifies location, strains detected, and if any circulating strains are showing resistance to antivirals	Communicable Disease Surveillance Nurse
	Communicate CDC and DPHHS surveillance findings and recommendations with key surveillance partners	Communicable Disease Surveillance Nurse
	Work with local media members to disseminate infection control materials (cough etiquette, hand washing) to community members	Health Director, but may be delegated all staff
	Work with local providers and lab personnel to collect viral samples for confirmation and possible genotyping at Montana Public Health Laboratory (MPHL)	Communicable Disease Surveillance Nurse
	Increase vaccination provision and hold special vaccination clinics both in-house and at alternate sites as identified in the	All staff

Phase	Activity	Person(s) Responsible
	SCHD EOP All Hazards Plan (if it is a novel virus, vaccine may not be available)	
	Review pandemic plans with local emergency response and healthcare partners to identify a situation-specific plan of action	Health Director, PHEP Coordinator, and Communicable Disease Nurse
	Coordinate with regional health jurisdictions to identify possible populace needs, resource needs, and staffing assistance	Health Director
Pandemic Phase	Maintain continuity of operations as directed in the Continuity of Operations portion of the All-Hazards Plan	Health Director
	Communicate with key surveillance partners and LEPC members regarding severity of illness and absenteeism affecting their institutions' function	Health Director and PHEP Coordinator
	Assess local health providers' capacity to care for surge of ill patients	Health Director and PHEP Coordinator
	Health education is an appropriate activity of state and county health care providers and health officials. Information provided must, however, be based on best availale evidence and scientific data. Experimental drugs, vaccines, "folk remedies" or treatment measures that have not undergone rigorous testing and proven to be safe and effective should not be promoted by public employees.	All staff
	Implement appropriate annexes of the SCHD EOP, alter plans as necessary based on situation	Health Director direction with all staff
	Depending on severity, work with local government officials and administration of care facilities to consider closures of schools, restricting visitation to residents or patients of care facilities, cancelling large community events, and other social distancing techniques	Health Director, PHEP Coordinator, and Communicable Disease Surveillance Nurse
	Should civil unrest occur, work with local law enforcement regarding security of key infrastructure and educational campaigns for the populace	Health Director, PHEP Coordinator
	Depending on severity, consider instituting isolation and quarantine protocols per recommendation of Administrative Rules of Montana chapter 37 and the latest edition of the CDC's Control of Communicable Disease Manual	Board of Health, Health Officer Health Director, Communicable Disease Surveillance Nurse
	Should the community's need for resources exceed local capabilities, PHEP funds may be used to a certain degree to acquire resources when in communication with DPHHS	Health Director
	Should the community's need for resources greatly exceed local capabilities, contact Montana State level PHEP employees to request Strategic National Stockpile resources as directed in the SCHD EMC Plan	Health Director Health Officer Board of Health

Phase	Activity	Person(s) Responsible
	Should critical infrastructure for Sanders County fail, institute contingency plans laid out in the SCHD EOP All Hazards Plan	PHEP Coordinator
Transition Phase	Resume normal operations of SCHD and other critical infrastructure facilities as soon as the situation allows	All Staff
	Conduct a comprehensive epidemiological assessment and assessment of planning measures	Communicable Disease Surveillance Nurse
	Assess financial impact	Administrative Assistant
	Complete report regarding death rates, hospitalization rates of Sanders County	Communicable Disease Surveillance Nurse
	Inform DPHHS and local government of findings	Health Director
	Alter plans based on lessons learned during influenza pandemic	Health Director and PHEP Coordinator

Selected Powers and Duties of Local Health Officer and Boards

The excerpts below are not intended to outline all the responsibilities and powers of local health boards and/or local health officers. Additional statutes and Administrative Rules of Montana my grant additional authorities and responsibilities.

50-2-116. Powers and duties of local boards. (Located in Appendix)
50.2.118. Powers and duties of local health officers (Located in Appendix)
50-2-120. Assistance from law enforcement officials
50-2-122. Obstructing local health officer in the performance of his duties
50-2-123. Compliance order authorized

City and County

Montana Code Annotated Title 10, Chapter 3, 401-406, “Disaster and Emergency Services, Local and Interjurisdictional Planning and Execution”

CONCLUSION

Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, an influenza pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional “continuity activation” may not be required during a pandemic influenza outbreak. However, a pandemic outbreak threatens an organization’s human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the SCHD will address the threat of a pandemic influenza outbreak and maintain continuity of operations as directed. Continuity plans for maintaining essential functions and services in a pandemic influenza should include, implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). Protecting the health and safety

of key personnel and other essential personnel must be the focused goal of the organization in order to enable the organizations to continue to operate effectively and to perform essential functions and provide essential services during a pandemic outbreak.

References

- Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Avisory Committee on Immunization Practices – United States, 2017-18 Influenza Season.
  https://www.cdc.gov.gov/flu/professionals/acip/index.htm

- FEMA Pandemic Influenza Template
  https://www.fema.gov/media-library-data/Pandemic_Influenza_Template.pdf

Isolation and Quarantine Response Plan

Introduction

Ongoing threats of bioterrorism, communicable disease outbreaks, and pandemic influenza necessitate protocols outlining the preparedness, mitigation, response, and recovery from these events. Prior portions of this Communicable Disease Annex outline the preparedness and mitigation activities. This portion of the plan outlines actions to be taken to prevent community transmission of illness-causing agents once an event is identified.

Isolation refers to the separation of infected individuals to prevent the transmission to others during the period of communicability. **Quarantine** means the separation or limitation of freedom of movement of well persons who are suspected to have, or known to have, been exposed to an infectious agent. Both of these actions are intended to minimize the risk of community transmission of an infectious agent or community exposure to a toxin or radiological hazard. The duration for isolation or quarantine is based on recommendations from the most recent edition of the Control of Communicable Diseases Manual (CCDM) or from expert consultation from MT DPHHS CD/Epi Section and/or the CDC.

Purpose

This isolation and quarantine response plan provides guidance and structure to SCHD and associated entities regarding initiation, continuance, and release from those activities. The plan describes the circumstances, authority, and events that may necessitate specific leadership decisions, response actions, and communication mechanisms. Specifically, the purpose of the plan is to:

- Establish the decision-making criteria used by the Health Officer to determine when isolation and/or quarantine beyond the capacities of day-to-day communicable disease practices are necessary to minimize health impacts of a disease outbreak
- Describe procedures for accomplishing isolation and quarantine, both voluntary and involuntary, for a single infectious case up to a large outbreak situation
- Describe specific procedures for supporting home-based isolation and quarantine of small and large numbers of individuals in town and rural home situations
- Describe procedures for staffing and provisioning a dedicated facility for these activities for persons who cannot stay at their homes or who do not have a suitable home environment
- Define roles and responsibilities for SCHD and associated entities during an outbreak event requiring isolation and/or quarantine
- Describe how communications and coordination will occur between SCHD, DPHHS, MT DES, local residents, the media, and local response partners

Scope and Authority

This plan defines roles and responsibilities for instituting isolation and quarantine in an event deemed to be a threat to public health. This primarily focuses on the roles, responsibilities, and activities of SCHD and key response partners during situations involving isolation and quarantine.

Organizational Roles

Lead Organizations

- Sanders County Health Department
  - Health Officer
  - Health Director
  - Communicable Disease Surveillance Nurse
  - PHEP Coordinator
- Sanders County Board of Health

Support Agencies

- Sanders County Attorney
- Office of Emergency Management (OEM)

- **Supporting Agencies (con't)**
- Sanders County Commissioners
- Mayors of Thompson Falls, Plains and Hot Springs
- Thompson Falls, Plains and Hot Springs City Councils
- Sanders County Sanitarian
- Ambulance Services
- Fire Departments
- Sanders County Sheriff's Department
- Clark Fork Valley Hospital
- Veterinary Clinics

This plan applies to:

- All disease outbreak emergencies requiring isolation and quarantine implementation, coordination, and/or management beyond the capacities of routine SCHD operations
- Persons in Sanders County either infected with or exposed or potentially exposed to an infectious agent

Legal Authority

Local Health Board and Local Health Officer

- Montana Code Annotated Title 50, Chapter 2, "Local Boards of Health"
- Administrative Rules of Montana, 37. 114.101 to 1016
- Control of Communicable Disease Manual (CCDM) adopted by reference in ARM 37.114.201 (2)
- "Guidelines for Isolation Precautions in Hospitals." Adopted by reference in ARM 37.114.101(9)
- Montana Code Annotated Title 50-16-601 to 611 "Government Health Care Information Act"
- Montana Code Annotated Title 10, Chapter 3, 401-406, "Disaster and Emergency Services, Local and Interjurisdictional Planning and Execution"

Montana Department of Public Health and Human Services

- Montana Code Annotated Title 50-1-102 General Powers and Duties ARM Title 37.114.101 through 1016

Planning Assumptions

Development of the isolation and quarantine response plan for SCHD assumes the following:

- Isolation and quarantine may be one of several tools to reduce the spread of communicable illness

- The ability of SCHD to implement this plan is based not only on the number of people affected and the epidemiological aspects of the suspected or confirmed agent, but on the distribution of populations within the county (town residents versus rural home residents)
- SCHD will follow HIPAA laws in disclosure of information to protect the identity and location of affected individuals to the greatest extent possible
- Adjacent counties and other jurisdictions shall be included in response efforts, if necessary
- Large-scale isolation and quarantine events will require the participation of many public health resources, including workforce, as well as coordination with state authorities, multiple community entities, health care entities, and first responder agencies
- SCHD will start with the implementation of the least restrictive means possible to reduce the spread of infection
- SCHD will coordinate closely with healthcare providers and healthcare facilities to assist with achieving voluntary compliance of ill or exposed persons
- An effective public communication program is essential to achieving voluntary compliance with all disease control strategies in large-scale events
- Isolation and quarantine may require the detention of individuals who may pose a threat to the public's health and do not cooperate with orders from the Health Officer
- Any action to obtain an order of detention, shall require notice and a hearing for the person to be detained, and the individual shall be afforded all rights of due process
- An individual's cooperation with voluntary isolation or quarantine will be assumed in good faith unless there is evidence to the contrary. However, SCHD will still check in with the individuals to conduct symptom checks. Depending on the event, information collected by SCHD during monitoring may be used as evidence of non-cooperation
- Individuals confined under these measures will be supported by partners to the extent possible through means such as provision of food, shelter, medical care, and other necessities
- SCHD will, to the extent possible, protect against stigmatization or unwarranted disclosure of private information, and will support placement in an appropriate facility if the home environment is unsuitable
- SCHD has a 24/7 notification system to quickly respond to potential health threats
- An event triggering activation of this plan is also likely to involve other emergency response capabilities
- Depending on the size of the geographic area affected and number of individuals that will be subject to isolation and quarantine measures, the Sanders County Emergency Operations Center may or may not be active
- SCHD commits to carry out a transparent process for the development and implementation of isolation and quarantine

Concept of Operations and Command and Control

Concept of operations and command and control shall be performed as outlined in the most recent version of the SCHD OEM All-Hazards Plan.

Continuum of Isolation and Quarantine

Isolation and quarantine measures are applied to individuals and groups on either a voluntary or involuntary basis. These measures range from passive monitoring to widespread quarantine, and include the following (as defined by the US Health and Human Services):

Passive monitoring: The subject of the isolation or quarantine performs self-assessment at least twice daily and is directed to contact SCHD immediately if symptoms occur.
Active or direct active monitoring without explicit activity restriction: A SCHD staff member evaluates the subject of the isolation and quarantine on a daily basis (or more often, if necessary) by phone, via internet means, or in person for signs and symptoms.
Direct active monitoring with activity restriction: The subject is separated from others for a certain period of time, depending upon the suspected or confirmed illness. During that time, the subject is evaluated in person on a daily basis. The subject is restricted voluntarily or involuntarily (depending on level of compliance) in their home or in an appropriate facility.
Working quarantine: Staff members are allowed to work but are on activity restriction when not on duty. They are monitored for symptoms before reporting for work, and must use appropriate PPE when on duty. *This is only appropriate for illnesses that are not contagious before the individual become symptomatic*.
Focused measures to increase social distance: Interventions targeted at specific groups who may have been exposed is meant to decrease interactions and transmissions.
Community-wide measures to increase social distance: These are measures applied to an entire community or region, such as cancellation of large public events or taking a "snow day" at school.
Widespread community quarantine: This is a legally enforceable quarantine of a large area.

It is important to note that active and passive monitoring without activity restriction does not qualify as quarantine. Once activity becomes restricted, either voluntarily or involuntarily, this rises to the level of quarantine and the legal obligations that come with it.

Isolation of ill individuals may be performed in a hospital setting or in the home, depending on acuity of the illness. SCHD shall attempt to find alternate care sites for those in home isolation if the home environments are hazardous to either visiting SCHD staff or the ill individual.
Isolation and quarantine measures should be considered carefully. Once instituted, these measures can have a profound economic impact of both the affected individual and the affected community. Cancellation of large community events may reduce revenues dramatically for local government, businesses, and other organizations. Individuals required to stay home from work (including parents of quarantined minors) may not have sick leave or medical insurance (though it is legally required), and also, the business that employs them may also have to close due to lack of personnel. *In addition,*

failure to properly institute isolation and quarantine measures may leave authorities open to litigation from the affected individuals.

Psychological effects of isolated and quarantined individuals should be considered in the planning and response stages. Individuals subject to these measures may suffer from separation anxiety, boredom, rejection by community members, and stigmatization. These efforts may be particularly traumatizing to children. Children in an isolation or quarantine setting may be frightened by healthcare workers in full PPE, or suffer from bullying at school when the quarantine or isolation order is lifted.

Legal Considerations

Isolation and quarantine measures restrict individuals who have not committed a crime, but those individuals have a right to due process under the Fifth and Fourteenth Amendments of the Constitution (an individual cannot be "deprived of life, liberty, or property without due process of law"). To quote the March 2014 version of the MGT 433: Isolation and Quarantine for Rural Communities guide, due process has the following five requirements:

- Protection of the public from harm
    - There must be clear and measureable harm to the public health if isolation and/or quarantine are not imposed
    - Infection or exposure must have occurred (not based in rumor or supposition)
- Proportionality
    - Officials must consider the severity of public health risk
    - Officials must consider the mode of transmission
    - Potential outcomes of possible containment methods should be considered
    - Least restrictive means of containment must be considered
- Individual liberty
    - Individuals must be given adequate notice and a full written explanation of measures being ordered
    - Individuals have a right to counsel, a hearing, an appeal, and an ability to speak with a health official
    - Measures should balance public needs and individual restraints
    - Measures should be based upon valid science
    - Measures should not target socioeconomic, racial, or ethnic groups
    - Measures should maintain the highest level of confidentiality of PHI (Private Health Information)
- Humane treatment
    - Individuals should be assured safe and comfortable conditions
    - Measures should promote well-being, not punish individuals
- Reciprocity
    - Individuals should be provided with adequate food, shelter, home health care visits, and psychological support

FEMA MGT 433: Isolation and Quarantine for Rural Communities Participant Guide, March 2014 pages 2-7 through 2-21

Health Worker Protection

Those workers tasked with directly caring for individuals or groups suspected of being infected or exposed shall be provided with PPE. This may include eye, face, head, body, and hand protection. Staff members who use the PPE should be trained by their respective agencies in proper use.

Hospitals are encouraged by DPHHS to keep enough PPE to last 48 hours in a communicable disease event. Should the PPE needs be large or require specialized equipment, caches are located in the state as identified in the EMC Annex of the SCHD EOP. In cases of confirmed Ebola, PPE is available through SNS as of November 16, 2014. However, all local supplies must be exhausted.

Risk Communications and Functional Needs Populations

Isolation and quarantine scenarios can often illicit panic or discontent among the population affected and the surrounding community. Communication objectives that should be considered include:

- Prevention of further illness, injury, or death
- Restoration or maintenance of calm among the jurisdiction's population
- Instillation of confidence in the authority's response

Challenges to risk communications in an isolation or quarantine scenario can include:

- Reaching vulnerable populations
- Social media circulation of non-credible information, rumors, and individuals releasing the identity of those subject to isolation or quarantine
- Releasing timely information through social media (*Be first, be credible, be transparent*)

Further considerations should be made for those who do not speak English as a first language since isolation and quarantine proceedings are legally and medically complex. In addition, those with pets or raise livestock who are removed from their home environment will have to have the animals' needs considered when deciding what services to provide.

Compliance with Requested or Ordered Measures

It is assumed that most of those who are requested to remain isolated or in quarantine will be compliant and follow the instructions of SCHD. However, it is understood that there will be instances when people choose not to comply with requested or ordered measures.

To initiate a request for voluntary compliance with isolation or quarantine measures, the Epi Team should start the investigation of the incident or outbreak. When the need is determined, the Board of Health, Health Officer, Health Director, Communicable Disease Surveillance Nurse, and respective officials should be notified of the situation if they are not aware. The Health Officer, Health Director, or designee shall then:

- Initiate contact with the individual or group suspected of being infected or exposed, and communicate the need for voluntary isolation or quarantine
- Determine if prophylaxis is available for the ill individual and contacts, and administer as ordered by the Health Officer or healthcare provider
- Document verbal and written communications to and from ill individuals and contacts
- Communicate the following information in verbal and/or written form to the infected or exposed individual(s):
    - Explain the circumstances regarding the infection or exposure, the nature and characteristics of the illness, and the potential for and means of spread of infection to others
    - Request that the individual(s) isolate or quarantine voluntarily
    - *If necessary*, explain the Health Officer has authority to request the county attorney seek an order of detention, which requires notice and a hearing for the person to be detained. The person shall be afforded all rights of due process
- If an individual is a hospital patient, make contact with hospital staff and the patient to ensure hospital infection control measures are practiced
- Complete a written request for voluntary compliance with isolation or quarantine instructions, if necessary, including the location, dates, and duration of isolation or quarantine, suspected or confirmed disease, medical basis for the measures, and relevant patient information
    - Copies may be made available, if indicated, to the city or county attorney
    - Affected individuals may require a written request to provide to an employer
- Make reasonable efforts to obtain cooperation and compliance with the request for isolation or quarantine from the individual(s) so requested
- Alert the Health Officer and the county attorney's office about situations where a person or group indicates unwillingness to comply
- Recommend to the Health Officer whether detention should be initiated after consultation with DPHHS

Isolation or Quarantine

- The Health Officer will notify the County Attorney of the recommendation for isolation or quarantine.-The County Attorney is the legal advisor to the Health Officer and Board of Health under MCA 50-2-115
- Home isolation or quarantine is the most humane and preferred method
    - Ascertain if electronic monitoring methods are available to save law enforcement manpower
    - *Jail facilities are usually only appropriate if the individual is already incarcerated*
- Alternate facilities for isolation or quarantine will be determined when necessary
- The Health Officer may authorize initiation of isolation or quarantine under the following conditions:
    - It is known that the individual or group is infected with, or has been confirmed to have been exposed to, a communicable disease, chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; **and**
    - There is reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine; **and**
    - SCHD and the Health Officer have made reasonable efforts, which have been documented, to obtain cooperation and compliance from the individual or group with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, or inspection and closure of facilities, **OR** the Health Officer has determined based on advice from the CDC or DPHHS that seeking voluntary compliance would create a risk of serious harm
- If the above conditions are met, the Health Officer may initiate isolation or quarantine through the County Attorney for a prescribed length of time appropriate for the disease and condition of the individual or group:
    - The latest version of the CCDM and DPHHS can give guidance on length of time for either incubation period or period of infectiousness
    - Location of the detention needs to be identified in the order
    - ARM 37.114.306 through 37.114.308 gives the Health Officer the authority to determine the length of time necessary based on the disease type
    - It should be noted that in reference to tuberculosis, ARM 37.114 subchapter 10 contains disease specific isolation and quarantine law
- At the end of the time period stated on the initial isolation or quarantine court order, the individual or group in isolation or quarantine need to be assessed for either evidence of disease in the case of quarantine, or evidence of non-communicability for isolation (see the Release of Isolation and Quarantine section)
- If the release of a detained person is authorized by the Health Officer before the expiration of the detention order, the Health Officer will coordinate with the County Attorney to lift the order
- If continued isolation or quarantine is determined to be necessary, a new court order extending the time period may be sought through the County Attorney by the Health Officer

- Community wide quarantine should be considered as a last resort only and in consultation with local, state, and possibly federal authorities and with full consideration of civil liberties of the population of the jurisdiction and possible economic impact to the community

Monitoring

In order to manage the monitoring of cases, the Health Officer, Health Director, or designee in conjunction with the Epi Team will provide health and medical support to the individuals or group placed in either involuntary or voluntary isolation or quarantine. The appointed staff member will:

- Coordinate with the Epi Team regarding the issuance of requests for voluntary compliance with isolation or quarantine orders
- Coordinate with the County Attorney's Office regarding with legal compliance
- Contact the individual or group affected by isolation or quarantine to evaluate the suitability of their residence for these orders and determine whether evaluation can be implemented using a telephone questionnaire, internet means, or if an in-person review is necessary
- Secure personnel, if necessary, to assist in monitoring and/or to provide written information the affected individual(s)
- Evaluate the suitability of residences and initiate regular monitoring
- Provide the Epi Team with regular situation updates regarding each individual's status, using evaluations prepared by DPHHS (if available)
- Provide support for contact investigations, as requested by the Epi Team and as resources allow
- Support the needs of the isolated and quarantined persons either directly or as delegated to other staff
- If further assistance is needed, such as in cases of a large amount of individuals, further staff may be utilized from the Montana Volunteer Registry or regularly contracted staff, provided those individuals are trained in the monitoring methods, PPE requirements and use, and any other pertinent information to the situation

Access to Housing

It is assumed that in most instances those who need to be isolated or quarantined will be accommodated within their own homes. However, SCHD recognizes that some instances of disease outbreak or suspected infection will affect members of individuals who live with at-risk populations (i.e.-an infant is in the home), individuals who choose to live in home environments hazardous to monitoring staff (i.e.-mold infested, mouse-infested, etc.), and visitors to the area who are no longer able to stay in their hotels or with friends and family who were accommodating their visit.

If issues with housing cannot be immediately rectified, SCHD can work with the American Red Cross and Disaster and Emergency Services for sheltering needs or a loaned travel trailer as an option.

Access to Services

The isolation and quarantine plan works under the main assumption that, as stated above, most people who need to be isolated or quarantined will be able to stay in their own home. However, even in those

instances there may be situations where those people will still need additional support services, such as food, water, clothing, shelter, means of communication, services related to cultural and religious beliefs, services related to medical needs, and if detention is initiated, legal representation. The direct provision of such services may require partner agencies to be contracted, such as meal or grocery delivery, provision of medications, housing and utility assistance, assistance with childcare, communication with legal counsel, and accommodations of cultural and religious beliefs.

All requests made by the isolated or quarantined individual should be documented by the monitoring staff, as well as the actions taken to fulfill these requests or reasons they were denied or altered. This documentation will be kept in the Public Health Directors office at SCHD. Medical requests can be made in consultation with the Health Officer.

If the incident requiring isolation or quarantine is large-scale and the Emergency Operations Center is active, requests should be given to the Logistics Section by the monitoring staff member. Partner agencies involved in the response can be utilized to fulfill these requests.

Release from Isolation or Quarantine

The Health Officer, in consultation with DPHHS, will determine whether to release an individual or group from isolation or quarantine measures based on the following criteria:

- The individual is no longer suspected to be infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent; **OR**
- The individual is no longer deemed to pose a serious and imminent risk to the health and safety of others if released from isolation or quarantine

The designated SCHD staff member will:

- Initiate direct contact and provide written notice to the individual or group to be released from isolation or quarantine and communicate the time and date of release
- Notify partner agencies and DPHHS CD/Epi Section
- Document all notifications to agencies and affected individuals in the case file
- Coordinate with the Epi Team and monitoring staff to cease monitoring
- Coordinate with hospital discharge planners, if the individual is hospitalized

Demobilization

If either the SCHD Incident Commander or the Unified Incident Command, depending if the EOC is operational, determines the need for isolation and quarantine have passed, the decision will be made to either return to day-to-day functions in SCHD or to demobilize the EOC and related operations.

Triggers:

- If the number of households isolated or quarantined drops to a level comparable to what SCHD can manage normally
- If the danger has passed

To finalize operations:

- Collect all final data
- Appropriate staff will complete final reports
- Staff will submit comments to section chiefs for discussion and possible inclusion in the after-action report
- Protected health information will be secured
- A debriefing and after-action report compilation will be scheduled

References

- MGT 433: Isolation and Quarantine for Rural Communities Participant Guide, March 2014 FEMA
- PER 308: Rural Isolation and Quarantine for Public Health and Healthcare Professionals Participant Guide, March 2014 FEMA

Clinical Human Specimen & Biological/ Environmental Sample of Concern Handling, Packaging & Transport Plan

Purpose

The following plan has been developed to facilitate rapid and safe handling, packaging and transport of human clinical specimens of concern, and/or environmental samples determined to be of credible threat, to the **Montana State Laboratory (MSL)**.

Community Awareness & Education

The following procedures have been established to help ensure the success of this plan through appropriate communication between key community emergency response partners – including public health and medical personnel, and the general public located within Sanders County.

- The Sanders County Health Department (SCHD) has primary responsibility for promoting and educating ALL community emergency response partners of the specific protocol contained within this plan as it pertains to them.
- The SCHD has primary responsibility for informing ALL licensed medical providers within the county's jurisdiction of the specific protocol contained within this plan as it pertains to them.
- The SCHD has primary responsibility for ensuring appropriate packaging materials and forms are available to facilitate the transport of human clinical specimens and environmental samples of credible threat to the MSL.
- The SCHD in coordination with other community resources (i.e. law enforcement) will routinely advise managers and staff of higher-risk threat areas (e.g. Post Office personnel) of the appropriate actions to take if contact is made with a suspicious environmental substance – whether visually inspected or physically contacted.
- The SCHD in coordination with law enforcement will routinely advise community members at large of the appropriate actions to take if contact is made with a suspicious environmental substance – whether visually inspected or physically contacted.

Collection of Human Clinical Specimens of Concern by Local Healthcare Providers/Clinics and Health Department Personnel

Basis for Protocol: This protocol will be followed in identification of a human clinical specimen of concern by a local healthcare entity and/or lab operating within Sanders County.

Handling & Packaging of Clinical Specimens

- Upon collection of ANY suspicious human clinical specimen, the Sanders County Health Department will be immediately notified by the attending healthcare provider.
- Sanders County Health Department will make a determination of any further action to be taken with regard to the collected specimen. This may include consultation with Montana State Lab (MSL) personnel or other Montana Department of Public Health and Human Services' disease control professionals.
- Collected specimens will be packaged following guidelines furnished by the MSL. These guidelines will be clearly posted within all healthcare clinics where human clinical specimens are collected and handled.
- MSL forms will be used for submitting all suspect clinical specimens to the MSL.

Notification of MSL

- The Health Department staff responding, or their designee, will notify the MT State Laboratory at 1-800-821-7284 (24-hour)
- Notification of the Montana State Laboratory will occur *immediately* upon determination of the suspicious specimen to obtain further instructions for handling, packaging and transport (if needed), and to determine approximate time for delivery to MSL personnel

Transport of Clinical Specimens

- The Health Department staff member responding, in consultation with their supervisor and possibly the Health Officer and law enforcement, has primary responsibility for establishing the need for and specific procedures for transport of the specimen
- Every attempt will be made to transport ALL suspect specimens to the MSL within 8 hours of collection, if warranted, as determined through consultation with the MSL
- Specimens will be shipped in the most expeditious manner

Handling, Packaging & Transport of Suspicious Environmental Samples

Basis for Protocol: This protocol will be followed in the event of identification of an environmental sample of concern by any resident of Sanders County.

Handling & Packaging of Suspicious Environmental Samples

- Upon identifying ANY suspicious environmental sample, the following key contacts will be IMMEDIATELY notified (*Key contact information attached)*
    - Law Enforcement
    - DES Coordinator
    - Sanders County Health Department Director
    - Sanitarian

- Law enforcement will evaluate the suspicious package/substance following available FBI guidance to determine if a credible threat exists.
- Law enforcement, in consultation with the FBI, will evaluate articles to be tested for explosives, radiological and chemical hazards.
- DES will assist law enforcement and coordinate investigative activity with FBI and HAZMAT team, if warranted.
- Sanders County Health Department will notify and consult with the MSL if credible threat has been determined through investigation conducted by law enforcement.
- Specimen is to be packaged following established protocol for transporting suspicious biological agents, with oversight from the Sanders County Health Department.
    - A MSL ***Chain of Custody Form*** *(attached)* will be completed and attached to the outside of sealed and packaged sample prior to transport to the MSL.
    - Sanders County Health Department will consult with local law enforcement, DES, and other community partners regarding potential for further human exposure and to determine actions to take to safeguard the public's health.

Notification of MSL - Environmental Samples Posing Credible Threat

- The Health Department staff member responding, or their designee, will notify the MSL.
- Notification of MSL will occur IMMEDIATELY upon determination of a substance construed to be a credible threat to obtain further instructions for handling, packaging and transport (if needed), and to determine approximate time for delivery to MSL personnel.

Transport of Environmental Samples to MSL

- The Sanders County Health Department has *primary* responsibility for establishing the need for transport of the specimen/sample.
- Law enforcement will consult with the Sanders County Health Department as to specific procedures for handling, packaging and transport of the environmental sample to the MSL.
- Every attempt will be made to transport ALL suspect specimens/samples to the MSL within 8 hours of collection, if warranted, as determined through consultation with the MSL.
- Transportation will be by the most expeditious means that is viable.

Chain of Custody for Handling Environmental Samples of Credible Threat

- Law enforcement has ***primary*** responsibility for establishing the chain of custody to be used for the handling/transport of any specimen/sample thought to pose a credible threat.
- The Health Department has ***secondary*** responsibility for establishing and managing the chain of custody if primary is not available.
- *Montana Public Health Laboratory **(MPHL)** Chain of Custody Form* will be used to facilitate appropriate handling and tracking of specimen/sample while in transit to the MSL.

Key Contacts

The following individuals serve as key contacts in the collection, identification, packaging, handling, transport and testing of suspicious human clinical specimens and environmental samples for Sanders County. This list is maintained by the Sanders County Health Department and is up-to-date as of the date listed in the upper left-hand corner of this document.

Facility	Contact	Address	Phone
CFVH Laboratory	Mark Solinger		406-826-4823
CFVH Clinic	Dr. Hanson		406-826-4813
Sanders County Sheriff	Shawn Fielders		406-827-3584
Thompson Falls Police	Chris Nichols		406-827-3557
OEM	Bill Naegeli		406-827-6955
Sanitarian	Shawn Sorenson		907-738-4268
UPS	The Ledger Thompson Falls		1-800-742-5877
Fed EX	Drop Box @TownPump gas station		1-800-GOFEDEX
Airport	Tony Cox		406-274-4379
United States Postal Service	Sam Sacchi		406-827-3977
MPHL Courier	DPHHS Duty Officer on-call		406-444-3075

Resources for Sample Submission

Sanders County Health Department will maintain a supply of MSL shipping boxes for the submission of samples to MSL. Those shipping supplies are as follows:

- DWES (blue and white cooler) kits for the collection of suspect environmental samples
- CBAT (red and white bucket) kits for the collection of substances of unknown or suspicious origin
- These kits will be replaced by MSL after use by Sanders County Health Department
    - Tubes, sample containers, and other collection material should be checked regularly for expiration
    - Replacement of these materials due to expiration are the responsibility of SCHD

Clark Fork Valley Hospital will keep and maintain the White biohazard boxes for the submission of human bodily fluid samples.

- Urine is to be frozen and packed with dry ice. If dry ice is unavailable, freeze the sample and pack it as cold as possible
- Blood samples are to be shipped cold, but not frozen

Appendix A-General Reporting Form

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Communicable Disease Case Report

County/Tribal Jurisdiction

County Health Department/Local Health Jurisdiction (LHJ) Use Only:

LHJ Case ID _____
Reporter (check all that apply)
☐ Laboratory ☐ Hospital ☐ HCP ☐ DPHHS
☐ Public health agency ☐ Other

First report date to LHJ ____/____/____

LHJ Investigation start date ____/____/____

First report date to DPHHS ____/____/____

This report is: ☐Initial ☐Update: ____/____/____

DPHHS Use Only:

MMWR Week _____

CDC Case Status
☐ Confirmed ☐ Probable

Disposition
☐ CDC Notification
☐ Out of State – faxed
☐ Not a Case

This notification form fulfills the Administrative Rules of Montana (ARM) requirements for disease reporting. Supplemental disease specific forms may also be required. Disease specific forms can be found on the Montana TCC: http://mttcc.org

1. CASE INFORMATION

Disease/Condition	☐ Confirmed ☐ Probable ☐ Suspect	Onset Date	Diagnosis Date

Hospitalized? ☐ Y ☐ N

Hospital Name	Admit Date	Discharge Date

2. CASE DEMOGRAPHIC INFORMATION

Last Name	First Name	MI

Address

City/Town	State	Zip

County/Tribal Jurisdiction	Phone

Birth date ____/____/____ Age ____
Current Sex ☐ F ☐ M ☐ Unknown
Ethnicity ☐Hispanic or Latino ☐Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Unknown

Sensitive Occupation: Food Handler ☐ Y ☐ N Patient Care Provider ☐ Y ☐ N Day Care Provider ☐ Y ☐ N
Attends Day Care ☐ Y ☐ N

3. LABORATORY INFORMATION

Ordering Facility	Laboratory Name

Ordered Test	Collection Date	Reported Result

Health Care Provider	Phone

4. REPORTING INFORMATION

Reporter to LHJ	Phone

5. NOTES

LHJ Investigator	Phone/email

DPHHS Rev 6-2012

Appendix B-MIDIS Entry Information

Montana Infectious Disease Information System (MIDIS) is a communicable disease reporting application that allows local jurisdictions to submit confidential disease reports to MT DPHHS via the internet. This program requires a written request for access to MT DPHHS. Once access is granted, a key fob will be sent to the approved user. The Health Director will track employees with access to this application.

For more information about case entry into MIDIS and running reports, see the MIDIS User Guide available online at https://midis.mt.gov.

Appendix C-Sample Isolation and Quarantine Orders

NOTIFICATION OF ACTIVE MONITORING

(Date)

Dear _____ ,

Under the authority of MCA 50-2-118, we are asking for your cooperation to actively monitor yourself for _____days for symptoms of _____ and share information with us daily. This is necessary because: _____
Symptoms to monitor: _____

1) It has been determined by the United States Centers for Disease Control and Prevention (CDC) that individuals exposed to _____ must be monitored for clinical signs and symptoms for _____ days.
2) You will have to share information regarding your health on a daily basis with the public health authorities during the remainder of the _____day period. An agreed upon time when phone contact can be initiated must be established.
3) The attached Centers for Disease Control and Prevention (CDC) information will provide details on the need for monitoring your health.
4) If we lose contact with you, we are required to take immediate steps to locate you and ensure that monitoring continues on a daily basis.
5) A failure to cooperate may result in health directive/order to adhere to the conditions of active monitoring or more stringent controlled movement conditions under the authority of ARM 37.114.307.

You will need to take your temperature and assess your health twice a day and record the information. You will then need to share that information once a day with the health department until: _____
Notify us immediately if you have any questions or health concerns by calling (name of contact and telephone number). If unable to reach local public health, call the state at 444-0273.
Additional information is available at _____. Tools to help you monitor your health may have been provided, if you need additional information or resources in order to comply please contact us.
Please take these steps to reduce the risk to yourself and others with whom you may have contact. It is very important that you comply with this notification for medical monitoring. Your health and the health of others may depend upon it.

Thank you for your cooperation.
Signed,

Local Health Officer or Designee

NOTIFICATION OF DIRECT ACTIVE MONITORING AND RESTRICTIONS ON MOVEMENT

(Date)

Dear_____,

Under the authority of MCA 50-2-118, we are asking for your cooperation as we provide direct active monitoring for _____ days for fever and other symptoms of _____.

This is necessary because:

1) It has been determined by the United States Centers for Disease Control and Prevention (CDC) that individuals exposed to _____ must be monitored for clinical signs and symptoms for _____ days.
2) Your level of risk has been identified as "High Risk" or "Some Risk" and this requires "Direct Active Monitoring." This requires that you be visited by a healthcare professional who can observe your temperature and assess you for symptoms at least one time a day. In addition, you will be required to share information, over the phone, a second time during the day to report your temperature and condition. These conditions must be adhered to on a daily basis until you are released from this order.
3) The attached Centers for Disease Control and Prevention (CDC) information will provide details on the need for monitoring your health.
4) If we lose contact with you, we are required to take immediate steps to locate you and ensure that monitoring continues on a daily basis.
5) A failure to cooperate may result in health directive/order to adhere to the conditions of active monitoring or more stringent controlled movement conditions under the authority of ARM 37.114.307.

We will need to monitor your condition for _____days since your last possible exposure, until: _____

Notify us immediately if you have any questions or health concerns by calling (name of contact and telephone number). If unable to reach local public health, call the state at 444-0273.

Additional information is available at _____. Tools to help you monitor your health may have been provided, if you need additional information or resources in order to comply please contact us.

Please take these steps to reduce the risk to yourself and others with whom you may have contact. It is very important that you comply with this notification for medical monitoring. Your health and the health of others may depend upon it.

Thank you for your cooperation.

Signed,

Local Health Officer or Designee

ORDER TO SEEK APPROPRIATE AND NECESSARY EVALUATION AND TREATMENT

To:
Address:
City/State/Zip:
THIS ORDER IS EFFECTIVE IMMEDIATELY UPON NOTIFICATION OF THE PERSON(S) IDENTIFIED ABOVE, AND WILL REMAIN IN EFFECT UNTIL VACATED BY THE HEALTH OFFICER OR BY ORDER OF THE COURT.
(Issued under the Authority Granted by Montana Code Annotated 50-2-116 and 50-2-118 and related Administrative Rules of Montana)

There is reason to believe that you may have _____, a contagious disease. If not treated, this disease may present a serious health threat to you and others.

(Provide additional justification for this action as needed)

You will need to be evaluated to determine whether you have the disease. If you have this disease you may need treatment to protect your health and to prevent any threat to the health of the others.

The Health Officer orders that you seek the following appropriate and necessary evaluation, and treatment if necessary:

[Describe where and when to repot for a medical evaluation]

Any questions regarding this order may be directed to_____, Sanders County Health Officer, at phone number _____or in person at the following address:_____

I hereby certify that this order was served in-hand to the above-named individual(s) on:
Date:
Time:

[Name of Health Officer] Date

ORDER FOR ISOLATION

To:
Address:
City/State/Zip:
THIS ORDER IS EFFECTIVE IMMEDIATELY UPON NOTIFICATION OF THE PERSON(S) IDENTIFIED ABOVE, AND WILL REMAIN IN EFFECT UNTIL VACATED BY THE HEALTH OFFICER OR BY ORDER OF THE COURT.
(Issued under the Authority Granted by Montana Code Annotated 50-2-116 and 50-2-118 and related Administrative Rules of Montana)

There is reason to believe that you may have _____, a contagious disease. If not treated, this disease may present a serious health threat to you and others, and you are to isolate yourself as instructed by the Health Officer.

(Provide additional justification for this action as needed)

You will need to be isolated, or separated, for the period of communicability, in a location and under conditions that will prevent the possible transmission of the disease to others.

The Health Officer orders that you go and remain in isolation at the following location under the conditions described until _____date or the order is vacated by the Health Officer or by order of the court:

[Describe the location and conditions of isolation]

Any questions regarding this order may be directed to_____ Sanders County Health Officer, at phone number _____or in person at the following address:
_____

I hereby certify that this order was served in-hand to the above-named individual(s) on:
Date:
Time:

[Name of Health Officer] Date
Attachment

ORDER FOR QUARANTINE

To:
Address:
City/State/Zip:
THIS ORDER IS EFFECTIVE IMMEDIATELY UPON NOTIFICATION OF THE PERSON(S) IDENTIFIED ABOVE, AND WILL REMAIN IN EFFECT UNTIL VACATED BY THE HEALTH OFFICER OR BY ORDER OF THE COURT.
(Issued under the Authority Granted by Montana Code Annotated 50-2-116 and 50-2-118 and related Administrative Rules of Montana)

There is reason to believe that you may have _____, a contagious disease. If not treated, this disease may present a serious health threat to you and others.

(Provide additional justification for this action as needed)

You will need to be quarantined in a location and under conditions that will prevent any possible transmission of _____, should you become ill, to others.

The Health Officer orders that you go and remain in quarantine at the following location under the conditions described until it is determined that you have not been exposed to the disease, or it is determined that you will not directly or indirectly convey this disease to others, or until the order is vacated by the Health Officer or by order of the court:

[Describe the location and conditions of quarantine]

Any questions regarding this order may be directed to_____, Sanders County Health Officer, at phone number _____or in person at the following address:
_____

I hereby certify that this order was served in-hand to the above-named individual(s) on:
Date:
Time:

[Name of Health Officer] Date
Attachment

Appendix D

Montana Code Annotated 2021

TITLE 50. HEALTH AND SAFETY
CHAPTER 2. LOCAL BOARDS OF HEALTH
Part 1. General Provisions

Montana Code Annotated 2021

TITLE 50. HEALTH AND SAFETY
CHAPTER 2. LOCAL BOARDS OF HEALTH
Part 1. General Provisions

Powers And Duties Of Local Boards Of Health

50-2-116. Powers and duties of local boards of health. (1) Except as provided in subsection (5), in order to carry out the purposes of the public health system, in collaboration with federal, state, and local partners, each local board of health shall:

(a) recommend to the governing body the appointment of a local health officer who is:

(i) a physician;

(ii) a person with a master's degree in public health; or

(iii) a person with equivalent education and experience, as determined by the department;

(b) elect a presiding officer and other necessary officers;

(c) adopt bylaws to govern meetings;

(d) hold regular meetings at least quarterly and hold special meetings as necessary;

(e) identify, assess, prevent, and ameliorate conditions of public health importance through:

(i) epidemiological tracking and investigation;

(ii) screening and testing;

(iii) isolation and quarantine measures;

(iv) diagnosis, treatment, and case management;

(v) abatement of public health nuisances;

(vi) inspections;

(vii) collecting and maintaining health information;

(viii) education and training of health professionals; or

(ix) other public health measures as allowed by law;

(f) protect the public from the introduction and spread of communicable disease or other conditions of public health importance, including through actions to ensure the removal of filth or other contaminants that might cause disease or adversely affect public health;

(g) supervise or make inspections for conditions of public health importance and issue written orders for compliance or for correction, destruction, or removal of the conditions;

(h) bring and pursue actions and issue orders necessary to abate, restrain, or prosecute the violation of public health laws, rules, and local regulations;

(i) identify to the department an administrative liaison for public health. The liaison must be the local health officer in jurisdictions that employ a full-time local health officer. In jurisdictions that do not employ a full-time local health officer, the liaison must be the highest ranking public health professional employed by the jurisdiction.

(j) subject to the provisions of **50-2-130**, propose for adoption by the local governing body necessary regulations that are not less stringent than state standards for the control and disposal of sewage from private and public buildings and facilities that are not regulated by Title 75, chapter 6, or Title 76, chapter 4. The regulations must describe standards for granting variances from the minimum requirements that are identical to standards promulgated by the department of environmental quality and must provide for appeal of variance decisions to the department of environmental quality as required by **75-5-305**. If the local board of health regulates or permits water well drilling, the regulations must prohibit the drilling of a well if the well isolation zone, as defined in **76-4-102**, encroaches onto adjacent private property without the authorization of the private property owner.

(2) Local boards of health may:

(a) accept and spend funds received from a federal agency, the state, a school district, or other persons or entities;

(b) propose for adoption by the local governing body necessary fees to administer regulations for the control and disposal of sewage from private and public buildings and facilities;

(c) propose for adoption by the local governing body regulations that do not conflict with 50-50-126 or rules adopted by the department:

(i) for the control of communicable diseases;

(ii) for the removal of filth that might cause disease or adversely affect public health;

(iii) subject to the provisions of **50-2-130**, for sanitation in public and private buildings and facilities that affects public health and for the maintenance of sewage treatment systems that do not discharge effluent directly into state water and that are not required to have an operating permit as required by rules adopted under **75-5-401**;

(iv) subject to the provisions of **50-2-130** and Title 50, chapter 48, for tattooing and body-piercing establishments and that are not less stringent than state standards for tattooing and body-piercing establishments;

(v) for the establishment of institutional controls that have been selected or approved by the:

(A) United States environmental protection agency as part of a remedy for a facility under the federal Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. 9601, et seq.; or

(B) department of environmental quality as part of a remedy for a facility under the Montana Comprehensive Environmental Cleanup and Responsibility Act, Title 75, chapter 10, part 7; and

(vi) to implement the public health laws;

(d) adopt rules necessary to implement and enforce regulations adopted by the local governing body; and

(e) promote cooperation and formal collaborative agreements between the local board of health and tribes, tribal organizations, and the Indian health service regarding public health planning, priority setting, information and data sharing, reporting, resource allocation, service delivery, jurisdiction, and other matters addressed in this title.

(3) A local board of health may provide, implement, facilitate, or encourage other public health services and functions as considered reasonable and necessary.

(4) A directive, mandate, or order issued by a local board of health in response to a declaration of emergency or disaster by the governor as allowed in [**10-3-302** and] **10-3-303** or by the principal executive officer of a political subdivision as allowed in **10-3-402** and **10-3-403**:

(a) remains in effect only during the declared state of emergency or disaster or until the governing body holds a public meeting and allows public comment and the majority of the governing body moves to amend, rescind, or otherwise change the directive, mandate, or order; and

(b) may not interfere with or otherwise limit, modify, or abridge a person's physical attendance at or operation of a religious facility, church, synagogue, or other place of worship.

(5) A regulation allowed in subsection (2)(c)(i), (2)(c)(ii), or (2)(c)(vi) adopted or a directive, mandate, or order implemented to carry out the provisions of this part that applies to the entire jurisdictional area of a town, city, or county under the jurisdiction of the local health board may not:

(a) compel a private business to deny a customer of the private business access to the premises or access to goods or services;

(b) deny a customer of a private business the ability to access goods or services provided by the private business; or

(c) include any of the following actions for noncompliance of actions described in subsections (5)(a) and (5)(b):

(i) require the assessment of a fee or fine;

(ii) require the revocation of a license required for the operation of a private business;

(iii) find a private business owner guilty of a misdemeanor; or

(iv) bring any other retributive action against a private business owner, including but not limited to an action allowed under **50-2-123**, a penalty allowed under **50-2-124**, or any other criminal charge.

(6) The prohibition provided for in subsection (5)(b) does not apply to persons confirmed to have a communicable disease and who are currently under a public isolation order.

(7) The prohibitions provided for in subsection (5) do not restrict a local board of health from exercising its authority under this section to enforce and ensure compliance by private businesses with all lawfully adopted regulations, directives, and orders.

(8) As used in this section, "private business" means an individual or entity that is not principally a part of or associated with a government unit. The term includes but is not limited to a nonprofit or for-profit entity, a corporation, a sole proprietorship, or a limited liability company.

History: En. Sec. 86, Ch. 197, L. 1967; amd. Sec. 4, Ch. 216, L. 1969; amd. Sec. 1, Ch. 196, L. 1971; amd. Secs. 108, 111, Ch. 349, L. 1974; amd. Sec. 2, Ch. 273, L. 1975; R.C.M. 1947, 69-4509; amd. Sec. 1, Ch. 709, L. 1985; amd. Sec. 2, Ch. 479, L. 1991; amd. Sec. 2, Ch. 324, L. 1995; amd. Sec. 88, Ch. 418, L. 1995; amd. Sec. 6, Ch. 471, L. 1995; amd. Sec. 2, Ch. 137, L. 1999; amd. Sec. 7, Ch. 391, L. 2003; amd. Sec. 18, Ch. 386, L. 2005; amd. Sec. 5, Ch. 150, L. 2007; amd. Sec.

1, Ch. 195, L. 2013; amd. Sec. 3, Ch. 28, L. 2017; amd. Sec. 4, Ch. 324, L. 2021; amd. Sec. 8, Ch. 408, L. 2021.

Powers And Duties Of Local Health Officers

50-2-118. Powers and duties of local health officers. (1) Except as provided in subsection (3),in order to carry out the purpose of the public health system, in collaboration with federal, state, and local partners, local health officers or their authorized representatives shall:

(a) make inspections for conditions of public health importance and issue written orders for compliance or for correction, destruction, or removal of the condition;

(b) take steps to limit contact between people in order to protect the public health from imminent threats, including but not limited to ordering the closure of buildings or facilities where people congregate and canceling events;

(c) report communicable diseases to the department as required by rule;

(d) establish and maintain quarantine and isolation measures as adopted by the local board of health; and

(e) pursue action with the appropriate court if this chapter or rules adopted by the local board or department under this chapter are violated.

(2) A directive, mandate, or order issued by a local health officer in response to a declaration of emergency or disaster by the governor as allowed in [**10-3-302** and] **10-3-303** or by the principal executive officer of a political subdivision as allowed in **10-3-402** and **10-3-403**:

(a) remains in effect only during the declared state of emergency or disaster or until the governing body holds a public meeting and allows public comment and the majority of the governing body moves to amend, rescind, or otherwise change the directive, mandate, or order; and

(b) may not interfere with or otherwise limit, modify, or abridge a person's physical attendance at or operation of a religious facility, church, synagogue, or other place of worship.

(3) A local health officer may not enforce a regulation, directive, mandate, or order or issue an order that is in violation of **50-2-116**(5).

(4) The prohibitions provided for in **50-2-116**(5) do not restrict a local health officer from exercising the local health officer's authority under **50-2-123** or this section to enforce and ensure compliance by private businesses with all lawfully adopted regulations, directives, and orders.

History: En. Sec. 87, Ch. 197, L. 1967; amd. Sec. 2, Ch. 196, L. 1971; amd. Sec. 56, Ch. 349, L. 1974; R.C.M. 1947, 69-4510; amd. Sec. 1, Ch. 200, L. 1979; amd. Sec. 18, Ch. 708, L. 1991; amd. Sec. 8, Ch. 391, L. 2003; amd. Sec. 27, Ch. 474, L. 2003; amd. Sec. 6, Ch. 150, L. 2007; amd. Sec. 9, Ch. 408, L. 2021.

Created by

Enforcement Of Public Health Laws

50-1-103. Enforcement of public health laws. (1) Either the county attorney of a county where a cause of action arises or the department may bring an action necessary to abate, restrain, or prosecute the violation of public health laws.

(2) Except as otherwise provided in the public health laws administered by the department, the department may, through the attorney general or appropriate county attorney, sue in district court to

enjoin any violation of the public health laws, rules, or orders adopted or issued under the public health laws administered by the department.

History: En. Sec. 11, Ch. 197, L. 1967; amd. Sec. 32, Ch. 349, L. 1974; amd. Sec. 2, Ch. 288, L. 1977; R.C.M. 1947, 69-4111(part); amd. Sec. 240, Ch. 546, L. 1995.