



Public Health
Prevent. Promote. Protect.

Muskegon County

Plan of
Organization

2012

The Public Health Code (Michigan Law, Act 368 of 1978, as amended), Part 2235 and Section 2431, provides the legal basis for the Michigan Department of Community Health to require local health departments to have an approved Plan of Organization; and to demonstrate the ability to provide required services.

*Approved
April 2012*

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I. LEGAL RESPONSIBILITY AND AUTHORITY

A. State and Local Statutory Authority

In 1978, the Public Health Code (Public Act 368 as amended) was passed by the Legislature and signed by the Governor. The Code establishes a State/Local system to carry out the responsibility to protect and promote public health. Pursuant to section 2224 of this code, the Michigan Department of Public Health (now vested in Community Health) is required to promote an adequate and appropriate system of local health services throughout the state; and to develop and establish arrangements and procedures for the effective coordination and integration of all public health services including effective cooperation between public and nonpublic entities to provide a unified system of statewide health care.

Laws applicable to local public health are outlined in **Attachment A** (*pages 14 and 15*). This document serves as a survey of appropriate laws, but should not be considered exhaustive or as a limit to local health department responsibilities required by law.

Local regulations are on file at the Health Department, can be accessed via the internet at www.muskegonhealth.net/laws/laws.htm and include the following:

Enforcement Guidelines and Administrative Hearing Process for the Food Service Sanitation Program (updated February 2011)

This document provides enforcement procedures that comply with the Michigan Food Law of 2000, Act 92 of 2000, the Michigan Public Health Code [1978 PA 368, MCL 333.1101 to 333.25211], the 2005 FDA Food Code, and the Administrative Procedures Act, MCL 24.201 et seq.

Muskegon County Clean Indoor Air Regulation (as amended May 2010)

This regulation is to protect the public's health and welfare by regulating smoking in public places and places of employment and recreation.

Muskegon County Health Department Vector Control Regulations (2007)

This regulation was established to safeguard the public health of the citizens of Muskegon County and to provide for the quarantining of animals that may have exposed humans to a communicable zoonotic disease such as rabies; the impoundment of dangerous and/or biting animals; required reporting and surveillance of animal to human communicable diseases; and the control of public nuisances.

Muskegon County Sanitary Regulations (as amended April 2005)

The objective of this local ordinance is to provide a means for safeguarding the environment necessary for the health and welfare of the consumer and all residents of Muskegon County.

Septic Tank Waste Disposal Rules and Regulations (Adopted July 1978)

This document governs the disposition of all wastes removed from septic tanks, seepage pits or cesspools situated in Muskegon County.

B. Governing Entity Relationship

The Public Health Code requires every county to provide for a local health department. The County Board of Commissioners is required to organize county or district health departments in accordance to Act 368 of 1978 as amended, Sec. 2413 and 2415.

Public Health - Muskegon County is organized as a county health department where the powers and duties are vested in the Muskegon County Board of Commissioners as the governing entity. The entity does not have a Board of Health, but the responsibility for policy and program development for the public health administrative and operational activities are addressed in the *Human Resources* committee-of-the-whole.

Public Health - Muskegon County has a full-time administrative health officer entitled *Public Health Director* who is appointed by the Muskegon County Board of Commissioners and reports to the County Administrator. This position may take actions and make determinations necessary or appropriate to carry out LHD functions, to protect the public's health and to prevent disease.

Public Health - Muskegon County provides (via independent contract) a medical director who is available full-time (in person, by telephone or other electronic means) to provide direction in the formulation of medical public health policy and program operations.

C. Defend/Indemnify Employees for Civil Liability

Public Health - Muskegon County indemnifies, defends and holds its employees harmless from any civil liability or loss sustained in the performance of official duties (except for gross misconduct) through various policies and insurance companies.

Muskegon County, through its Human Resources Department - Risk Management Section, maintains and is responsible for appropriate employee insurance coverage, including but not limited to general liability, worker's compensation and automobile liability insurance as well as any optional coverage, including but not limited to medical and accidental death and dismemberment insurance.

Liability coverage is provided to Muskegon County through the Michigan Municipal Risk Management Authority, a public entity risk pool. Muskegon County may change carriers from time to time. Current copies of the liability declarations pages are on file.

D. Assistance with Food Service Sanitation Program Responsibilities

This section is not applicable. Currently, Public Health - Muskegon County does not have any agreements, contracts, or arrangements with any other entities to assist in carrying out its Food Service Sanitation Program responsibilities.

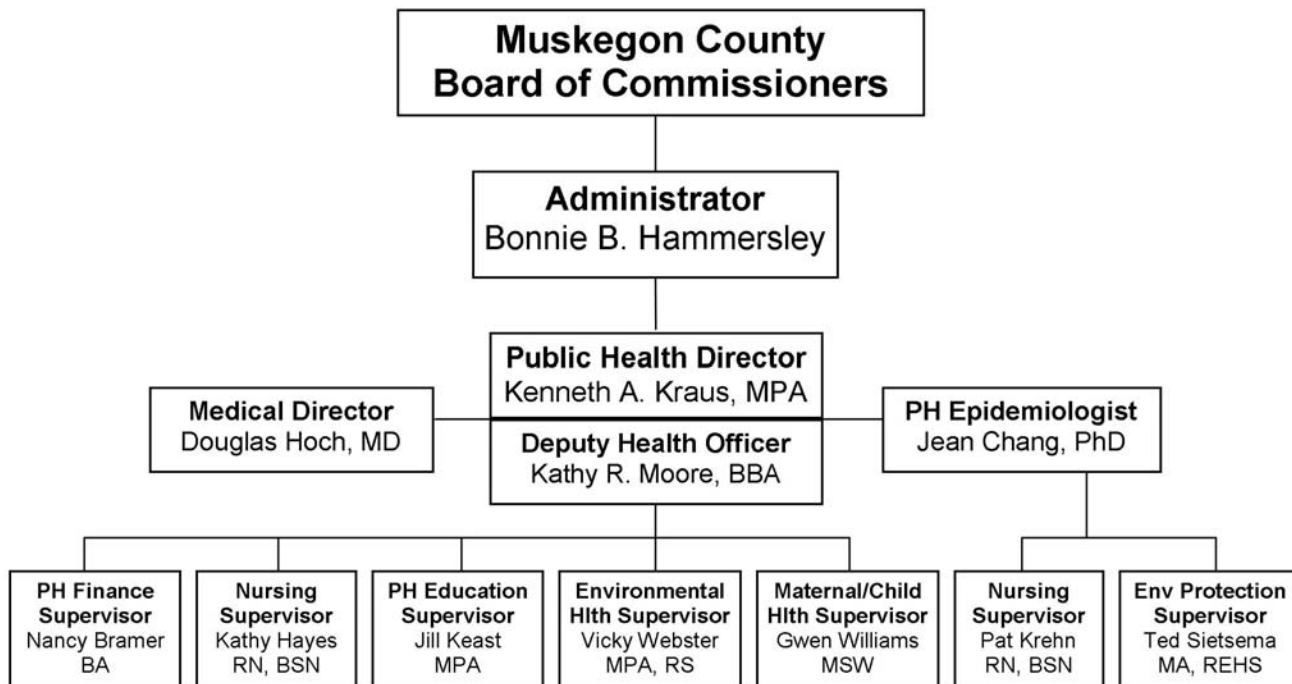
E. Blood Borne Pathogens Exposure and Chemical Hygiene Plans

For copies of these items, see **Attachments B** and **C** respectively.

II. LOCAL HEALTH DEPARTMENT ORGANIZATION

A. Organizational Chart

The official positions/titles, lines of authority and names of top-level managers of Public Health - Muskegon County are depicted in the following organizational chart.



B. Board Approval of LHD Plan of Organization

Attachment D provides documentation of the Muskegon County Board of Commissioners (local governing entity) approval of Public Health - Muskegon County's *Organizational Plan*.

C. Annual Operating Budget and Staffing Levels

The County of Muskegon adopts its budget in accordance with Public Act 621, which mandates an annual budget process and an annual appropriation ordinance to implement the budget. Documentation indicating Board of Commissioners' approval of the initial budget is provided in **Attachment E**.

Public Health - Muskegon County's operating budget for fiscal year beginning October 1, 2011 and ending September 30, 2012 included total revenue and expenditures of \$6,637,478 with 79 FTEs. A summary of the 2012 adopted budget for Public Health (fund 2210) is depicted in **Attachment F**.

D. Audit Findings, Responses and Corrective Actions

- 1) **Audit Findings:** The financial activities of Public Health – Muskegon County are audited in aggregate as a departmental unit (organized on the basis of funds) of the County of Muskegon. The operations of each fund are accounted for with a separate set of self-balancing accounts comprised of assets, liabilities, fund equity, revenues and expenditures, or expenses as appropriate. Governmental resources are allocated to and accounted for in individual funds based upon the purposes for which they are to be spent and the means by which spending activities are controlled.

The financial activities of Public Health – Muskegon County are categorized as Special Revenue Funds which account for specific activities requiring separate accounting because of legal or regulatory provisions or administrative action. There were **no findings**, specific to Public Health – Muskegon County, indicated in the most recent audit on record (dated January 18, 2011).

The County of Muskegon’s financial statements were audited by Rehmann Robson, a firm of licensed certified public accountants. The independent auditor concluded, based upon the audit, that there was a reasonable basis for rendering an unqualified opinion that the County of Muskegon’s financial statements for the fiscal year ended September 30, 2010, are fairly presented in all material respects in conformity with GAAP. The County of Muskegon’s Comprehensive Financial Report includes the independent auditor’s report and can be downloaded or viewed electronically at:

www.co.muskegon.mi.us/accounting/cafr2010.pdf

In addition, there were **no findings**, specific to Public Health – Muskegon County, indicated in the most recent Muskegon County single audit report available at:

www.co.muskegon.mi.us/accounting/singleaudit_2010.pdf

- 2) **Sub-recipient Monitoring:** Public Health – Muskegon County monitors sub-recipient funds to ensure that federal and state awards are used for authorized purposes in accordance with laws, regulations, and the provisions of contract or grant agreements, and that the performance goals are achieved. There were **no significant issues** uncovered as a result of sub-recipient monitoring.
- 3) **Corrective Actions:** There were **no corrective actions required** as a result of findings from the most recent audit or sub-recipient monitoring.

E. Information Technology Capacity

Public Health - Muskegon County maintains an automated management information system that effectively gathers public health data; allows easy integration and analysis to improve client services, program evaluation and service outcomes; monitors the health of populations; and supports agency management decisions. The information systems used or made available to access and distribute current public health information are listed in the table below.

System	Purpose	Users	Maintained By
Arc GIS	Create maps that provide a visual representation of health data integrated with geographical or spatial locations.	PHMC staff	PHMC staff & software developer
BS&A (replaced BANNER)	Financial data management for County level budgeting, purchasing, accounting, payroll and HR functions.	Muskegon County staff	Musk. County IT
Local Area Network	Efficient and secure data storage, file sharing, printer access, etc. Intranet communication links for PHMC staff.	PHMC staff	Musk. County IT
PHMC Website	Access to and information about PHMC programs, services, forms, applications, newsletters, publications, etc. Links to federal, state and community sites.	General public & staff	Musk. County IT (contents maintained by PHMC staff)
MDCH (state) systems	BCCCP, WIC, MDSS, MCIR, STELLAR, HAN, EGRAMS program specific web-based connections for data input, sharing, contracts, budgets, reports, etc.	PHMC staff, schools & healthcare providers	MDCH IT staff
MS Access DBMS	Databases to collect, report and disseminate information to/from various public health programs.	PHMC staff	Musk. County IT (contents maintained by PHMC staff)
MS Outlook	Email access and managements. Data exchange utilities. Schedule staff time, departmental resources and client appointments.	Muskegon County staff	Musk. County IT
SPSS	DBMS used to generate reports and charts, track trends, conduct complex statistical analysis.	Epidemiologist and CD staff	PHMC & SPSS, Inc.
SWORD	Food sanitation data collection and inspection reporting system.	PHMC staff	Sword Solutions, Inc.

III. MISSION, VISION AND VALUES

A. Purpose

“A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards, prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.”

- Michigan Public Health Code, Section 333.2433

B. Mission

Prevent. Promote. Protect.

(Prevent disease, promote health and protect the environment.)

C. Vision

Healthy people in a healthy community.

D. Role of Public Health

The governmental public health agency must assure that vital elements are in place to address the mission. The role of public health is to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Ensure the quality and accessibility of health services

IV. LOCAL PLANNING AND COLLABORATIVE INITIATIVES

A. Core Functions and Priorities

The activities of Public Health - Muskegon County are focused on three core functions: assessment, policy development and assurance.

1. **Assessment (*learning what the most important health problems are*)**
Assessment information is used to develop public health priorities. Assessment data are based on birth, illness and death statistics, available health resources, unmet health needs and feelings and behaviors that impact the personal health of Muskegon County residents.
2. **Policy development (*deciding what to do based on assessments*)**
Information (gathered through surveys and assessments) is used to develop State and local health policies. These policies are incorporated into community priorities and plans, public agency budgets, local regulations and ordinances and services provided.
3. **Assurance (*doing it well or making sure someone else does it well*)**
Assurance is monitoring the quality of the policy decisions implemented and the health services provided.

B. Required Services

Michigan's local public health departments must, under MCL 333.2431 (1)(b), demonstrate the ability to provide required services. Public Health – Muskegon County meets this requirement by providing the following services:

1. **Immunizations:** Assure sufficient immunization levels within the population and population subgroups to limit the spread of vaccine-preventable infections and illnesses. The standard rate of sufficient immunization is considered to be 90%. The program coordinates the distribution of Vaccines for Children (VFC) products to participating providers in the community and annually conducts a site visit to assure compliance with immunization guidelines. It also directly provides vaccines for eligible community members, provides travel vaccines for people leaving the country and provides TB skin tests.
2. **Communicable Disease Control:** Investigate all documented cases of reportable communicable diseases. Monitor the compliance with reporting by physicians, laboratories, schools and daycare centers. Take measures to limit the spread of communicable diseases, especially in outbreak situations.
3. **Sexually Transmitted Disease Control:** Assure appropriate treatment for all persons diagnosed with a documented and reportable sexually transmitted disease. Provide testing and treatment for individuals seeking such testing from the public health department. Notify people who have been identified as a contact to a person with a diagnosed sexually transmitted disease.

4. **Emergency Management - Community Health Annex:** The community health annex is the responsibility of the public health department and describes the roles and responsibilities of the public health department in a public health emergency. Public health emergency preparedness plans are integrated with this annex and are coordinated by the Emergency Preparedness Coordinator required in each local public health jurisdiction.
5. **Prenatal Care:** This service is available in the community through the “assurance” function of public health. There are two federally qualified health centers in Muskegon County that provide prenatal care services for vulnerable populations.
6. **Family Planning Services for Indigent Women:** This service is available in the community through the “assurance” function of public health. Planned Parenthood of West and Northern Michigan contracts with the Michigan Department of Community Health to provide (Title X Program) family planning services and leases space in the public health department building.
7. **Health Education:** Health promotion and education services are available and often dependent upon available funding and subject to funding source limitations.
8. **Nutrition Services:** Activities to establish healthier eating habits through the provision of nutrition information and referrals to community resources.
9. **HIV/AIDS services: reporting, counseling, and partner notification:** This program is closely integrated with the sexually transmitted disease program. High risk individuals are targeted for testing. Efforts are made to notify all partners exposed to the infection and follow-up with testing.
10. **Care for individuals with serious communicable disease or infection:** Primarily follow-up on positive tuberculosis skin testing through periodic clinics with a pulmonary specialist; prophylactic medications if determined necessary; and monitoring via directly observed therapy conducted by a public health nurse at the home of an active TB case patient.
11. **Hearing and Vision Screening:** Pre-school, kindergarten, 2nd and 4th grade students receive hearing screenings by a trained technician following MDCH standards. Pre-school, 1st, 3rd, 5th, 7th, and 9th (or prior to driver’s education) grade students receive a vision screening by a trained technician following MDCH standards. Notification of the need for follow-up treatment for failed screens is provided to the parent or guardian, and a free otology clinic is offered to those needing follow-up with an ENT specialist.
12. **Public Swimming Pool Inspections:** Public swimming pools and hot tubs are inspected by qualified public health staff to assure compliance with regulations before the swimming pool or hot tub can be licensed by the State.
13. **Campground Inspections:** Inspect campgrounds to assure compliance with regulations prior to issuance of State license or temporary campground permit.

14. **Public/Private On-Site Wastewater:** Review, permit and inspect non-community on-site sewage disposal systems. Investigate system failures. Enforce compliance with local sanitary code and applicable state laws and regulations.
15. **Food Protection:** Approve plans for and licensing of food service establishments. Inspect the facilities to assure compliance with the Michigan Food Law. Apply various levels of enforcement action to address non-compliance with the Food Law. Investigate all possible food borne illness reports and all food service establishment complaints. Respond to food borne illness outbreaks to determine cause and develop control methods.
16. **Pregnancy test related to informed consent to abortion:** Provide the State required materials for women seeking an abortion and provide information on where they can get tested.
17. **Public/Private Water Supply:** Review, permit and inspect non-community well water supplies for potable water. Monitor public Type II water supplies to assure required testing and analysis is completed and that the water remains safe for consumption.

C. Allowable Activities

Allowable activities are public health services delivered by the public health department which are not required but which the Michigan Department of Community Health determines are eligible for cost reimbursement. Local general funds allocated to these programs are eligible to be counted toward the maintenance of effort amount necessary to maintain the essential local public health allocation. Some of the allowable services provided are: Substance Abuse Prevention, Beach Water Monitoring, Breast & Cervical Cancer Control, Children's Special Health Care Services, Community Health Assessment & Improvement, Dental (Oral) Health Promotion, Infant Mortality Reduction & Advocacy, Medicaid Outreach, Nuisance Abatement, Radon Testing, Septage Haulers Inspections, Vacant Land Evaluation, Water Testing, and WIC (Women, Infants & Children) Nutrition Program.

The Michigan Department of Community Health provides the primary source of funding for allowable public health activities through the CPBC (Comprehensive Plan, Budget & Contract) agreement. Some public health programs and services are funded through contractual agreements with the Michigan Department of Environmental Quality, Michigan Department of Agriculture, Centers for Disease Control, and the community foundation or private organizations. Other programs and activities are funded by local general fund allocation and participant fees.

D. Community Partnerships and Collaborative Efforts

Public Health - Muskegon County is actively involved in community partnerships and collaborative efforts that address or serve the needs, trends and issues impacting public health. Key personnel, including the Health Officer, Medical Director, Deputy Health Officer, supervisors and professional staff, all contribute to the alliances. Broad, multi-agency participation enhances networking, leadership and vision. It also enables the community service agencies to address a greater number of ideas, projects and issues with fewer resources.

Public Health - Muskegon County's community partnerships and collaborative efforts include membership and active leadership participation in the following: Community Coordinating Council and sub-committees; Michigan Association for Local Public Health (MALPH) and related forums; Chamber of Commerce committees; United Way board and committees; Senior Resources – Agency on Aging; CALL 211; local and community taskforce groups; community-wide Emergency Preparedness planning committees; local advisory committees; local agency boards and related committees; community coalitions and consortiums; program outreach and planning groups.

A current, detailed listing of each initiative, staff representative, meeting frequency and descriptions is maintained on file at the health department.

V. SERVICE DELIVERY

A. Location

Public Health Muskegon County is located at 209 East Apple Avenue, Muskegon Michigan 49442. Our website address is www.muskegonhealth.net

B. Services

Refer to **Attachment G** for the most current list of Public Health - Muskegon County programs, services and/or activities.

C. Hours of Operation

The hours of operation for Public Health - Muskegon County, including Administration and most of the programs and services, are as follows:

Monday - Friday 8 AM - 5 PM (closed Noon to 1:00 PM)

Walk-in service hours for other select programs/activities are depicted in the table below.

Service Activity	Days	Hours
Dog Licensing Environmental Health Food Service Sanitation Medicaid Outreach	Mon, Tue, Wed, Thu, Fri	8:00 AM – 11:00 AM <i>(closed 11 AM – Noon)</i> Noon – 5:00 PM
HIV Testing	Mon, Tue, Wed, Thu, Fri	8:00 AM – 11:00 AM <i>(closed 11 AM – Noon)</i> Noon – 4:00 PM
Immunizations TB Skin Testing	Mon, Tue, Wed, Thu, Fri <i>(No TB Skin Testing on Thursday)</i>	Noon – 4:30 PM
STD Results & Treatment	Mon, Tue, Wed, Thu, Fri	Noon – 4:00 PM
STD Testing	Wednesday ONLY	Noon – 4:00 PM
WIC Nutrition Services at Health building on Apple	Mon, Tue, Wed, Thu, Fri	8:00 AM – 5:00 PM <i>(except Tue 10 AM – 5:00 PM)</i>
WIC Nutrition Services at Hackley Comm. Care	Wed, Thu, Fri	8:30 AM – 5:00 PM
WIC Nutrition Services at Holton Middle School	1 st & 3 rd Wednesdays of each month	8:30 AM – 4:00 PM
WIC Nutrition Services at United Methodist/Ravenna	2 nd & 4 th Wednesdays of each month	8:30 AM – 4:00 PM
WIC Nutrition Services at White Lake Comm Ed	Mon & Tue	Mon 8:30 AM – 4:00 PM Tue 12:30 PM – 4:00 PM
Hearing & Vision Screening	Friday ONLY	8:00 AM – 11:00 AM <i>(closed 11 AM – 1 PM)</i> 1:00 PM – 4:00 PM

D. Matrix of Services

Refer to **Attachment H** for a matrix of services for local public health.

VI. REPORTING AND EVALUATION

A. Evaluation Efforts

Public Health - Muskegon County plans and monitors the efficiency and effectiveness of its organizational activities, programs and services. A computerized financial management system is utilized to collect, track, analyze and report fiscal activities. Financial audits are conducted annually by independent auditing firms following strict governmental accounting standards. *Government Auditing Standards* also require additional reporting on internal control over financial reporting, compliance with laws, regulations, and provisions of contracts or grant agreements.

Management information systems are utilized to effectively gather data, allow easy integration and analysis to improve client services; evaluate program and service outcomes; monitor the health of populations; and support agency management decisions.

Public Health - Muskegon County has successfully achieved full accreditation status through four (4) review cycles of the Michigan Local Public Health Accreditation Program. There are 3 primary steps in the accreditation process: 1) **Self-assessment** (internal review) of the department's ability to meet requirements for the delivery of powers and duties, essential local public health services and categorical grant funded services; 2) **On-site review** by State agency reviewers through examination of required documentation and discussions with staff to verify that a local health department is meeting all essential indicators for accreditation; and 3) **Corrective plan of actions** (for missed indicators) developed and submitted by local health departments that do not fully meet all requirements for accreditation.

Public Health - Muskegon County participates in the Quality Improvement Supplement of the Powers and Duties section of Accreditation. We use this process to implement systematic methods to measure and monitor processes and programs; identify and map out processes to reduce time lags and increase internal communication; assess the root cause of an issue to address the underlying cause and not just a symptom; and help demonstrate improved health outcomes.

B. Reporting Mechanisms

Public Health - Muskegon County collects and maintains data and information on health status, health risks, and health resources. Community Health Assessment is a core function of all programs and jobs at the health department. The results of the ongoing community health assessment and improvement process are presented to the community in general and the Muskegon County Board of Commissioners for information and appropriate action. Public Health - Muskegon County maintains communication with policy makers at all levels of government on a regular basis.

Information is gathered, organized and reported via numerous presentations, publications and formats. Local health reports such as youth risk behavior surveys, community profiles, comprehensive youth strategy, adult risk behavior surveys, and special reports are published on a regular basis and disseminated throughout the community to health care providers, human service agencies, governing entities and community residents. Public Health - Muskegon County summarizes its program accomplishments and departmental statistics in the annual report. Local health statistics, as well as information on emerging public health issues, facts sheets, advisories, etc. are presented at public and private gatherings on a regular basis.

A primary reporting mechanism utilized by the health department is its website www.muskegonhealth.net. This venue has proven to be a fast and effective tool for many public health stakeholders. Users will find a volume of information on this website, including current topics, program information, publications, forms, news and links to other health promotion, nutrition education and related sites.

VII. HEALTH OFFICER AND MEDICAL DIRECTOR

A. Procedures for Appointment of Health Officer and Medical Director

The Administrative Health Officer is the director of Public Health - Muskegon County and is responsible for the planning, implementation and evaluation of a broad range of programs, functions and operations designed to address disease prevention, health promotion and environmental health protection.

The Medical Director is responsible for developing and carrying out medical policies, procedures, and standing orders. This position advises the Administrative Health Officer on matters related to medical specialty judgments.

The Muskegon County Board of Commissioners, Human Resources Department and Public Health - Muskegon County utilizes the procedures outlined in **Attachment I** (*LHD Health Officer & Medical Director Requirements and Qualifications Review*) for the appointment of the Health Officer and Medical Director.

B. MDCH Approval of Health Officer

Attachment J depicts the official records received from the Michigan Department of Community Health approving the Muskegon County Board of Commissioners appointment of Kenneth A. Kraus as the Health Officer of Public Health - Muskegon County.

C. MDCH Approval of Medical Director

Attachment K provides documentation relative to Dr. Douglas Hoch's status as a "fully qualified" Medical Director for Public Health - Muskegon County as received from the Michigan Department of Community Health.

VIII. ATTACHMENTS

- A. Laws Applicable to Local Public Health (LPH)**
- B. Blood Borne Infectious Pathogens Exposure Plan**
- C. Chemical Hygiene Plan**
- D. Local Approval of Plan of Organization**
- E. Local Governing Entity Approval of Budget**
- F. LHD Copy of Most Recent Approved Budget**
- G. Current List of LHD Services**
- H. Matrix of Services of Local Public Health**
- I. LHD Health Officer & Medical Director Requirements and Qualifications Review**
- J. MDCH Approval Letter & Certificate for Health Officer**
- K. MDCH Approval Letter for Medical Director**

Public Health Code (PA 368 of 1978)

- MCL § 333.1105 – Definition of Local Public Health Department
- MCL § 333.1111 – Protection of the health, safety, and welfare
- Part 22 (MCL §§ 333.2201 *et seq.*) – State Department
- Part 23 (MCL §§ 333.2301 *et seq.*) – Basic Health Services
- Part 24 (MCL §§ 333.2401 *et seq.*) – Local Health Departments
- Part 51 (MCL §§ 333.5101 *et seq.*) – Prevention and Control of Diseases and Disabilities
- Part 52 (MCL §§ 333.5201 *et seq.*) – Hazardous Communicable Diseases
- Part 53 (MCL §§ 333.5301 *et seq.*) – Expense of Care
- MCL § 333.5923 – HIV Testing and Counseling Costs
- MCL § 333.9131 – Family Planning
- Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization
- Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision
- MCL § 333.11101 – Prohibited Donation or Sale of Blood Products
- MCL § 333.12425 – Agricultural Labor Camps
- Part 125 (MCL §§ 333.12501 *et seq.*) – Campgrounds, etc.
- Part 127 (MCL §§ 333.12701 *et seq.*) – Water Supply and Sewer Systems
- Part 138 (MCL §§ 333.13801 *et seq.*) – Medical Waste
 - (Required to investigate if complaint made and transmit report to MDCH – 13823 and 13825)
- MCL § 333.17015 – Informed Consent

Appropriations (Current: PA 63 of 2011)

- Sec. 218 – Basic Services
- Sec. 904 - ELPHS

Michigan Attorney General Opinions

- OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services
- OAG, 1987-1988, No 6501 – Reimbursement of local department for required and allowable services

Food Law of 2000 (PA 92 of 2000)

- MCL §§ 289.1101 *et seq.*
 - Specifically:
 - MCL § 289.1109 – Definition of local health department
 - MCL § 289.3105 – Enforcement, Delegation to local health department

Natural Resources and Environmental Protection Act (PA 451 of 1994)

Part 31- Water Resources Protection

Specifically: MCL §§ 324.3103 powers and duties and 324.3106 (establishment of pollution standards)

Part 22 - Groundwater Quality rules (on-site wastewater treatment)

Part 117 - Septage Waste Services

Specifically: MCL §§ 324.11701 - 324.11720

Land Division Act (PA 288 of 1967)

MCL § 560.105(g) - Preliminary Plat Approvals

MCL § 560.109a - Parcels less than 1 acre

MCL § 560.118 - Health Department Approval

Condominium Act (PA 59 of 1978 as amended)

MCL § 559.171a - Approval of Condominiums not served by public sewer and water

Safe Drinking Water Act (PA 399 of 1976 as amended)

MCL § 325.1016 - Public Water Supplies

Agreements with Local health departments to administer

This document may serve as a survey of appropriate laws, but may not be considered exhaustive or as a limit to responsibilities required by law.

BLOODBORNE INFECTIOUS DISEASE EXPOSURE CONTROL PLAN

POLICY

Public Health Muskegon County (PHMC) is committed to providing a safe work environment for all employees. The following *Exposure Control Plan* (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with MIOSHA rules 325.70001 - .70018, "Occupational Exposure to Bloodborne Infectious Diseases."

PROGRAM ADMINISTRATION & RECORDKEEPING

PHMC is responsible for the implementation of the ECP. PHMC, in conjunction with affected supervisors and staff will maintain, review, and update the ECP as required and whenever necessary, include new or modified tasks and procedures.

Those employees who are determined to have potential occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

PHMC will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Each affected program supervisor will ensure that adequate supplies of the equipment are available in the appropriate sizes.

Program supervisors will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and MIOSHA records are obtained. Record of exposure(s) and medical treatment will be kept in the employee's personnel file (including the sharps injury log). A copy of the original *employee injury report* will be kept in the Administration office.

An employee may examine or request a copy of his or her own medical or training records related to this ECP. All medical records required by this ECP are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside the workplace, except as required or permitted by law. PHMC will maintain all medical records for at least the duration of employment.

I. EMPLOYEE EXPOSURE DETERMINATION

The following list of occupations at PHMC have been determined as Category A positions (occupations that require procedures or tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve a likelihood for spills or splashes of blood or other potentially infectious material):

- 1) Public Health Nurse
- 2) Community Nutrition Specialist
- 3) Sanitarian
- 4) Public Health Technician

All other job classifications at the Public Health – Muskegon County have been determined as Category B (occupations that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment).

II. METHODS OF IMPLEMENTATION & CONTROL

A. Universal Precautions

All employees will utilize universal precautions.

B. Exposure Control Plan

Employees covered by the bloodborne infectious diseases standard receive an explanation of this ECP during their initial training session. The ECP will also be reviewed during their evaluation. In addition, all employees have an opportunity to review this plan at any time during their work shifts by contacting their supervisor or the designated Safety Officer.

The designated Safety Officer designee, in conjunction with supervisory staff and the Medical Director, is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

C. Standard Operating Procedures and Contingency Plans

PHMC's Standard Operating Procedures (SOPs) and included contingency plans shall be used when performing tasks involving potential occupational exposures to bloodborne pathogens. All SOPs are listed in Part D of this ECP.

PHMC's employee post-exposure SOP, *Management of Occupational Exposure to Blood and Other Body Fluids*, is located in Communicable Disease Management and the Administration office. PHMC's Medical Director approves this SOP.

D. Engineering Controls and Work Practices

Engineering controls (such as sharps disposal containers, self-sheathing needles, or safer medical devices) and work practice controls (methods that reduce the likelihood of exposure to bloodborne pathogens by controlling the manner in which a task is performed) will be used to prevent or minimize exposure to bloodborne pathogens.

PHMC identifies the need for changes in engineering control and work practices through safety meetings, review of MIOSHA records, and employee reports of potential hazards. Non-managerial employees will be included in this process per PHMC's *Safety Program* guidelines.

Engineering Controls

- 1) Sharps containers
- 2) Protective Gloves
- 3) Eye shields/Glasses
- 4) Safety syringes
- 5) Lab Coats
- 6) One way resuscitation shields
- 7) Clearly Marked Biohazard bags for soiled materials

Work Practices

All procedures will be conducted in a manner that will minimize splashing, spraying, or splattering of infectious materials.

1. Work Area Restrictions. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be stored in any refrigeration unit that holds lab specimens and/or medications. Food and beverages are not to be kept on any countertops where potentially infectious materials may be present.

2. Needles, Syringes, and Sharps. When used, they must not be bent or recapped, unless required by a medical procedure. Needles, syringes, and sharps are to be disposed of immediately into a sharps container that is closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. If a medical procedure limits the ability to immediately dispose of a needle, syringe, or sharp, then the one-handed scoop method may be utilized to recap. Any used needle or syringe will be properly disposed of as soon as possible.
3. Eye Shields/Glasses. Eye Shields/Glasses are available in the STD clinic laboratory and will be disinfected when possible contamination has taken place.
4. CPR (one way resuscitation shield). CPR shields will be kept in the emergency bag in the pharmacy of the STD clinic. If used, the one-way valve shall be disposed of and replaced with a new one after the mask is disinfected.
5. Lab Jackets. Lab jackets will be worn by staff when providing clinical services. Lab jackets will be replaced when possible contamination has occurred. Soiled lab jackets will be placed in appropriate red bags immediately for proper laundering.
6. Regulated Waste. Regulated waste (liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed; items which are caked with dried blood or other potentially infectious material and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological waste that contains blood and other potentially infectious material) is placed in containers, which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

All affected employees must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE. Upon incurring exposures when hand washing facilities are not immediately available, use of antiseptic cleanser or antiseptic towelettes is permitted providing hands are washed with soap and running water as soon as possible.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in designated waste containers or red bags as appropriate.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface and dispose of according to procedures as outlined in this SOP.

E. Personal Protective Equipment (PPE)

PPE for this ECP is provided and maintained for PHMC employees per PHMC's *PPE Procedure*.

F. Housekeeping and Laundry

Work Surfaces. Work surfaces shall be cleaned and appropriately decontaminated with an appropriate disinfectant in all of the following instances:

1. After completion of procedures.
2. When surfaces are overtly contaminated.
3. Immediately when blood or other potentially infectious material is spilled.
4. At the end of the work shift (if the surface may have become contaminated since the last cleaning).

Protective Coverings - Protective coverings such as plastic wrap, aluminum foil, or plastic-backed, absorbent paper may be used to cover equipment and environmental surfaces. These covering shall be removed and replaced at the end of the work shift if contaminated or as soon as feasible when they become overly contaminated.

Regulated Waste Disposal - All bins, pails or cans used for regulated waste disposal or disinfection shall be inspected, emptied, and decontaminated on a regularly scheduled basis.

Broken Glassware - Any broken glassware that may be contaminated shall be picked up using mechanical means, such as a brush and dustpan, and properly disposed in a closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately such as a sharps disposal container.

Disposal of Sharps Containers

1. Authorized personnel will seal the sharps containers when filled and dispose of the containers into an approved biohazard carton located in an out-of-public area in the backroom storage area.
2. Filled sharps containers from out-of-building clinic sites will be transported back to PHMC for proper handling (as in #1) prior to disposal.
3. A licensed medical waste company will pick up approved biohazard cartons on a regular basis, disposing of the waste in accordance with environmental and medical waste laws.
4. Records of pick up and destruction are kept in the Administration office.

Medical Waste Disposal - Laboratory wastes: i.e. grossly bloody materials are placed in Biohazard disposal bags with an autoclave indicator on them. Test tubes or glass vials are properly disposed in a sharps container.

Out-of-building Clinic Sites: All sites will have Biohazard medical waste bags available in the event that a grossly contaminated incident occurs. Used bags are properly sealed with a twist tie and transported to PHMC for proper disposal.

Laundry - Soiled lab jackets and other associated materials are laundered regularly by a professional cleaning service provider.

III. LABELS

Program supervisors will ensure biohazard warning labels are affixed and/or red bags are used to identify designated regulated waste containers. Employees are to notify their program supervisor immediately if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

IV. HEPATITIS B VACCINATION

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccinations are provided by PHMC.

PHMC, the program supervisor, or designee will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability to at least all Category A employees.

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated. Following hepatitis B vaccinations, the health care professional's written opinion will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

However, if an employee chooses to decline vaccination, the employee must sign a declination. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is located in employee personnel files.

IV. INFORMATION & TRAINING

PHMC shall ensure that at least all Category A employees participate in a training program provided at no cost to the employees and during work hours. Program supervisors or their designees (who are knowledgeable on all information included in the training including the ECP and conditions of the work environment that affect the implementation of the ECP) will be responsible for training, documentation of training, and making the written ECP available to employees. All training related documents will be maintained for at least three (3) years in each employee's personnel file.

Training (with educationally appropriate materials) shall be provided to employees at the time of initial assignment to Category A work, annually, and when there are changes, such as the modification of tasks or procedures or the institution of new tasks or procedures, that may affect an employee's occupational exposure.

Training for occupational exposures shall contain at least the following components:

1. Understanding of where to access a copy of MIOSHA regulations.
2. A general explanation of the epidemiology, symptoms, and modes of transmission of bloodborne diseases.
3. An explanation of PHMC's exposure control plan, including SOPs and how to access the written plans.
4. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material.
5. An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices, and proper PPE use and disposal.
6. An explanation of the basis for selecting protective clothing and equipment.
7. Information on the hepatitis B vaccine and post-exposure prophylaxis, including availability, efficacy, safety, benefits, method, and free of charge.

8. Appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious material.
9. An explanation of the procedure to follow if an exposure incident occurs including reporting, medical follow-up, and counseling.
10. An explanation of the signs and labels or color-coding required.

Training sessions will also include discussion time and supervised practice with PPE and other equipment designed to reduce the likelihood of exposure.

V. POST-EXPOSURE PROCEDURE & ADMINISTRATION

Should an exposure incident occur:

1. Provide immediate care to the exposure site by:
 - a. Washing wounds and skin with soap and water.
 - b. Flush mucous membranes with water.
2. Notify Supervisor, Health Officer, or Medical Director.
3. Refer to the *Management of Occupational Exposure to Blood and Other Body Fluids* manual for proper care located in Communicable Disease Management or the Administration office.

Written Hazard Communication Program
(Chemical Hygiene Plan)

General

The following hazard communication program has been established for Public Health – Muskegon County (PHMC). This program will be available for review by all employees.

Hazard Determination

PHMC will rely on material safety data sheets obtained from product suppliers to meet hazard determination requirements.

Labeling

- A. Program supervisors, Accounting, and employees are responsible for seeing that all containers entering the workplace are properly labeled.
- B. All labels shall be checked for:
 - 1. Identity of the material.
 - 2. Appropriate hazard warning for the material.
 - 3. Name and address of the responsible party (Only if the container is received from the manufacturer, distributor, or importer).
- C. Each program supervisor shall also be responsible for ensuring that all portable containers used in their work area are labeled with the appropriate identity and hazard warning.

Chemical hazard labels are to be legible, in English, and displayed on the container (of the product) or readily available in the work area throughout the work shift.

- D. A label will be provided for each chemical product that will include an indication of the hazards presented by the product in each of the four areas fire, reactivity, health, and special hazards. Special safety equipment, which is required to handle the hazardous products, must be indicated on the label.
- E. Signs and labels of the following must be posted:
 - a. Emergency telephone numbers of emergency personnel/facilities, supervisors, and laboratory workers;
 - b. Identity labels, showing contents of containers (including waste receptacles) and associated hazards;
 - c. Location signs for safety showers, eyewash stations, and other safety and first aid equipment, exits and areas where food and beverage consumption and storage are not permitted.
 - d. Warnings at areas or equipment where special or unusual hazards exist.

Storage

Amounts stored should be as small as practical where substances in which the containers used for reactions, transfers, and other handling are designed to be easily and safely manipulated by one person.

Distribution

When chemicals are hand carried outside of the immediate work area, the container should be placed in an outside container or bucket to prevent accidental splash or spillage.

Material Safety Data Sheets (MSDSs)

- A. The designated Safety Officer will be responsible for compiling, maintaining, and monitoring the master MSDS file. The file of both current and archived MSDSs is kept in PHMC Administration. All MSDS will be archived for a period of 30 years from the end date of use.
- B. MSDSs will be available for review to all employees during each work day. Copies will be available upon request to the designated Safety Officer.
- C. Posters identifying the person responsible for maintaining MSDSs and where the MSDSs are located are posted in PHMC main building in the break room and within PHMC main offices. Posters notifying employees when new or revised MSDSs are received will be located in the same location(s).
- D. When purchasing new items chemical in nature, accounting or those receiving delivery will check against MSDS Master List on intranet to assure that MSDS is on file. If a required MSDS is not received, receiver shall notify the designated Safety Officer in writing or by email. The designated Safety Officer will contact the supplier/manufacturer to request MSDS. If an MSDS is not received after two such requests, the designated Safety Officer shall contact the MIOSHA's Construction Safety and Health Division at (517) 322-1856 or General Industry Safety and Health Division (GISHD) at (517) 322-1831, for assistance in obtaining the MSDS.

The MIOSHA program does not maintain a library of MSDSs. However, either of the above divisions will assist an employee in obtaining a copy of an MSDS by contacting their employer.

Housekeeping, Inspections, and Maintenance

Housekeeping - Floors will be kept clean regularly. The cleaning schedule is coordinated by the County of Muskegon Facilities Management Department.

Inspection - Housekeeping and chemical hygiene inspections will be held monthly in accordance with regular onsite inspections of program facilities provided by the PH QIS each month (see *Safety Coordination* section in the *Safety Program* policy).

Spill Control Policy

All accidents or near accidents should be carefully analyzed with the results distributed to all who might benefit. In the event of a chemical spill, the MSDS will be referred to for proper spill response procedures.

1. Determine what has been spilled and locate the MSDS for the product.
2. If the product is toxic, evacuate the area and call Hazmat for assistance.
3. Provide adequate ventilation as described on the MSDS. Try to contain the spill from spreading with absorbent material.
4. Cleanup personnel must use proper PPE as described on the MSDS.

5. If the MSDS is incomplete, professional judgment will be used in the absence of specific spill response information. The manufacturer may be contacted for further information, if time allows.
6. Dispose of clean up materials as recommended by the manufacturer and in accordance with the local, state and federal regulations. Ensure that materials saturated with flammable liquids are placed in containers that will limit the potential for combustion and subsequent fire hazards.
7. An incident report must be completed and turned in to the Safety Officer for review and necessary retraining.

Medical Program

Regular medical surveillance will be established to the extent required by regulations (per MSDS's) through the Safety Officer.

Routine surveillance - Anyone whose work involves regular and frequent handling of toxicologically significant quantities of a chemical will be referred to a qualified physician to determine on an individual basis whether a regular schedule of medical surveillance is desirable.

Personal Protective Equipment (PPE)

See PHMC Personal Protective Equipment (PPE) Procedure

Records

Accident records must be written with any follow up or corrective actions taken noted including the facilities and precautions were compatible with current knowledge and regulations (Also see *Work Safety Program* policy).

Medical Records - The County of Muskegon has established and maintains for each employee an accurate record of any measurements taken to monitor employee exposures and any medical consultation and examinations including tests or written opinions required by this standard. All medical records are retained by the County of Muskegon in accordance with the requirements of state and federal regulations for at least the duration of employment plus 30 years.

Waste Management

Chemical waste is disposed of in accordance with information provided on the MSDS by the product's manufacturer.

If the chemical waste has become contaminated with blood or other potentially infectious materials, then it will be disposed of in accordance with the guidelines set forth in the medical Waste Disposal section of the Bloodborne Infectious Disease Exposure Control Plan policy.

Discarding chemical stocks - Unlabeled containers of chemical and solutions must undergo prompt disposal; if partially used, they should not be opened.

Method of Disposal - Disposal by recycling or chemical decontamination should be used when possible. Contact the County of Muskegon Hazardous Materials Program for information.

Employee Information and Training

- A. Personnel shall coordinate and maintain records of employee hazard communication training in personnel files.
- B. Before their initial work assignment, each new employee will be trained on hazard communication at PHMC. The training will provide the following information:

Information:

- The requirements of the MIOSHA Hazard Communication Standard
- All operations in their work area where hazardous chemicals are present
- Location and availability of the written *Hazard Communication & Right to Know* programs, the list of hazardous chemicals, and the MSDSs
- Procedures to follow when exposed
- How to interpret labels and MSDSs

Training:

- Methods and observations that can be used to detect the presence or release of hazardous chemicals in the work area
- Physical and health hazards of the hazardous chemicals
- Measures the employees should take to protect from these hazards
- Details of the hazard communication program--including explanation of labeling system and MSDSs and how employees can obtain and use hazard information

- C. The employee shall be informed that:
 1. The employer is prohibited from discharging, or discriminating against, an employee who exercises his/her rights to obtain information regarding hazardous chemicals used in the workplace.
 2. As an alternative to requesting an MSDS from the employer, the employee can seek assistance from the MIOSHA Construction Safety and Health Division, at (517) 322-1856, or the MIOSHA General Industry Safety and Health Division at (517) 322-1831, to obtain the desired MSDS. A sign or MIOSHA poster will be posted with the address and telephone number of the MIOSHA Divisions responsible for such requests.
- D. Before any new physical or health hazard is introduced into the workplace, each employee who may be exposed to the substance will be given information in the same manner as during initial training.

List of Hazardous Chemicals

A list of all known hazardous chemicals used by PHMC is located on the shared drive in the “everyone” file and on the intranet. Further information regarding any of these chemicals can be obtained by reviewing its respective MSDS. Materials that can be purchased by the ordinary consumer and are used in the same fashion and amount as the ordinary consumer will be listed on a *consumer use* materials list.

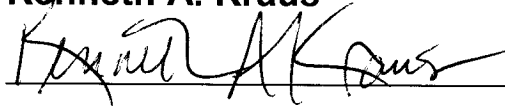
LOCAL HEALTH DEPARTMENT (LHD)
PLAN OF ORGANIZATION

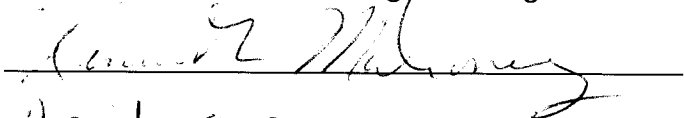
APPROVAL FORM

This approval form is to be signed by the health officer and the chairperson of either the board of commissioners or board of health. In the case of a city health department, the mayor or city council president shall sign. Completion of this form is required and submitted to MDCH with the LHD Plan of Organization.

I have reviewed the Plan of Organization for **Public Health - Muskegon County**.

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the local health department. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name: **Kenneth A. Kraus**
Health Officer Signature: 
Date: March 23, 2012

Board Chairperson Name: **Kenneth Mahoney**
Board Name: **Muskegon County Board of Commissioners**
Mailing Address: 990 Terrace Street, Muskegon Michigan 49442
Chairperson Signature: 
Date: April 10, 2012

Comments:

Muskegon County Board of Commissioners September 27, 2011

254 Full Board Meeting 4:34 p.m.

2011-481 **AMEND THE CURRENT ADOPTED FY2011 BUDGET AS PRESENTED, INCLUDING CHANGING THE COUNTY OF MUSKEGON'S FIXED ASSET CAPITALIZATION POLICY THRESHOLD FROM \$1,000 TO \$5,000 FOR PURCHASES FROM ANY FUNDING SOURCE**

WM11/09 - 120 The Ways & Means Committee recommends, moved by Collins, seconded by Engle, to amend the current adopted FY2011 budget as presented, including changing the County of Muskegon's fixed asset capitalization policy threshold from \$1,000 to \$5,000 for purchases from any funding source.

Roll Call Ayes: Lewis Collins, Benjamin Cross, James Derezinski, Marvin Engle, Alan Jager, Anthony Longmire, Chairman Kenneth Mahoney, Scott Plummer, Robert Scolnik, Vice Chairman I. John Snider, Rillastine Wilkins

Nays: None **Motion Carried**

2011-482 **ADOPT THE FY2012 COUNTY OF MUSKEGON APPROPRIATION ORDINANCE INCLUDING THE BUDGET AMENDMENTS, AND INCLUDING THE ADOPTION OF THE ASSOCIATED FY2012 POSITION CHANGES, FY2012 EQUIPMENT ITEMS AND FY2012 CAPITAL PROJECTS, WHICH COLLECTIVELY REPRESENT THE IMPLEMENTATION OF THE COUNTY OF MUSKEGON'S FY2012 OPERATING BUDGET**

WM11/09 - 121 The Ways & Means Committee recommends, moved by Collins, seconded by Engle, to adopt the FY2012 County of Muskegon Appropriation Ordinance including the Budget Amendments, and including the adoption of the associated FY2012 position changes, FY2012 Equipment Items and FY2012 Capital Projects, which collectively represent the implementation of the County of Muskegon's FY2012 Operating Budget.

Roll Call Ayes: Lewis Collins, Benjamin Cross, James Derezinski, Marvin Engle, Alan Jager, Anthony Longmire, Chairman Kenneth Mahoney, Scott Plummer, Robert Scolnik, Vice Chairman I. John Snider, Rillastine Wilkins

Nays: None **Motion Carried**

budget_type_summary.sq	2012 Adopted Budget				14-DEC-11
Fund: 2210 Public Health					
	FY2010 Actual	FY2011 Adopted Budget	FY2011 Revised Adopted	FY2012 Requested Budget	FY2012 Adopted Budget
50 Taxes	272,758	285,904	253,734	253,734	253,734
51 Licenses and permits	840,023	885,428	866,200	875,010	875,010
52 Intergovernmental revenue	4,481,510	3,161,447	3,393,496	3,220,452	3,177,011
53 Charges for services	320,540	294,447	304,635	295,705	304,435
55 Investment income	156	0	0	0	0
60 Other Revenues	339,446	335,259	485,808	73,354	304,556
80 Mandatory Transfers	1,787,315	1,795,732	1,795,732	2,036,732	1,722,732
62 Salaries	3,431,683	3,417,071	3,423,165	3,268,167	3,464,634
63 Fringes	2,157,753	2,127,745	2,155,410	2,167,744	1,784,676
71 Supplies	1,268,797	192,018	353,600	230,016	281,876
72 Other operating supplies	762,934	631,588	752,410	667,694	678,630
74 Insurance	55,019	55,918	47,089	50,894	51,666
78 Other	426,732	373,674	380,799	368,318	373,842
79 Capital Outlay	9,794	0	20,049	2,154	2,154
FUND TOTAL REVENUES:	8,041,747	6,758,217	7,099,605	6,754,987	6,637,478
FUND TOTAL EXPENDITURES:	8,112,711	6,798,014	7,132,522	6,754,987	6,637,478



Public Health
Prevent. Promote. Protect.

Public Health – Muskegon County **2012 Services**

The following list contains a brief description of many of the services provided at or related to your public health department. For full information you are encouraged to either call the number listed, or visit our website at www.muskegonhealth.net.

Adult and Child Care Inspections 724-6208 Inspections are conducted to evaluate for safe water supply, sewage disposal, food, and facility sanitation	Cremation Permits 724-1215 Issues permits to funeral homes for the cremation of the deceased
Alcohol Vendor Education and Information 724-6350 Educational information for alcohol retailers/vendors on reducing the incident of tobacco sales to minors and overconsumption by adults	Disinterment/Reinterment Permits 724-1215 Issues permits for the disinterment and reinterment of the deceased
Animal Bite Investigation 724-1204 Animal bites are required to be reported and investigated in an effort to determine the risk for exposure to rabies	Dog Licensing 724-6007 Administers the annual sale of dog licenses; also assures that licensed dogs are vaccinated against rabies
Beach Water Monitoring 724-6208 Conducts seasonal, weekly sampling and testing of water, as funding permits, to determine if bacterial levels are safe for body contact	Family Planning—Title X Program 724-4415 Planned Parenthood contracts with the State to provide family planning services and leases space inside the public health department building; call for appointment
Body Art Facility Licensing 724-6208 Provides permits, inspections and regulation of body art facilities to decrease the risk of transmission of bloodborne diseases	Food Service Sanitation 724-4406 Provides plan reviews, inspections, licensing, and follow-up on food safety complaints and reports of foodborne illness
Breast & Cervical Cancer Control Program 724-1286 Provides exams, screening, and education for uninsured or underinsured women 50-64 years-old; call for eligibility requirements	Hearing & Vision Screening 724-1394 Provides free periodic hearing and vision screening to preschool and school-age children; also provides hearing and vision screening to all others for a cost; call for hours
Campground Inspections 724-6208 Ensures compliance with state regulations and investigates sanitation complaints	HIV Counseling & Testing 724-1258 Provides counseling and testing for HIV at no charge; service is confidential and provided on a walk-in basis; call for hours
Child Care/Foster Care Facility Inspections 724-6208 Provides water, sewage, food, and lead inspections as part of the licensing process through the Department of Human Services	HIV Outreach 724-1274 Offers HIV awareness, education, prevention and testing through community outreach
Children’s Special Health Care Services 724-6209 Assists families in obtaining coverage for health care referrals and services for children with special health care needs	Immunizations 724-1220 Provides childhood vaccinations as well as HPV, Hepatitis B, Tetanus, Flu and Pneumonia shots; also provides travel vaccinations and CEU seminars for medical professionals; call for cost and hours
Colorectal Cancer Screening Program 724-4411 Provides screening and education for uninsured or underinsured men and women 50-64 years old, call for eligibility requirements	Infant Mortality Reduction & Advocacy 724-6347 Provides education to prevent fetal and infant deaths; evaluates deaths to determine underlying causes and/or prevention strategies; provides bereavement
Communicable Disease (CD) Control 724-4723 Receives reports of diseases, investigates and implements measures to control the spread of communicable diseases	Medicaid Outreach 724-4531 Assists pregnant women and children to age 19 with applying for Medicaid and the MICHild and Healthy Kids programs
Community Health Assessment & Improvement 724-1202 Collects and shares data on the health status, risks, and resources in the community and makes recommendations for improvement	

Muskegon Responsible Beverage Service Task Force 724-6350
Collaborative group for Muskegon County alcohol retailers to reduce harm to individuals, families and communities from unsafe, illegal, or risky sale and consumption of alcohol.

Nuisance Abatement 724-6208
Investigates complaints of nuisance garbage and sewage conditions
Onsite Sewage Program 724-6208
Provides permits, inspections and regulation of new and existing private and commercial on-site sewage disposal systems

Oral Health Promotion..... 727-6350
Provides assessment coordination, collaborative facilitation, service referral, educational presentations, and program technical assistance for oral health prevention activities in Muskegon County

Peer Leadership..... 724-6350
Youth group that focuses on reducing substance abuse, violence, and other risk factors among their peers in Muskegon County.

Positive Strategies for Healthy Lifestyles 724-6350
Informational and skill building 4 session course to help adults recognize unhealthy emotional patterns. Held the first four Thursdays of each month, 5:30-7:00 pm, no charge, registration required.

Prenatal Care..... 737-1335 or 739-9315
This is a service of Hackley Community Care and Muskegon Family Care. Call either number above for more information.

Public Health Emergency Preparedness..... 724-1234
Coordinates the activities necessary for an organized, efficient response to a public health emergency

Public Swimming Pool Program 724-6208
Inspects all public pools, hot tubs and aquatic park rides within the county and provides recommendations to the State for licensing

Radon Testing..... 724-6208
Provides a limited supply of radon test kits at no charge

Septage Inspections..... 724-6208
Evaluates equipment of septic pumpers, haulers and receiving stations

ServSafe® Food Safety Certification 724-6350
Provides training for all levels of employees on food safety and meets state requirement for food establishment manager certification; class is taught in English, but materials are available in other languages; call for cost and schedule; registration required

Sexually Transmitted Diseases 724-1258
Provides confidential testing, treatment, and education for Gonorrhea, Chlamydia, Syphilis, and HIV; also provides Hepatitis B and C testing for those at high risk; must be age 13 or older; call for cost and hours

Smoke Free Workplace Tobacco and County Clean Indoor Air Regulation Technical Assistance..... 724-6350
Best practices information for workplaces dealing with the implementation and enforcement of Michigan's workplace smoking ban regulations.

Smoking Ban Enforcement (Workplace)
Bars/Restaurants..... 724-4406
All Other Workplaces 724-6208
Investigates complaints of violations of both the Dr. Ron Davis Smoke Free Air Law and the Muskegon County Clean Indoor Air Regulation which ban smoking in most workplaces
TIPS® (Training for Intervention Procedures) 724-6350
Helps staff in on and off premise licensed alcohol sale establishments reduce incidents related to over service of alcohol and sales to minors; no charge; call to schedule

Tobacco Vendor Education and Information..... 724-6350
Educational information for tobacco retailers and vendors focused on reducing the incident of tobacco sales to minors in Muskegon County.

Tuberculosis (TB) Skin Testing 724-1220
Offers skin testing for Tuberculosis Monday, Tuesday, Wednesday, and Friday; clients receiving a TB test must return within 48-72 hours to have results checked; call for cost and hours

Tuberculosis (TB) Treatment 724-4421
Conducts follow-up on positive TB tests; offers educational information, an appointment with a pulmonary specialist, and treatment if indicated; treatment includes medication and monitoring for 9 months at no charge

Vacant Land Evaluations 724-6208
Evaluates land so potential buyers will know if the property is suitable for a well and/or sewage system

Vector (Animal) Control 724-6007
Enforces the Dog Law of 1919 which mandates dog licensing and prohibits dogs running at large

Water Supply Program..... 724-6208
Provides permits, inspections and regulation of new and existing private and commercial on-site well water supply systems, and public, non-community well water supplies

Water Testing..... 724-6208
Provides water testing kits for use in analyzing drinking water and consultation services to address water well water quality issues; Investigates complaints pertaining to ground water contamination, well water quality and well driller services

WIC (Women, Infants, and Children) Program 724-1281
Provides nutrition education, breastfeeding support, referrals to service agencies, and specific free healthy foods for eligible participants; learn more on Facebook: WIC Muskegon County

Working Youth..... 724-6350
Peer education and leadership group for youth that focuses on the reduction of substance abuse, violence, and other risk factors

Youth Development Network 724-6350
Collaborative group addressing substance abuse professional training needs in Muskegon County. The collaborative offers a variety of training opportunities quarterly for professionals and other stakeholders working with youth. McBAP credit hours available.

MATRIX OF SERVICES OF LOCAL PUBLIC HEALTH

Services	Rule or Statutory Citation	Required =	Basic +	Mandated +	LPHO	Allowable	Notes
		1	1.A.	1.B.	1.C.	2	
Immunizations	PA 349 of 2004 – Sec. 218 and 904; MCL 333.9203, R325.176	X	X	X	X		
Infectious/Communicable Disease Control	MCL 333.2433; Parts 51 and 52; PA 349 of 2004 – Sec. 218 and 904; R325.171 et seq.	X	X	X	X		
STD Control	PA 349 of 2004 -- Sec. 218 and 904; R325.177	X	X	X	X		
TB Control	PA 349 of 2004 – Sec. 218	X	X	X			
Emergency Management – Community Health Annex	PA 349 of 2004 – Sec. 218 MCL 30.410	X	X	X			Basic Service under Appropriations Act and Mandated Service, if required, under Emergency Management Act.
Prenatal Care	PA 349 of 2004 – Sec. 218	X	X				
Family planning services for indigent women	MCL 333.9131; R325.151 et seq.	X		X			
Health Education	MCL 333.2433	X		X			
Nutrition Services	MCL 333.2433	X		X			
HIV/AIDS Services; reporting, counseling and partner notification	MCL 333.5114a; MCL 333.5923; MCL 333.5114	X		X			
Care of individuals with serious Communicable disease or infection	MCL 333.5117; Part 53; R325.177	X		X			(4) Financial liability for care rendered under this section shall be determined in accordance with part 53.
Hearing and Vision Screening	MCL 333.9301; PA 349 of 2004 – Sec. 904; R325.3271 et seq.; R325.13091 et seq.	X		X	X		
Public Swimming Pool Inspections	MCL 333.12524; R325.2111 et seq.	X		X			Required, if "designated"
Campground Inspection	MCL 333.12510; R325.1551 et seq.	X		X			Required, if "designated"
Public/Private On-Site Wastewater	MCL 333.12751 to MCL 333.12757 et. seq., R323.2210 and R323.2211	X		X	X		Alternative waste treatment systems regulated by local public health.
Food Protection	PA 92 of 2000 MCL 289.3105; PA 349 of 2004 – Sec. 904	X		X	X		

Services	Rule or Statutory Citation	Required =	Basic +	Mandated +	LPHO	Allowable	Notes
		1	1.A.	1.B.	1.C.	2	
Pregnancy test related to informed consent to abortion	MCL 333.17015(18)	X		X			
Public/Private Water Supply	MCL 333.1270 to MCL 333.12715; R325.1601 et. seq.; MCL 325.1001 to MCL 325.1023; R325.10101 et. seq.	X			X		
Allowable Services						X	This category would include all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement.
Other Responsibilities as delegated and agreed-to	MCL333.2235(1)					X	This category is NOT connected to express responsibilities within statute, but refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows delegations for specified functions.

MATRIX DEFINITIONS

Name	Citation	Description
1. Required Service	MCL 333.2321(2); MCL 333.2408; R325.13053	Means: (A) a basic service designated for delivery through Local Public Health Department (LPH), (B) local health service specifically required pursuant to Part 24 or specifically required elsewhere in state law, or (C) services designated under LPHO.
1.A. Basic Service	MCL 333.2311; MCL 333.2321	A service identified under Part 23 that is funded by appropriations to MDCH or that is made available through other arrangements approved by the legislature. Defined by the current Appropriations Act and could change annually. For FY 2005: immunizations, communicable disease control, STD control, TB control, prevention of gonorrhea eye infection in newborns, screening newborns for 8 conditions, community health annex of the MEMP, and prenatal care.
1.B. Mandated Service	MCL 333.2408	The portion of required services that are not basic services, but are "required pursuant to this part [24] or specifically required elsewhere in state law."
1.C. LPHO	PA 349 of 2004 – Sec. 904	Funds appropriated in part 1 of the MDCH Appropriations Act that are to be prospectively allocated to LPH to support immunizations, infectious disease control, STD control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management.
2. Allowable Services	MCL 333.2403; R325.13053	"Means a health service delivered [by LPH] which is not a required service but which the department determines is eligible for cost reimbursement".
PA 349 of 2004		Fiscal year 2005 Appropriations Act for the Department of Community Health.

LHD HEALTH OFFICER & MEDICAL DIRECTOR REQUIREMENTS AND QUALIFICATIONS REVIEW

A. Legal Basis and Qualifications:

The following Public Health Code citations and rules are the legal basis for the MDCH requirements.

1. Health Officer:

a. 333.2428 Local health officer; appointment; qualifications; powers and duties.

Sec. 2428

(1) A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health department by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

(2) The local health officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.

b. These qualifications are:

(1) Has correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health approving the appointment of the health officer, **and**

(2) Has an M.P.H. or M.S.P.H. degree and 3 years of full-time public health administrative experience, **or**

(3) Has a related graduate degree and 5 years of full-time public health administrative experience, **or**

(4) Has a bachelor's degree and 8 years of full-time health experience, 5 years of which shall have been in the administration of a broad range of public health programs.

2. Medical Director:

a. **R. 325.13002** – A medical health officer shall be a physician licensed in Michigan as an M.D. or D.O. who complies with the requirements listed in this section.

R. 325.13004 – A medical director shall have the same qualifications as a medical health officer.

R. 325.13004a - A medical director shall devote his or her full time to the needs of the local health departments except that if the department serves a population of not more than 250,000 and cannot obtain full-time medical direction, the time may be reduced to not less than 16 hours per week. Medical directors covering three or more local health departments must be full time, regardless of combined population.

b. These qualifications are:

(1) Has correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health approving the appointment of the medical director, **and**

(2) Is board certified in preventive medicine or public health, **or**

(3) Has an M.P.H. or M.S.P.H. degree and not less than 2 years of full-time public health practice, **or**

(4) Has an unexpired provisional appointment issued by the department under the authority of MCL 325.2495, provided the appointment was issued before the effective date of these rules (May 2, 2011).

B. Verification and Approval Process:

Prior to health officer or medical director appointment, the LHD and/or the local human resources official submit evidence of qualifications to the Michigan Department of Community Health.

1. The following documents shall be submitted to the Department for approval prior to appointment for both Health Officers and Medical Directors:
 - a. Current Curriculum Vitae
 - b. Copy of Diploma(s) or other proof of degree completion
 - c. Proof of Enrollment into Masters of Public Health program (if applicable)
2. In addition to the above, the following documentation shall be submitted for Medical Directors:
 - a. Copy of Current Michigan Physician's License
 - b. Copy of Proposed Contract reflecting hours of service to LHD
 - c. Written documentation of arrangements for a public health physician advisor (if applicable)
3. MDCH typically requires 30 days notice to review qualifications and credentials. After MDCH review and approval the following shall be submitted with respect to Health Officers:
 - a. A copy of the local governing entity (or in case of a district health department the district board of health) resolution approving the appointment.

STATE OF MICHIGAN



JOHN ENGLER, Governor

DEPARTMENT OF COMMUNITY HEALTH

LEWIS CASS BUILDING

LANSING, MICHIGAN 48913

JAMES K. HAVEMAN, JR., Director



August 3, 1999

Frank Bednarek
Administrator/Controller
Muskegon County Health Department
990 Terrace Street
Muskegon, Michigan 49442

Dear Mr. Bednarek:

Thank you for your letter notifying the Michigan Department of Community Health of the Muskegon Board of Commissioners' decision to appoint Kenneth A. Kraus, MPA, as Health Officer for the Muskegon County Health Department.

Upon review of Mr. Kraus' resume, the Department finds him to possess the qualifications and experience, in accordance with Act No 368 of 1978, that would qualify him as a full-time Health Officer.

The Department hereby approves your appointment of Mr. Kenneth A. Kraus as Health Officer for the Muskegon County Health Department. We are forwarding to him under separate cover a certificate indicating his approval.

Cordially,

A handwritten signature in black ink, appearing to read "James K. Haveman, Jr.", written over a horizontal line.

James K. Haveman, Jr.

cc: Dr. David Johnson
Kenneth Hulka
Kenneth Kraus
Local Health Services



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

December 30, 2008

HEALTH DEPARTMENT
RECEIVED

Kenneth A. Kraus, MPA
Health Officer
Muskegon County Health Department
209 East Apple Avenue
Muskegon, Mi. 49442

Dear Mr. Kraus:

Last summer I requested all health departments to provide documentation of credentials for health officers and medical directors. This is to ensure that Michigan's local health departments are in compliance with Administrative Rules 325.13002, 325.13003 and 325.13004 governing the qualifications for health officers and medical directors.

As a result of this review, I am pleased to let you know that your appointment as the Health Officer for Muskegon County meets all of the requirements.

My review of Dr. Hoch's credentials indicate that he is fully qualified as a medical director, however his appointment as Muskegon County's medical director is short of meeting the requirement for full time medical direction. As you know, Dr. Holzman has been working on developing a committee and process to handle waiver requests for those health departments that cannot or do not meet the requirements for their medical directors. When that committee becomes active, I would suggest that you submit a waiver request for consideration. The other alternative would be to increase Dr. Hoch's hours to full time as specified in the Administrative Rules.

Please let me know if you have any questions. Thank you for your service to the people of Muskegon County.

Sincerely,

Betsy Pash, Director
Bureau of Local Health and Administrative Services

Cc: Jean Chabut, Deputy Director
Gregory Holzman, M.D., MPH, Chief Medical Executive