



The Public Health Emergency Preparedness Program was created in order to integrate the public health discipline into the traditional emergency management structure on a national level. This need was particularly highlighted in the months following September 11, 2001, as several letters containing deadly anthrax spores were delivered in multiple states (including 2 U.S. Senators), killing 5 people and injuring 17 others, creating a national scare. Traditional responders quickly realized there was a need for health experts at the planning table when trying to determine the best course of action.

The newly formed Department of Homeland Security made the integration of public health a priority as funding was provided under direction of the Center for Disease Control and Prevention (CDC) for states to develop a public health preparedness strategy. In Michigan, this led to the creation of the Office of Public Health Preparedness at the state level and an Emergency Preparedness Coordinator (EPC) position at each of the 45 local health departments in 2002.

Rob Olmstead
Public Health Emergency Preparedness Coordinator

Staff and Roles

Public Health Muskegon County maintains one full time employee (Emergency Preparedness Coordinator) per contractual agreement with the State of Michigan. Other staff at PHMC with emergency preparedness roles:

| | | |
|---|---|--|
| <u>Public Health Epidemiologist</u> Jean Chang, PhD | <u>Emergency Preparedness Coordinator</u> Rob Olmstead | <u>Microcomputer Analyst</u> Milly Dreleozis |
| <u>Environmental Protection Supervisor</u> Theodore Sietsema, MA, REHS | <u>Nursing Supervisor</u> Pat Krehn, RN, BSN | <u>Improvement Specialist</u> Dori Peters, BS |
| | <u>Public Health Nurse</u> Kim Alder, RN, BSN | |

Basis for Program

The following key provisions of the Michigan Public Health Code (Act 368 of 1978, as amended) formulate the legal basis for the emergency preparedness program:

Imminent Danger Order (§ 2251, § 2451)

- Issued by State Health Director or Local Health Officer
- Requires determination of “imminent danger”, i.e. a condition or practice exists which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided
- May require immediate action to avoid, correct, or remove imminent danger
- If Director determines that conditions anywhere in state constitute a menace to public health, Director may take full charge of the administration of applicable state and local health laws, rules, regulations, and ordinances
- Petition filed in circuit court for an order to compel compliance

Emergency Order to Control Epidemic (§ 2253, § 2453)

- Issued by State Health Director or Local Health Officer
- May prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic

- Unlike Warning Notice (described below) that may be issued to a class of persons
- May be used to direct mass immunization (§ 9203)
- Petition filed in circuit court for an order to compel compliance

Purpose of the Program

Develop, maintain, and test the public health emergency response plan to assure a coordinated community response to protect the population during a public health emergency.

Since its inception at Public Health Muskegon County, the Emergency Preparedness program has made great strides in bringing public health concerns to the forefront of local preparedness planning.

The focal point of Public Health Emergency Preparedness has revolved around planning for mass vaccination/ pharmaceutical dispensing campaigns in the event of a large-scale public health emergency, such as an outbreak of a highly contagious disease, whether natural (pandemic influenza) or man-made (Bioterrorism event). This type of planning requires a great deal of collaboration with local community stakeholders. PHMC has developed solid community partnerships for preparedness activities.

The Public Health Muskegon County Emergency Preparedness Program continues to develop and improve preparedness plans with these local partners for the protection of the citizens of Muskegon County. Through the planning and exercising of these response plans, Muskegon County has greatly improved its ability to respond to a public health emergency, and has demonstrated this capability during recent events.

Community Value

Emergency Response Plans:

Emergency Preparedness is responsible for the development and maintenance of PHMC's emergency response plans. Types of plans kept at PHMC include:

- Mass Vaccination Plan - a checklist of protocols in the event of a public health disaster that requires a population wide vaccination event
- Strategic National Stockpile (SNS) Plan – details the procedure for requesting and receiving the federal cache of pharmaceutical products in the event of a public health emergency
- Distribution Node Plan – an attachment to the SNS Plan (above) detailing the local procedure for receiving the medical supplies
- Pandemic Flu Plan – a checklist of steps for PHMC to follow in the event of an influenza pandemic
- Crisis and Emergency Risk Communication Plan – a compilation of contacts and pre-drafted messages for public information to be used in the event of a public health crisis
- Emergency Operations Plan (EOP) - all of the above plans together comprise the EOP and need to be linked and updated for easy access and usage.

NIMS/Incident Command System:

The National Incident Management System (NIMS) was mandated for all response agencies under Presidential Directive V as the framework for organizing all response activity in the United States. The primary component of NIMS is the use of the Incident Command System (ICS) as a flexible and modular organizational management tool during disaster response in order to establish a clear chain of command and lines of communication. The Emergency Preparedness Program ensures that NIMS concept is adopted by PHMC during all responses and provides training and updates to staff.

Coordination of Medical Reserve Corps (MRC) Activities:

The County of Muskegon is fortunate to have one of the most active medical volunteer groups in the State of Michigan: The Muskegon County Medical Reserve Corps (MRC). This organization is comprised of

- Nurses

- Doctors
- Pharmacists
- Veterinarians
- Dentists
- Former military medics
- Other medical and non medical personnel

The MRC was created for the purpose of assisting the county during a large-scale health or medical disaster. The unit is coordinated by Volunteer Muskegon under the direction of PHMC and Muskegon County Emergency Services and has been recognized for their outstanding efforts by the Michigan Department of Community Health during the Shigella outbreak in 2008-09 and the H1N1 Vaccination Campaign 2009-10 where the contributed over 16,000 volunteer hours with a service cost estimate exceeding \$300,000.

Exercise/Training:

An ongoing activity in the Emergency Preparedness Program is coordinating exercises of the response plans to ensure that key public health staff understand their roles during an emergency response. Some examples of exercises PHMC conducted/participated in:

- Full Scale Mass Dispensing Exercise – designed to test PHMC’s ability to rapidly dispense emergency medications
- SNS Distribution Node Exercise – designed to test the local capacity to receive the emergency medical supplies
- SNS Requesting Exercise – designed to test the protocol for ordering emergency supplies
- SNS POD Orientations – clinic trainings geared for the area physicians
- Human Services Annex Drill – An exercise by the local human service agencies and churches to discuss excess mortalities and funeral services.
- Mass Fatalities Exercise – A regional drill detailing resource coordination during a large mass fatality event in West Michigan.
- Food Security Table Top Exercise – A drill designed to identify gaps in the food production and distribution process.
- Pandemic Influenza Table Top Exercise – designed to assess community plans for dealing with a severe influenza outbreak.
- Water Consortium Table Top Exercise – A regional exercise exploring the issues related to an attack on the water supply in West Michigan.
- Emergency Operations Center Activation Drill – local drill for the Muskegon County Emergency Services Annex to become familiar with new EOC.

These drills focus on various parts of PHMC response plans where public health may or may not be the lead agency. Participation in local and state exercises allows PHMC to assess response capabilities and identify gaps in planning.

A good measure of the response planning done in Muskegon County was the vaccination rates for Muskegon County during the H1N1 Response 2009-10. Following the local emergency preparedness plan, PHMC was able to vaccinate almost 34% of its population (nearly double the state average.)

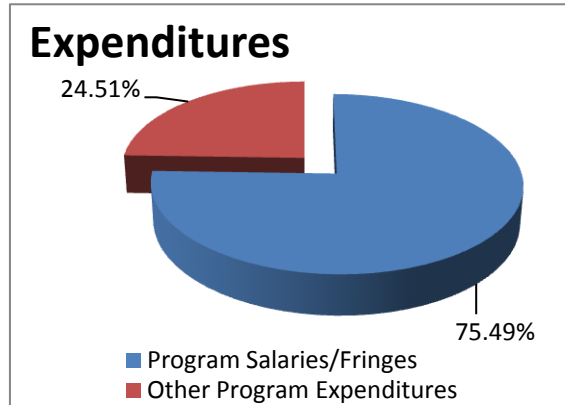
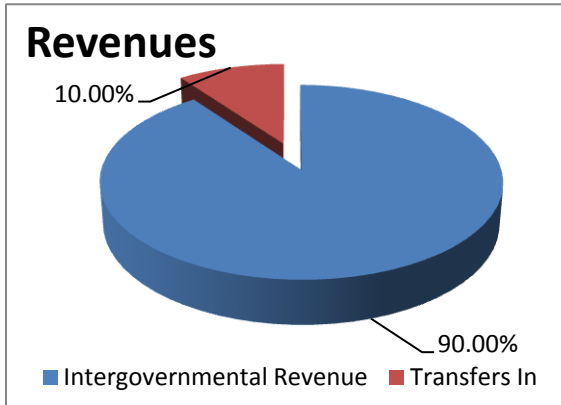
Fiscal Year 2011 Financial Information (Unaudited)

| Emergency Preparedness Revenues: | FY 2011 Actual | FY 2011 Percentage |
|---|-----------------------|---------------------------|
| Intergovernmental Revenue | \$140,722 | 90.00% |
| Medicaid | \$0 | 0.00% |
| Fees | \$0 | 0.00% |

| | | |
|-----------------------|------------------|----------------|
| Access Health | \$0 | 0.00% |
| Transfers In | \$15,636 | 10.00% |
| Total Revenues | \$156,358 | 100.00% |

Emergency Preparedness Expenditures

| | | |
|----------------------------|------------------|----------------|
| Program Salaries/Fringes | \$118,031 | 75.49% |
| Other Program Expenditures | \$38,327 | 24.51% |
| Total Expenditures | \$156,358 | 100.00% |



Pandemic Influenza Revenues:

| | FY 2011 Actual | FY 2011 Percentage |
|---------------------------|-----------------------|---------------------------|
| Intergovernmental Revenue | \$18,185 | 99.91% |
| Medicaid | \$0 | 0.00% |
| Fees | \$16 | 0.09% |
| Access Health | \$0 | 0.00% |
| Transfers In | \$0 | 0.00% |
| Total Revenues | \$18,201 | 100.00% |

Pandemic Influenza Expenditures

| | | |
|----------------------------|-----------------|----------------|
| Program Salaries/Fringes | \$14,729 | 80.92% |
| Other Program Expenditures | \$3,472 | 19.08% |
| Total Expenditures | \$18,201 | 100.00% |

