Department of Public Health & Human Services
Emergency Operations Plan

Overview

This Montana Department of Public Health and Human Services (*DPHHS*) Public Health & Human Services Emergency Operations Plan (EOP) describes the Department's response to emergencies or disasters affecting the State, in part or whole. It also provides the structure to facilitate prompt and efficient emergency responses to protect the health and lives of Montanans. It delivers the **framework** in which the Department and its Branches and Divisions can plan and perform their respective functions during public health, medical, and human services emergencies. This EOP is supported by its subordinate annexes, standard operating procedures (SOP), guides, and other planning documents, which constitute the entirety of the DPHHS EOP.

Version 9, January 2021
Current Version, Reviewed 8/8/2023

This plan is a flexible document providing general guidance. Adjustments to the contents of this plan or any of its subordinate documents can, and will, occur due to the unique nature of emergencies, lessons learned through exercises, advancements in technology, or adaptation of new policy. Implementation of this plan, using initiative and common sense is encouraged, and authorized, to adapt to a specific emergency and to ensure the lives and safety of all Montanans.

DPHHS Emergency Operations Plans

The Department of Public Health and Human Services schedules a regular review of all Department Emergency Operations Plans, Supporting Annexes, Standard Operating Procedures, and other guidance documents used to respond to public health emergencies.

Public Comment:

DPHHS welcomes comment and feedback from the public. The Public Health Emergency Preparedness Section will make an electronic copy available upon request. To provide suggestions for future revisions, email MTPHEP@mt.gov or call 406-444-0919.

Those assisting the review of this document:

Todd Harwell, Public Health & Safety Division
   Administrator
Maggie Cook-Shimanek, MD, Interim State Medical
   Officer

Bekki Kirsch-Wehner, PHSD Communicable Disease
   Control & Prevention Bureau Chief

Contributive Reviewers
Pete Callahan, PHEP Supervisor
Luke Fortune, MEd, PHEP Planning Lead

Colin Tobin, Healthcare Preparedness Program
 Manager
Ian Thigpen, MA EM, Operational Readiness Lead
Andrea Wingo, Risk Communication and Surge
 Planning
Taylor Curry, Medical Countermeasures Management
 Coordinator

Gary Zimmerman, Exercise Coordinator
Jacob Brown, COOP Coordinator

Montana Disaster Emergency Services

Concurrence

The following signatories have reviewed this planning document and acknowledge the roles and responsibilities cited here-in. Participation in any event among all emergency response partners and stakeholders, in part or in whole, is *as-able*.

Date	Print Name	Initial	Organization

DPHHS Emergency Operations Plan

Authorization & Concurrence

Authority and responsibility for certain state resources rest with the Department of Public Health and Human Services (DPHHS) in support of the Montana's local and tribal jurisdictions responding to public health, medical, and human service emergencies.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. DPHHS management is responsible for the preparation and maintenance of emergency preparedness documents and the commitment to the training and exercises required to support this plan.

All partners with roles identified in this plan have participated in its development and are responsible for advising the Public Health Emergency Preparedness Section of any changes in their procedures or operations that could affect the implementation of emergency responses undertaken by DPHHS.

DPHHS welcomes any comments for this plan's improvement from all partners as well as the general public. These comments or questions should be directed to the Public Health Emergency Program at (406)449-0919.

This Emergency Operations Plan is hereby approved for implementation. My signature authorizes all auxiliary and subsequent planning documents for its execution. It supersedes all previous editions.

Adam Meier
(Print Name)

Director
(Title)

(Sign)

7-20-21
(Date)

Section I: Purpose, Scope, and Assumptions

Purpose

The Montana Emergency Response Framework (MERF) maintained by the Montana Disaster Emergency Services (DES) assigns **DPHHS as the Lead Coordination Agency** for healthcare, public health, medical, and disease emergency in Montana. Emergency Support Function (ESF) 6 Mass Care, Emergency Assistance, & Human Services and ESF 8 Public Health and Medical Services

There are many dynamic factors on federal, state, and local levels that will impact the operations of any emergency response. The EOP outlines the approach to emergency management of the Department and describes its relationships with partners and stakeholders when responding to events with healthcare implications.

Adjustments to the contents of this plan can, and will, occur due to the unique nature of emergencies. Planners, operations chiefs, and incident managers know that flexibility is a necessary component of any response. Therefore, any plan is a dynamic and living document without the need for declaring it a working draft. Unforeseeable events create a cone of uncertainty, making planning difficult for precise procedural responses. This dynamic nature compels a framework style that lends itself to using initiative and common sense in order to adapt to a specific emergency and to ensure the lives and safety of all Montanans. PHEP's **all-hazard approach** to preparedness is a hybrid of function- and capability- based planning.

Scope

The scope of this plan is not limited by the nature of any particular disease, disaster, or other event. It is governed by the principle of all-hazards planning. This approach allows the flexibility for DPHHS to prepare and respond with equal effectiveness to all events, hazards, emergencies, and disasters or other events that affect public health and the recovery of essential human services in Montana.

The operational scope of this plan pertains only to DPHHS. It does not define or supplant any emergency operating procedures or responsibilities for any other agency or organization, including the primary and support agencies defined in the MERF and here-in.

Local health jurisdictions (LHJ) and Healthcare are responsible for managing events within their geographical boundaries. Sometimes those events develop into emergencies that might overwhelm or exhaust local health resources. DPHHS lends support and coordinates activities to fulfill their resource requests if appropriate and the Department's involvement is incident specific.

The DPHHS EOP is not a tactical plan or field manual, nor does it provide Standard Operating Procedures (SOP). Rather, it is a flexible and scalable framework for organization and provides decision-making parameters that DPHHS can utilize against unknown and unpredictable threats in an all-hazards planning approach. This plan is a flexible document providing general guidance and intentionally does not provide specific or qualitative thresholds for activation or demobilization of organizational structures or processes described herein. Such determinations are situation dependent and left to incident management.

Access and Functional Need Populations

Emergency response operations for DPHHS includes coordinating reasonable modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods for Montana's access and functional needs population. For the purpose of public health emergency preparedness in Montana, this population is defined as people having access or functional health (i.e., mental or medical) or physical (i.e., motor ability) needs beyond their ability to maintain on their own before, during, and after an incident. It also refers to the "at risk" or "special needs" populations

described in the Pandemic and All-Hazards Preparedness Act, also known as PAHPA (PUBLIC LAW 109–417—DEC. 19, 2006) (reauthorized as PAHPRA in March 2013, Public Law No. 113-5) and in the *National Response Framework (NRF)* (2016).

DPHHS conducts disaster planning and response activities in consideration of urgent circumstances of emergencies, as well as the moral and legal obligations to meet the needs of individuals who have disabilities as defined by the Americans with Disabilities Act Amendments Act of 2008, P.L. 110-325.

People with disabilities and others with access and functional needs include individuals who are from diverse cultures, races, and nations of origin; individuals who do not read, have limited English proficiency, or are non-English speaking; people who have physical, sensory, behavioral, mental health, intellectual, developmental and cognitive disabilities; senior citizens with and without disabilities or other access and functional needs; children with and without disabilities or other access and functional needs and their parents and guardians; individuals who are economically or transportation-disadvantaged; women who are pregnant; individuals who have chronic medical conditions; and those with pharmacological dependency.

DPHHS coordinates with its local, tribal, non-governmental organizations, and State agency partners to ensure the physical, programmatic, and communication access will encompass the and address the requirements for access and functional need populations.

Community Resilience

Emergency preparedness, response, and management functions from the concept that disasters begin and end at the community level. Response partner agencies and organizations rely on the whole community to meet the needs of disaster survivors. Collaborative relationships and inclusive partnerships are necessary components for a resilient community.

The whole community includes individuals with access and functional needs, not only as a population for consideration, but also partners in the planning process. Their expertise provides insight to service requirements when preparing for disasters and emergencies. All DPHHS Division and Branch planners, in preparation for assisting local communities, should include these individuals and their service providers as important partners to support the delivery of core capabilities during incident response (e.g., through associations and alliances that serve these populations).

Cultural Competence

DPHHS approaches disaster planning, coordination, and response with the goal of saving lives with respect to the cultural practices, beliefs, communications, and geographical locations. These principles are inherent in the processes of inclusive preparedness planning and community resilience. Stronger preparedness, response, and resilience is dependent on the advantages of diverse communities.

The whole community concept includes local, tribal, and state, and Federal governments; nongovernmental organizations (NGO), including voluntary, faith-based, community-based, and other nonprofit organizations in the civic/nonprofit sector; academia; the private sector; individuals; and communities. Partners from all elements of the whole community work together to address shortfalls and help to ensure that the life-sustaining needs of disaster survivors are met.

Public health agencies, hospitals, emergency medical services, and other healthcare organizations are important partners in building, strengthening, and maintaining the State's healthcare coalitions to maintain the preparedness and resiliency of Montana's communities in an all-hazards environment. This includes information sharing, planning, accounting for resources, and participating in exercises.

DPHHS encourages communities to include provisions for individuals who own household pets or have responsibility for service and other animals into their disaster and emergency plans. Contingencies should include resources and processes for the rescue, transportation, care, shelter, and essential needs of animals.

Situation

Montana is vulnerable to a number of natural, man-made, and technological hazards. These hazards have a potential to pose a significant threat and risk to the health and safety of Montana citizens. The MERF includes an analysis of potential hazards in Montana.

- Public health threats in Montana include communicable infectious diseases, food and water contamination, consumer goods contamination, radiological or chemical incidents, bioterrorism, and natural disasters, including fire, extreme weather, and earthquakes.

- Local authorities are independent in their management of health and human service emergencies. Event response from a state level recognizes this local authority and conducts coordination and support activities as appropriate. Not all local jurisdictions have the resources available to manage large scale public health or medical emergencies.

- DPHHS provides technical assistance regarding public health, medical, and human service needs to local governments, hospitals, Emergency Medical Systems (EMS), urgent care centers, skilled nursing facilities, mental health providers, childcare centers, clinical providers, and pharmacies.

- DPHHS advises and guides the four Regional Healthcare Coalitions that lead collaborative ESF8 organizations in emergency preparedness.

- The State of Montana acknowledges the sovereignty of the eight tribal nations and works through government-to-government relationships and collaborates for the provision of public health, medical, and human service needs.

- DPHHS has 12 divisions with functions that span Montana to provide health and human services to its citizens.

Assumptions

This plan provides a functional framework based on the following assumptions for the purpose of designing preparedness plans and other documents for the Department's emergency responses in an all-hazard environment.

- This plan assumes the authority of the Director of DPHHS is conferred upon his or her designees to make command and operational decisions in an emergency or crisis response

- At times, the elected government officials, department directors, branch managers or administrators might not be available to perform their duties

- Public health related emergencies can occur at any time and location, and could result in either short- or long-term operations

- Each Division could have a role in emergency response, depending on its ESF6 or ESF8 related responsibilities.

- Disease outbreaks and other public health, medical, and human services emergencies will not always unfold in a well-defined and predictable manner, and could develop beyond routine responses

- Local, state, tribal, and federal responders will have overlapping responsibilities

- All public health jurisdictions in Montana have updated emergency response plans and their personnel are trained and have conducted exercises to test those plans

- In the early stages of an incident, it might not be possible to fully assess the situation and verify the level of assistance required

- Availability of resources could impact the State's response during incidents, emergencies, or disasters

- Not all local public health agencies will be able to fully respond to an emergency with the appropriate resources

- PHEP staff maintains a readiness posture and sustains a currently trained staff in the National Incident Management System (NIMS), the Incident Command System (ICS), the Federal Emergency Management Agency (FEMA) principles of emergency planning, response and recovery, and the **National Standards for State, Local, and Tribal Public Health Emergency Preparedness and Response Capabilities (2018)** published by the Centers for Disease Control and Prevention (CDC)

- DPHHS maintains its responsibilities under continuity of operations planning (COOP) to ensure the performance of State Essential Functions under all conditions

- Emergency response partners will follow the National Incident Management System (NIMS), follow through their acceptance of ESF assignments by the MERF, and integrate into DPHHS operations during emergencies that affect Montana

Section II: Concept of Operations

DPHHS has lead and support roles in ESF6 and ESF8, which are identified in this EOP, tasked under the authority of the Governor and identified in the MERF. It also has support roles in many of the other ESFs found in the MERF, which is the State of Montana's primary plan for managing responses to emergencies and disasters. It outlines the coordinating structures and processes used by DES for state agencies Montana. During operations, the State Emergency Coordination Center (SECC) might task DPHHS with other emergency roles if necessary.

Situational Awareness

DPHHS continually monitors and evaluates current public health and human service issues throughout the state. Each of the organizations within the Department is responsible for gathering and processing of state-wide public health, medical assistance, and human service needs, as well as reporting any incidents involving those needs to their administrators. PHEP gathers, organizes, analyzes, and shares internal and external information to make responsive and data-driven decisions and actionable recommendations for emergencies and disasters.

Implementation

- This plan is implemented at the discretion of the Director of DPHHS or designees. The PHEP Supervisor may proactively implement this EOP and any of its supporting plans when assessing current information to ensure due to the nature of most public health emergencies.

- All or parts of the plan, including its auxiliary components, may be implemented, including partial or full implementation of its associated annexes, SOPs, and guides as necessary.

- DPHHS will activate this plan to the degree necessary based upon the scope, magnitude, and complexity of an event. The level of activation is further explained in the *DPHHS Incident Management Guide.*

Incident Management

Montana uses NIMS as the official disaster and emergency management model which provides the principles and concepts for managing all incidents, including health and medical related emergencies. Scalable, flexible, and adaptable coordinating structures are crucial in aligning the key roles and responsibilities under PHEP's categorized capability standards (*CDC, 2018*). The flexibility of emergency response plans and organizational structures gives the Department and its partners the ability to adjust to a variety of risks and threats based on unique needs, resources, affected populations, partner and organizational capabilities, and cultural influences.

DPHHS utilizes and integrates the nationalized standard of ICS protocols and principles to provide technical assistance and follows command and general staff roles in the Montana Healthcare Emergency Response Coordination Center (MHERCC) (see the *DPHHS Incident Management Guide* for more information).

The MHERCC is the primary location from which the DPHHS Incident Manager (IM) will manage the response to any incident requiring ESF6 or 8 operations.

- Whenever the MHERCC is activated, personnel will be notified in accordance with department SOPs
- The primary location of the MHERCC is in the Cogswell Building, Room C 209, 1400 Broadway, Helena
- The alternate site is the DPHHS Commodities Warehouse at 1400 Carter in Helena
- If the primary or alternate sites are unavailable, PHEP will establish a mobile command

Regardless of the location, NIMS and ICS will remain as the operating management protocols.

DPHHS maintains a duty officer system to remain available as the point of contact for non-standard events, to assess situations, determine initial subject matter assignment, report actions, and document and coordinate communications for the situation as needed. The Duty Officer Program's intent is to serve as a point of contact for emergencies for the entire department.

Coordination

Emergency response activities include the ongoing investigation and tracking of disease through its epidemiological processes. It also involves coordinating services and resource needs for health and medical responses in disasters. DPHHS may also participate in acquiring or requesting personnel and resource through the Emergency Management Assistance Compact (EMAC).

The Department provides assistance under its own statutory authorities to local and tribal partners, although each disaster and emergency are locally owned and managed. DPHHS evaluates each resource request to verify its validity and appropriateness when a local or tribal agency asks for assistance.

Acting under the authority of the Director of DPHHS, emergency response operations are coordinated through the EOC, and follow the Incident Command System (ICS) for direction and control during an emergency.

DPHHS operations are also coordinated with the DES SECC.

Continuity of Operations

DPHHS maintains continuity plans to ensure the function of the agency and the continuity of its assigned State Essential Functions under all conditions. In an event that interrupts the functional operation of the

Department, the Continuity of Operations Plan (COOP) guides recovery priorities to move it back to an operable status. The Montana Disaster Emergency Services (DES) manages the State Government Continuity Program.

Section III: Roles & Responsibilities

The following table lists the key partners and stakeholders that support the response and coordination for the activities outlined in this guide. A partner's participation in a response is always **as able**, and dependent upon their own priorities and mission. The entities listed here have participated in the process of developing this document and procedures. Due to the unpredictable nature of emergencies and disasters, other response agencies not listed here may be employed to assist depending on the nature and occurrences of a specific event.

Primary agency responsibilities include being the initial point of contact for the SECC, maintaining contact with support agencies, and providing leadership, guidance, and direction in fulfilling the mission of an emergency response.

Each partner agency or organization retains its authority in emergency.

Organization	Roles & Responsibilities
Department of Public Health & Human Services	**DPHHS is lead coordinating agency in Montana for ESF #6 and ESF #8.** **Public Health Emergency Preparedness Office (PHEP)** PHEP is the **primary office** responsible for **coordinating all DPHHS responses** to disasters and emergencies with health care implications in Montana. In such events, PHEP establishes and maintains an Incident Command System to coordinate and support response operations to implement emergency plans when appropriate. - Coordinate and facilitate the State's response and support to incidents affecting the public's health and medical requirements - Coordinate risk communication and public information with DPHHS Public Information Office staff - Maintain a 24-hour duty officer program to facilitate processing and responding to incoming incidents, emergencies, or disasters - Activate, operate, and maintain the Emergency Operations Center (EOC) to support response operations through planning, logistics, and other incident management functions - Provide emergency management expertise regarding public health and healthcare infrastructures - Liaison with other state and local agencies with overlapping areas of response - Coordinate procurement and distribution of health and medical equipment, medicine, and supplies - Manage DPHHS resources for emergency response (i.e. communications equipment) - Arrange for healthcare personnel surge activities **Operations Services Branch** *Business and Financial Services Division* - Ensure continuing support services for the Department, including financial and accounting oversight, cash management, preparation and filing of federal financial reports, purchasing supplies and equipment, payroll processing, audit coordination, lease management, mail handling, and property and records management

Quality Assurance Division
- Assist medical facilities with licensure issues in the event of necessary evacuation

Technology Services Division
- Maintain and structure critical technological and telecommunications systems to provide dissemination of urgent health related information to internal and external partners

Medicaid and Health Services Branch

Behavioral Health and Developmental Disabilities Division
- Coordinate program delivery to implement the heightened level of service required to assist those affected by the incident, emergency, or disaster
- Facilitates and ensures access to services for persons with mental illness and or substance abuse issues

Disability Services Division
- Coordinate support and care for abandoned, abused, or neglected people with disabilities as well as provide for their safety and health.
- Coordinate with partners and service organizations to ensure assistance for shelter operations to accommodate persons with disabilities.
- Provides and/or assists contract providers with the immediate care needs of citizens with developmental disabilities from group homes, day programs and other facilities
- Provides mental health services

Health Resources Division
- Provide the necessary processes to reimburse the primary and acute care portions of the Medicaid program. (Human Service Programs) (ESF 6 & 8)

Senior & Long-Term Care Division
- Provide information to federal, State and local jurisdictions regarding nursing homes, senior centers, homebound or displaced seniors and seniors with disabilities
- Coordinate with partner agencies and service organizations to support and care for abandoned, abused, or neglected seniors as well as provide for their safety and health

Economic Security Services Branch

Child & Family Services Division
- Coordinate support and care for displaced, abandoned, orphaned, abused, or neglected children as well as provide for their safety and health
- Ensure the protection and care of residents, staff, and others from group home settings
- Coordinate with partner agencies and service organizations to utilize, and facilitate access to, the National Emergency Family Registry Locater System (NEFRLS) and the National Emergency Child Locator Center (NECLC)

Child Support Enforcement Division
- Provides federal and State mandated child support enforcement services.

Human & Community Services Division

	• Provides for cash assistance, employment training, food stamps, Medicaid, childcare, meal reimbursement, nutrition training, energy assistance, weatherization, and other services to assist individuals • Organizes, coordinates, and ensures the distribution of food during the State's response to an emergency • Shares the lead with Disaster and Emergency Services (DES) to organize and coordinate the State's "Donations Management Plan" *Public Health and Safety Division* • Provides information on diseases and illnesses affecting the State through epidemiology and surveillance • Ensure the safety and security of federally regulated foods • Provides public information about prevention of illness and promotes healthy behaviors • Identifies biological and chemical hazards through laboratory testing • Maintains immunization records and coordinates vaccine processing and shipping • Coordinates assistance to medical facilities and other ESF#8 partners • Coordinates Emergency Medical Services (EMS) entities for large scale local response • Manages vital records and statistics • Maintains coordinating special health services for children • Ensures continuance of the Women, Infants, and Children (WIC) Nutrition Program
Disaster & Emergency Services (DES)	**DES is the primary coordinating agency for all State disasters and emergencies.** It manages resources and support to local, State, and non-governmental organizations (NGO). • Activate and manage the State Emergency Coordination Center (SECC) • Coordinate other State ESF resources in response and recovery operations • Coordinate mutual aid and federal assistance, including Mutual Aid Agreements (MAA), Emergency Management Assistance Compact (EMAC), and federal assistance
Local & Tribal Health Jurisdictions	All emergency or crisis incidents begin and end locally. Local and tribal authorities bear initial and continuing responsibility for incident response. They are responsible for identifying and investigating public health events and reporting these events to DPHHS. LHJs assist DPHHS in the administration of public health services and functions. DPHHS supports local authorities during local public health events when their resources are overwhelmed, or anticipated to be overwhelmed, while maintaining their statutory role to protect and promote public health and provide public assistance. Local and Tribal Jurisdictions • Maintain and update their EOPs to include coordination with DPPHS during an emergency or disaster response • Maintain open communication with DPHHS to sustain situational awareness • Comply with PHEP grant requirements that build or sustain their jurisdictional capacities to meet or surpass the Public Health

	Emergency Preparedness and Response Capabilities National Standards (2018)
Montana Regional Healthcare Coalitions (RHCC)	Healthcare coalitions in Montana coordinate within their geographical boundaries for preparedness, response, and recovery issues. Although not response organizations themselves, the agreements amongst their member entities provide the framework for disaster and emergency response. • Serve as a reference point for healthcare related resources • Advises local emergency managers regarding healthcare needs during disaster response operations • Maintains healthcare situational awareness during disaster and emergency responses • Coordinates information sharing with DPHHS **Local Health Care Facilities** • Maintain emergency operations plans as required of organizations that receive Medicaid funding • Coordinate the plans with their local disaster and emergency services representative • Maintain communication with State agencies and their Healthcare Coalition
Non-Governmental Agencies, Local Volunteer and Civic Organizations	Some volunteer and civic organizations, whether independent or chartered with national or state affiliations, may choose to provide aid in response to disasters and emergencies. Local public health agencies or emergency managers may request their help as well. Some of these organizations have actively participated in community emergency planning and have agreed to certain roles such as donations management or volunteer management.

Section IV: Maintenance

PHEP formally reviews all components of the DPHHS EOP, including this annex, on a five-year cycle by the ESF8 Advisory Committee or Planning Advisory Committee. The PHEP supervisor and Planning Lead informally review the EOP every two years and after every full or functional exercise. This cycle allows DPHHS to update and review internal directives and external rules and regulations for information that could impact emergency preparedness planning and response. A preparedness planning review group, convened by PHEP, conducts this assessment to determine if it meets all essential factors identified in applicable State and Federal guidelines. The group offers advice and suggestions on appropriate emergency planning and construction of the document. The DPHHS [appropriate section] will perform periodic appraisals between formal reviews to determine whether the annex accurately reflects current response capabilities of the agency.

The assessment will
- Evaluate relevant procedures, equipment, systems, and training
- Verify or validate roles and responsibilities
- Ensure compatibility and coordination with related emergency preparedness documents
- Minor corrections, edits, updates, or adjustments in this document do not need vetting by a review group. Changes are tracked in a versioning method and in the Record of Change log.

Exercises

This annex or any of its components could be exercised separately or in conjunction with other exercises. Exercises will be used under simulated, but realistic, conditions to validate policies and procedures for responding to specific emergency situations and to identify deficiencies that need to be corrected. Personnel participating in these exercises should be those who will make policy decisions or perform the operational procedures during an actual event (i.e. critical personnel). Exercises are conducted under no-fault consequences.

Section V: Authorities & References

Emergency response in Montana is carried out under the authorities of Montana Code Annotated and organized through the Montana Emergency Response Framework (MERF). The organization and policies under which public agencies coordinate and manage emergency responses are defined by

- State of Montana Intrastate Mutual Aid System (IMAS) (MCA 10-3-9)
- Emergency Management Assistance Compact (EMAC)
- National Incident Management System (NIMS)
- National Response Framework (NRF)
- National Mitigation Framework (NMF)
- National Disaster Recovery Framework (NDRF)

Federal Directives, Laws, and Statutes

- Public Health Service Act 42 USC, as amended
- Public Readiness and Emergency Preparedness Act (countermeasures, immunity from tort liability) of 2005
- Pandemic and All-Hazards Preparedness Act (PAHPA) [December 2006, PUBLIC LAW 109−417)
- Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) [March 2013, PUBLIC LAW 113-5]
- Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) [June 2019, Public Law 116−22]
- Social Security Act (Medicare, Medicaid, CHIP, and HIPAA Requirements) as amended
- Food and Drug Administration Emergency Use Act, as amended
- Disaster Relief and Emergency Assistance Act (Stafford Act) [November 1988, PUBLIC LAW 100-707] as amended

State Directives, Laws, and Statutes

- Montana Code Annotated (MCA) Title 10, Chapter 3 - *Disaster and Emergency Services*
- Montana Code Annotated (MCA) Title 50 – *Health & Safety*
- Montana Code Annotated (MCA) Title 7 – Related to Emergency Medical Services
- Administrative Rules of Montana (ARM) Title 37 – Public Health and Human Services
- Montana Executive Order #17-04, Adoption of the National Incident Management System, Office of the Governor, 2004

Planning References

- National Preparedness System, Department of Homeland Security, 2013
- Centers for Disease Control: *Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors Version 1.0,* US Dept. of Health & Human Services, October 2004
- Public Health Preparedness Capabilities, Centers for Disease Control and Prevention, 2011
- NFPA 1600, Standard on Disaster/Emergency Management & Business Continuity Programs, 2010 Edition.

• Appendices

Appendix A

EOP Components – Planning Documents

Planning Document	Type	Status
DPHHS Emergency Operations Plan	**Plan**	Needs Revision
Continuity of Operations (COOP)	Framework	Needs Revision
Crisis Care Guidance	Framework	Current
Emergency Support Function 8	Framework	Under Review/Revision
Emergency Support Function 6	Framework	Under Review/Revision
Health and Human Services Recovery	Framework	Needs Revision
Communicable Disease Epidemiology	Annex	Current
Crisis Emergency Risk Communications	Annex	Needs Revision
Disaster Supplemental Nutrition Assistance Program	Annex	Current
Emergency Food Safety & Defense	Annex	Needs Revision
Fatality Management	Annex	Needs Revision
Food Distribution	Annex	Needs Revision
Healthcare Support Personnel Coordination Annex	Annex	In Draft
Highly Infectious Disease	Annex	Current
Laboratory Services	Annex	Current
Mass Vaccination	Annex	Needs Revision
Medical Supplies Management & Distribution	Annex	Current
Medical Surge	Annex	Current
Mental & Behavioral Health	Annex	Under Review/Revision
Non-Infectious & Environmental Health Threat Response	Annex	Needs Revision
Non-Pharmaceutical Intervention	Annex	Needs Rewrite
Pandemic Influenza	Annex	Needs Rewrite
Severe Weather Response	Annex	UW/draft
Technical Communications	Annex	Needs Revision
Accessible, Inclusive, and Culturally Sensitive Communication	Policy	Current
After Action Report/Improvement Plan Guide	SOG	Needs Revision combine
CHEMPACK coordination	SOG	Current
Communications Equipment	SOG	Current
Critical Personnel Medical Dispensing	SOG	In Draft
Donations Collaboration	SOG	Unwritten
DPHHS Comm Trailer Operations Manual	SOG	Needs Revision
Emergency Management Assistance Compact (EMAC)	SOG	Needs Revision combine
Emergency Medical Services/ Surge Transport	SOG	Current
EOP Write and Review Guide	SOG	Current
Healthcare EEI Management	SOG	Needs Revision
Healthcare Responder Registry	SOG	Under Review/Revision
Incident Management Guide/MHERCC	SOG	Current
Information & Intelligence Management	SOG	Needs Revision
Medical Resource Requests	SOG	Unwritten combine
On-Call Protocols	SOG	Under Review/Revision
Patient Transfer Request	SOG	Current
PHEP Deliverables SOP	SOG	Needs Revision
Preparedness Exercise Design	SOG	Needs Revision
Shelter Operations Advise & Assist Protocol	SOG	Needs Revision
Suspicious Substance Response	SOG	Needs Revision
Treatment Center Coordination (MSMD)	SOG	Needs Revision
Volunteer Call Down: Includes RSS and General	SOG	Under Review/Revision
Human Services (Mass Care)	SOG	Unwritten
Health Alert Network	SOP	Under Review/Revision
Incident Recovery: Demobilization & Deactivation	SOP	Needs Revision
Staff Notification and Activation Protocol	SOP	Under Review/Revision

Record of Distribution

The Public Health Emergency Preparedness Section will make an electronic copy available upon request. To provide comments and suggestions for future revisions, email mtphep@mt.gov or call 406-444-0919.

Date	Receiving Partner Agency/ Organization

Record of Review

Date	Reviewed by	Condition	
	Group or Name/Title	Type	Level
1/23/2020	Luke W. Fortune, PHEP Planning Lead; Kevin O'Loughlin, PHEP Supervisor		
3/01/2021	Luke Fortune, PHEP Planning Lead; Kevin O'Loughlin, PHEP Supervisor, Don McGiboney, HPP Supervisor; Colin Tobin, Grant Manager		
4/1/2021	Luke W. Fortune, PHEP Planning Lead; Kevin O'Loughlin, PHEP Supervisor		
6/1/2021	Luke Fortune, PHEP Planning Lead; Kevin O'Loughlin, PHEP Supervisor		
8/8/23	Luke Fortune, PHEP Planning Lead		

Record of Change

Date	Description of Change	Initials
11/2010	Total rewrite	ALB
12/2010	Minor updates	ALB
2/2011	Updated DPHHS Overarching Plans and Annexes	ALB
2/2014	Format Revision & Editing	LWF
3/2014	Inserted Authorizing Signature	LWF
5/2016	Updated EOP Components lists	LWF
7/27/16	Corrected name of Incident Management SOG in components list	LWF
8/16/16	Corrected Name of Non-Infectious and Environmental Health Threat Response annex	LWF
1/5/17	Updated formatting to proper CPG guidelines; Updated Section V to make it part of the appendices; Updated EOP components and added matrix graphic; Revised TOC	LWF
1/25/17	Added new director's signature page and upgraded version to 7.5	LWF
7/7/18	Inserted AFN statement; formatting; revise Roles & Responsibilities;	LWF
9/18/2019	Corrected version date; Added administrators list	LWF
1/23/20	Added Reviewed-By page; Adjusted page numbering and formatting	LWF
4/1/2021	Review and revision with updated planning standardizations; Clarified duty officer program on page 4; Clarified incident management flexibility on page 4; updated to version 9.	LWF
5/19/2021	Formatting and edits to authorization page.	LWF
7/22/2021	Inserted Director-signed authorization to PDF version.	LWF
3/1/2022	Updated to new format; removed repeated AFN paragraph from ConOps section; rewrote introductory material.	LWF
8/8/23	Updated new format to comply with new department style standards	LWF
3/7/2024	Updated plan list in Appendix A	LWF

NOTE: Changes made will be incorporated into the next version of the plan.

Record of Distribution

Upon approval of this plan, the Public Health Emergency Preparedness Section will make an electronic copy available. To provide comments and suggestions for future revisions, email mtphep@mt.gov or call 406-444-0919.

Date	Receiving Partner Agency/Organization	Initials

Recent Review

This page tracks the occurrence of the latest review by which authority and when. Changes made are noted in the Record of Change.

Date	Reviewing Authority (Name, title, etc.)	Org.
1/23/2020	Luke W. Fortune, PHEP Planning Lead; Kevin O'Loughlin, PHEP Supervisor	DPHHS
3/01/2021	Luke Fortune, PHEP Planning Lead; Kevin O'Loughlin, PHEP Supervisor, Don McGiboney, HPP Supervisor; Colin Tobin, Grant Manager	
4/1/2021	Luke W. Fortune, PHEP Planning Lead; Kevin O'Loughlin, PHEP Supervisor	DPHHS
6/1/2021	Luke Fortune, PHEP Planning Lead; Kevin O'Loughlin, PHEP Supervisor	DPHHS
12/13/21	Luke Fortune, PHEP Planning Lead; Kevin O'Loughlin, PHEP Supervisor, Don McGiboney, HPP Supervisor; Colin Tobin, Grant Manager	DPHHS