

Washtenaw County Public Health Department

Plan of Organization

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Washtenaw County Public Health Department

Plan of Organization

2013

February 15, 2013

Introduction

Washtenaw County has a unique organizational structure for its local health department that has been in place since 1993. This organizational structure placed Environmental Health in a separate County department from Public Health. We are pleased that as of January 1, 2010, that structure no longer exists and Environmental Health is fully integrated as part of the Public Health Department.

1. LEGAL RESPONSIBILITIES AND AUTHORITY

a. Outline or list state and local statutory authority.

LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)

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 349 of 2004)

Sec. 218 – Basic Services
Sec. 904 - LPHO

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.

Local regulations applicable to Public Health:

- Clean Indoor Act
- Food Code Enforcement Procedures
- Pollution Prevention Regulation
- Illegal Dumping Regulation
- Polluter Pays Regulation (Clean Up of Environmental Accidents)

- Sewage Regulation
- Time of Sale Regulation
- Well Regulation

b. Briefly describe the local governing entity relationship with the local health department. Include the relationship with both the Board of Health and the Board of Commissioners, and others if applicable.

The Washtenaw County Board of Commissioners (BOC) is the governing entity for the Washtenaw County Public Health Department (WCPHD). The Board of Commissioners consists of nine (9) publicly elected jurisdictional members representing the defined districts in Washtenaw County. The BOC as a whole typically meets at least two times monthly for both Ways and Means (a committee of the whole) and Board meetings and twice monthly in public working sessions (when it takes no actions).

The WCPHD Health Officer provides direct reports to the Board of Commissioners as requested and as specific issues arise. Issues relative to the Public Health Department are part of the regular meetings of the Board. The Board of Commissioners appoints an Administrator who is responsible for all County functions. Washtenaw County departments report directly to either the Administrator or the Cross Lateral Team. The WCPHD Health Officer provides frequent updates to Administration on departmental activities.

The Board of Commissioners appoints a five member Environmental Health Code Appeals Board/Public Health Advisory Committee (BOH) whose members serve 5 year staggered terms. One of the five BOH members is a Board of Commissioners member and reports to the BOC on Health Department and BOH activity. Resolution 88-0344 established the BOH to provide review and advice on matters pertaining to Public Health and/or the organization and operation of the Public Health Department. In addition, the Board hears appeals of environmental actions taken by the Environmental Health Department and grants variances from local environmental ordinances and state regulations.

The BOC also appoints members to the Hearing Board for the Health Department Food Service Regulations to hear appeals for the Food Service Program. This Board is to be composed of: (1) a County Commissioner serving on the Health Board of Appeals or an alternate appointed by the Chair of the Board of Commissioners; (2) the Health Officer or his/her designated representative; (3) a representative of a food service establishment in Washtenaw County. The Washtenaw County Board of Commissioners shall appoint the BOC representative/alternate and the food service establishment representative.

- c. **Briefly describe of the manner in which a local health department defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).**

See attachment 1. C

Washtenaw County policy 'Legal Representation and Indemnification for County Officers and Employees' Effective date – 9/3/86

- d. **Briefly describe, if applicable, the agreement, contract, or arrangement for others to assist the local health department in carrying out its Food Service Sanitation Program responsibilities.**

See attachment 1. D


- e. **Submit a copy of the “Exposure Plan for Blood Borne Pathogens” and the “Chemical Hygiene Plan”.**

See attachment 1. E.1

“Exposure Plan for Blood Borne Pathogens”

See attachment 1. E.2

“Chemical Hygiene Plan”

 Washtenaw County			Policy		
Title: Legal Representation and Indemnification for County Officers and Employees	Enabling Resolution: 86-0252	Supersedes: 85-0222	Effective Date: 9-3-1986	Page: 1	Of: 2

I. APPLICATION:

This policy shall govern legal representation and indemnification for all County officers and employees.

II. INTENT:

It is the intent of the Board of Commissioners to establish guidelines and parameters under which the County shall provide legal representation and under which the County shall indemnify County officers and employees.

III. GENERAL POLICIES:

A. If any claim is made, civil action commenced or any other legal action begun against any Washtenaw County officer* or employee which allegedly arose out of the officer's or employee's course of employment and while acting within the scope of his/her authority, said employee or officer shall immediately report such claim or action to the Washtenaw County Office of Corporation Counsel. The employee or officer shall submit a full report and copies of all relevant documents to the Office of Corporation Counsel. The officer or employee shall indicate to the Corporation Counsel whether representation and/or indemnification for potential damages is being requested.

*For purposes of this Policy, "officer" shall mean elected County officials, appointed department heads and members of boards, commissions and committees.

B. The Corporation Counsel shall notify the Risk Manager of the facts and after analysis and consultation with the County Administrator and Risk Manager, the Corporation Counsel shall make the following determinations.

1. Is a County or officer or employee involved?
2. Was the officer or employee acting in the course of his/her employment and within the scope of his/her authority?
3. Is the alleged offense a civil or criminal matter?

4. Is there insurance coverage under one of the various County policies? Is there a deductible and are defense costs part of applicable deductible?
 5. Is there already in existence a statutory or contractual commitment to provide legal representation and/or indemnification for any damages incurred?
 6. Is it appropriate that the Office of Corporation Counsel represent the officer or employee in the matter? A determination shall be made as to whether there is any potential conflict of interest.
- C. If the Corporation Counsel determines that the alleged activity was in the course of employment and while the officer or employee was acting within the scope of his/her authority and not a criminal offense, the Corporation Counsel shall undertake the representation of the County officer or employee unless representation is provided through the County insurance carrier or unless the Corporation Counsel determines that there is a potential conflict of interest. If Corporation Counsel determines that a potential conflict exists, a report on this matter will be made to the Washtenaw County Board of Commissioners with a recommendation as to whether it is appropriate that outside counsel be retained. If the Corporation Counsel determines that the alleged activity did not arise in the course of employment or while the officer or employee was not acting within the scope of his/her authority, the officer or employee shall have the right to appeal this decision to the Washtenaw County Board of Commissioners.
- D. All matters of appeal or questionable cases should be referred by the Corporation Counsel to the Washtenaw County Board of Commissioners with recommendations. The Washtenaw County Board of Commissioners shall make the final determinations. All matters of questionable cases concerning elected officials shall be referred by the Corporation Counsel directly to the Board of Commissioners.
- E. The County shall pay all applicable deductibles under County insurance policies for County officers and employees in employee groups 03 (non-union supervisory) and 04 (non-union confidential) involved in covered civil matters.
- F. Employees and officers may request that the County Board of Commissioners approve defense of criminal charges.
- G. As to indemnification of County officers and employees for damages or settlement or compromise of a claim, or criminal defense, except as provided above, the Washtenaw County Board of Commissioners retains its statutory discretion under M.C.L.A. 691.1408 to decide whether such indemnification is appropriate. Such shall be the case unless there is insurance coverage or a statutory or contractual commitment to provide such indemnification. The Corporation Counsel shall report on such requirements to the Washtenaw County Board of Commissioners at the time a claim is made.
- H. Failure to follow this policy shall subject the County officer or employee to denial of legal representation and/or indemnification at the discretion of the Washtenaw County Board of Commissioners.



Terrance G. Alexander, Director

**FOOD SERVICES AGENCY AGREEMENT
2002**

This agreement, dated 4-4-03 is between the Regents of the University of Michigan and its Department of Occupational Safety and Environmental Health (collectively the University of Michigan) and Washtenaw County and its Department of Environmental Health Regulation (collectively Washtenaw County), Ann Arbor, Michigan, and is subject to approval by the Michigan Department of Agriculture (MDA).

1. Agency Agreement

Washtenaw County hereby appoints the University of Michigan Department of Occupational Safety and Environmental Health as its agent for recommendations on license applications, administration, and enforcement of the provisions set forth in the following documents relative to the sanitary maintenance of food service establishments and vended food locations on University of Michigan property as well as food service in connection with Michigan Student Assembly (MSA) recognized organizational functions within Washtenaw County:

- Michigan Food Law of 2000, otherwise known as Public Act No. 92 of 2000, which adopts chapters 1 to 8 of the 1999 United States Food and Drug Administration (FDA) Model Food Code
- Where applicable, Section 12909 of the Michigan Public Health Code, Public Act 368 of 1978
- Michigan Public Health Code, Public Act 368 of 1978, Section 2455

2. Term of Agreement

This Agreement shall begin upon execution by the University of Michigan and Washtenaw County and shall continue until it is terminated by either party by giving thirty (30) days prior written notice to the other party. Such notice shall be delivered to the *Director, Occupational Safety & Environmental Health Department, 1239 Kipke Drive, Ann Arbor, MI, 48109-1010 for the University of Michigan and to Director, Environmental Health Regulation, P.O. Box 8645, Ann Arbor, Michigan 48107-8645 for Washtenaw County.*

Food Agreement

Attachment 1. D

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3. Program Review

The food service sanitation program as executed by the University of Michigan pursuant to this Agreement will be subject to a joint periodic review and evaluation by the representatives of the MDA and Washtenaw County. Such reviews shall be scheduled at times mutually convenient to all parties, including the University of Michigan.

4. Additional Provisions

- A. Files will be maintained in the University of Michigan on each food service establishment covered by this Agreement. These files will be available to Washtenaw County and MDA for periodic review at times mutually convenient to all parties.
- B. The University of Michigan will perform evaluations of food service facilities as frequently as required to maintain sanitary conditions. Inspections of each food service establishment will be conducted at least once during each six (6) month period, unless the establishment qualifies for reduced inspection frequency in accordance with the protocol "Reduced Frequency of Inspections."
- C. Investigations of food borne illness outbreaks will be made jointly by both parties.
- D. A list of permanent licensed facilities and vending locations of the University of Michigan in Washtenaw County will be provided to Washtenaw County each year.
- E. Personnel inspecting food service facilities shall possess education, training, and experience in food service sanitation and regulations.
- F. At least one (1) sanitarian registered in the State of Michigan or through the National Environmental Health Association will be employed by the University of Michigan to either inspect food service facilities or provide oversight of the personnel inspecting said facilities.
- G. Discrimination-The University of Michigan and Washtenaw County are committed to compliance with all applicable laws regarding non-discrimination. Furthermore, they shall strive to build a diverse community in which opportunity is equal for all persons regardless of race, sex, sexual orientation, color, religion, creed, national origin, ancestry, age, marital status, handicap, or Vietnam-era veteran status.

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5. Insurance

Each party agrees to maintain in a commercial or funded self-insurance program:

- A. *Commercial general liability insurance, including contractual liability, with limits of not less than one million (\$1,000,000.00) dollars per occurrence and two million (\$2,000,000.00) dollars annual aggregate.*
- B. *Workers' Compensation to statutory limits and Employers Liability with limits not less than five hundred thousand (\$500,000.00) dollars.*
- C. *Auto Liability for owned, non-owned, and hired vehicles with limits not less than one million (\$1,000,000.00) dollars per accident.*

If any of the above coverage are on a claims made basis that party agrees to obtain tail coverage to provide continuous coverage from contract inception to three years past the end date of this contract.

Each party will endeavor to provide the other party with written evidence of such insurance (upon request) and 30 days prior written notice of a reduction in limits or cancellation in such insurance.

Each party also agrees to notify the other in the event of any loss or damage or potential loss or damage and to cooperate with the other in the investigation and/or settlement of same.

It is agreed by each party that such insurance does not reduce its liability assumed under the indemnification in Section 6 of this Agreement.

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6. Indemnity

The University of Michigan shall be responsible for actions of its staff in carrying out the provisions of the Agreement, and to the extent permitted by law shall indemnify and hold Washtenaw County harmless from and against all actions, liabilities, demands, costs and expenses, including court costs and attorney fees, which may arise due to the University's negligent acts or omissions under this Agreement.

Washtenaw County shall be responsibility for the actions of its staff in carrying out the provisions of this Agreement, and to the extent permitted by law shall indemnify and hold the University of Michigan harmless from and against all actions, liabilities, demands, costs and expenses, including court costs and attorney fees, which may arise due to the County's negligent acts or omissions under this Agreement.


Food Agreement

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Attachment 1. D

POLICY AND PROCEDURES

 <p style="text-align: center;">PUBLIC HEALTH DEPARTMENT</p>	<p>INTERNAL DEPARTMENTAL POLICIES AND PROCEDURES</p>		
<p>TITLE: Blood borne Infectious Diseases Exposure Control Plan</p>	<p>PHMT APPROVAL DATE: 11/20/12</p>	<p>POLICY #: A.010</p>	<p>Page 1 of 17</p>
<p>Policy Developer: Infection Control Committee</p>	<p>Revision: Previous policy date: 9/27/11, 9/21/10, 9/01/09, 4/24/07, 9/19/06</p>	<p>Cross Reference(s):</p>	

I. PURPOSE

The Exposure Control Plan is designed to minimize exposure of staff, clients, students, volunteers and contract agency employees to blood borne infectious diseases.

II. APPLICATION

The application of this plan includes all Washtenaw County Public Health Department (WCPHD) staff, students/interns, volunteers, contract agency and self-employed contractual employees. All persons are categorized based on their common work activities and potential for exposure to unpredictable circumstances or customer behaviors. The following categories determine necessary work practices, protective equipment, and need for pre-exposure immunization with hepatitis B vaccine. (Exhibit A: Category Determination Matrix)

- A. Category I persons may administer health care, first-aid, or have other occupational exposure to bloodborne infectious diseases due to unpredictable circumstances and/or customer behavior. Category I persons are offered pre-exposure hepatitis B vaccine upon employment.
- B. Category II persons participate in work activities where exposure is unexpected. Category II persons are provided pre-exposure hepatitis B vaccine upon request.
- C. Category III persons include clients, students, and volunteers. These persons must obtain hepatitis B vaccine through other sources.
- D. Category IV persons are contract agency staff. Contract agency staff should follow the Bloodborne Infectious Diseases Policy for their agency.

III. POLICY

All persons will be appropriately trained to protect against and/or respond to a bloodborne infectious diseases incident involving staff, clients, students/interns, volunteers, contract agency and self-employed contractual employees should an exposure occur.

IV. DEFINITIONS

Blood borne Infectious Diseases (BID)	Diseases caused by pathogenic micro-organisms, found in humans, dead or alive, which are present in human blood and can cause disease in humans, including, but not limited to, hepatitis B, hepatitis C, and human immunodeficiency virus (HIV).
Contaminated	Presence or reasonably anticipated presence of blood or other potentially infected materials (OPIM) on an item or surface.
Disinfect	To inactivate virtually all pathogenic micro-organisms, but not necessarily all microbial forms, on inanimate objects.
Exposure Control Officer (ECO)	Washtenaw County Public Health Department Medical Director.
Hepatitis B Virus (HBV)	A bloodborne and sexually transmitted virus that causes a liver infection (hepatitis). Some persons will develop liver disease including chronic hepatitis or cirrhosis, and have an increased risk of liver cancer. Some persons will become chronic carriers of the virus, retaining the ability to infect others.
Hepatitis C Virus (HCV)	A blood borne virus that causes an acute liver infection (hepatitis) that is either a very mild illness or has no symptoms at all. However, 60-70% of infected persons will develop chronic liver disease that progresses slowly before developing signs and symptoms. The virus is transmitted primarily through IVDU and contaminated sharps.
Human Immunodeficiency Virus (HIV)	A blood borne and sexually transmitted virus that without treatment progresses to Acquired Immune Deficiency Syndrome (AIDS) in some persons. AIDS develops after HIV invades and destroys the body's immune system. The person is then vulnerable to life threatening and rare forms of cancer, and deterioration of the nervous system. Most HIV carriers have not been tested and are unaware of their infection.
Infection Control Committee	A joint committee made up of staff from Washtenaw County Public Health Department, Community Support

and Treatment Services and Washtenaw Community Health Organization.

Michigan Occupational Safety and Health Administration

The state regulatory agency responsible for monitoring employee health and safety issues in the workplace (within the State of Michigan). The Department of Consumer and Industry Services Director's Office issues administrative rules that include the Occupational Health Standards-Bloodborne Infectious Diseases document (MIOSHA BID Standard).

Occupational Exposure Incident

Includes eye, mouth, other mucous membrane, non intact skin, or parenteral contact with blood or OPIM that occurs during the performance of an employee's duties.

Occupational Safety and Health Administration

OSHA is the federal agency responsible for monitoring employee health and safety issues in the workplace.

Other Potentially Infectious Materials (OPIM)

Includes the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, or any body fluid, which is contaminated with blood, and all fluids where it is difficult to differentiate between body fluids.

Personal Protective Equipment (PPE)

Specialized clothing or equipment (e.g. Goggles, masks, gloves) worn by an employee for protection against bloodborne infectious diseases contamination. General work clothes (e.g. Uniforms, pants, shirts, or blouses) are not considered PPE.

Pre-Exposure Prophylaxis

All employees who have been identified as belonging in Category I (Exhibit A) will be offered 3 doses of hepatitis B vaccine, according to the most current Advisory Committee on Immunization Practices (ACIP) recommendations, at no cost to the employee, upon hire and prior to assignment where exposure is likely to occur. Category II employees are provided the hepatitis B vaccine, at no cost to the employee, upon request.

Public Health Management Team (PHMT)

Membership includes administrative and management level representatives, including the Public Health Officer, the Public Health Medical Director and Public Health Program Managers.

Regulated Waste

Liquid, semi-liquid, or dried human blood or OPIM on contaminated items. Includes contaminated sharps such as syringes and lancets.

Safer Sharp	Non-needle sharp. A needle device which is used for withdrawing body fluids, accessing a vein or artery, or administering medications or vaccines that has a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
Safety Committee	Each building site safety committee includes representation from both employees and employer or management.
Self Management	Source individual personally manages their own injury/incident, cleans and disinfects contaminated surfaces and disposes of contaminated articles.
Sharp	Any object that can penetrate the skin, including any of the following: needles, lancets, broken capillary tubes, scalpels, broken glass, or exposed ends of dental wires.
Sharps Container	Leak-proof and puncture resistant container with locking lid and biohazard label for disposal of sharps and safer sharps.
Source Individual	Any individual whose blood or OPIM may be a source of occupational exposure to a staff, student, volunteer, or contract agency employee.
Universal Precautions	An approach to infection control whereby all human blood and body fluids are considered infectious for hepatitis B, hepatitis C, HIV and other bloodborne pathogens. Since there is no way to know if a person has hepatitis B, C or HIV, universal precautions is the action of treating all body fluids as infectious and protecting oneself as appropriate.
Washtenaw County Medical Provider	Concentra Health Services during work hours. St. Joseph Mercy Health System Urgent Care/ Emergency Room after work hours.
Work Practices	Practices/procedures performed in a manner that shall reduce the likelihood of exposure to blood and OPIM, including proper use of PPE, hand hygiene, and safety equipment.

V. PROCEDURES

Introduction

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) issued the Occupational Exposure to Bloodborne Pathogens Standard. This standard is designed to protect workers in the health care and related occupations from the risk of exposure to bloodborne pathogens, such as Human Immune Deficiency Virus and the Hepatitis B virus. The Needlestick Act of 2000, required Federal OSHA to amend the BBP Standard

(1910.1030). Effective date: April 18, 2001. The Michigan Occupational Health Commission voted January 23, 2001 to adopt the Federal Amendments by reference. Amendments to the MIOSHA BID Standard were published April 15, 2001 with an effective date of October 18, 2001.

1. Education and Training (Exhibits B: Training Matrix and C: BID Curriculum)

<u>Who</u>	<u>Does What</u>
Employer	Shall ensure that all new employees attend BID training within 30 days of hire, or prior to beginning an assignment where occupational exposure may occur, and that all employees provide proof of annual training updates. Training sessions shall be offered during regular work hours.
Supervisor	Shall review employee, contract employee, student, intern and volunteer training records to ensure compliance with attendance requirements.
Employee	Shall attend initial BID training within 30 days of hire, or immediately upon assignment to high risk work duties and shall participate in annual updates thereafter.
Contract Agency	Shall follow MIOSHA Standard for staff training program and shall provide written proof of such to Washtenaw County Public Health Department with each new contract (minimum annually).
Contract Agency and Self-Employed Contractual	Shall provide written proof of recent BID training attendance (within one year). May attend and/or participate in BID employee training sessions as provided by the Washtenaw County Professional Development Program.
Students and Interns	Shall provide written proof of recent BID training (within one year) at the sponsoring educational institution prior to beginning paid, unpaid, or observational assignments with Washtenaw County Public Health Department. Those who have not had training may attend and/or participate in BID training sessions provided by the Washtenaw County Professional Development Program.
Volunteers	Shall provide written proof of recent BID training (within one year) prior to beginning service with Washtenaw County Public Health Department. May attend and/or participate in BID training sessions provided by the Washtenaw County Professional Development Program as space allows.

2. Pre-Exposure Prophylaxis

<u>Who</u>	<u>Does What</u>
Employer	Shall provide access to hepatitis B vaccine upon hire for Category I employees and upon request for Category II employees, at no cost to the employee.
Supervisor	Shall review employee, contract employee, student, intern and volunteer vaccination and waiver records to ensure compliance with vaccination/declination requirements.
Category I Employees	Shall obtain hepatitis B vaccine series provided by Washtenaw County Public Health Department or other health care practitioner, provide written proof of prior hepatitis B vaccination history, or immunity to hepatitis B, prior to assignment. May decline vaccination by signing hepatitis B vaccine waiver form (Exhibit D); which may be revoked at any time by the employee.
Contract Agency and Self-Employed Contractual Employees	Shall provide written proof of hepatitis B vaccine history, or immunity to hepatitis B, prior to assignment. May decline vaccination by signing hepatitis B vaccine waiver form (Exhibit D), which may be revoked at any time by the employee.
Students and Interns	Shall provide written proof of hepatitis B vaccination history, or immunity to hepatitis B, prior to assignment. Students and Interns, or their sponsoring institutions are responsible for all costs associated with vaccination.
Volunteers	Hepatitis B vaccination is recommended; volunteers are responsible for all costs associated with vaccination.

3. Engineering Controls: includes specialized equipment used to prevent or minimize exposure to bloodborne infectious diseases.

<u>Who</u>	<u>Does What</u>
Employer	Shall purchase all engineering control equipment and supplies and ensures they will be available at the appropriate work sites. Supplies include, but are not limited to: sharps containers, hand washing facilities and hand hygiene products, disinfectants, biohazard disposal bags, leak-proof specimen containers (including labels and packaging materials), incident clean-up kits and safety devices. Provides appropriate orientation and training to ensure proper use of equipment and supplies.
Building Safety Committees	Shall maintain worksite Clean-up Kits.

Infection Control Committee	Shall conduct annual Safety Device Selection Process (Exhibit N) to review safer sharps devices/equipment to be utilized at all Public Health service delivery sites where medication and/or vaccines are given, or laboratory specimens are obtained/drawn. Direct service delivery employees will be included in the selection process. Shall also conduct quarterly review of Sharps Injury Logs (Exhibit M) and other BID exposure incidents.
Supervisor	Shall monitor employee training and orientation in the location and use of safety equipment/supplies. Review exposure incident reports to ensure proper usage. Provide opportunities for additional training as needed.
Employees, Contract Agency And Self-Employed Contractual Employees	Shall attend training sessions as scheduled and utilize safety equipment/supplies as appropriate to service delivery.

4. Personal Protective Equipment: must be utilized appropriately while performing work tasks according to job description and work practices.

Who

Does What

Employer	Shall provide appropriate PPE for work assignments at all service locations at no cost to the employee.
Supervisor	Shall monitor employee orientation and training in the location and appropriate use of PPE. Review exposure incident reports to ensure proper usage. Provide opportunities for additional training as needed.
Employees, Contract Agency And Self-Employed Contractual Employees	Shall attend training sessions as scheduled and utilize PPE as appropriate to service delivery.

TYPE OF PPE	WHEN USED
1. Gloves	When carrying out procedures in which there may be contact with blood or OPIM such as veni-puncture, injections, using lancets, centrifuging blood, toileting and/or diapering, clean up of blood or OPIM.
2. Face shields, protective eyewear and masks (including resuscitation masks)	Should be worn during procedures, which are likely to generate droplets of blood or OPIM, which could expose eyes or other mucous membranes, and for resuscitation.
3. Disposable Lab coats	To protect clothing in situations where there may be splattering of blood or OPIM.

PPE Guidelines:

- Disposable gloves may not be washed for reuse and should be changed:
 - i. After each client
 - ii. After contamination
- Hands should be washed with soap and water, or antibacterial hand sanitizer after contaminated glove removal.
- Contaminated face shields, eyewear, and resuscitation masks should be cleaned with approved cleanser.
- Paper masks should be discarded if they become contaminated or moist.
- Disposable lab coats must be changed if contaminated by blood or OPIM and discarded in appropriate waste disposal containers.

5. Work Practices: staff, students, volunteers and contract agency employees shall adhere to the MIOSHA Standard and this plan during all work activities. Monitoring shall be conducted by the Infection Control Committee and the Building Site Safety Committees.

Who

All Employees, Students/
Interns, Volunteers, Contract
Agency and Self-Employed
Contractual Employees

Does What

Shall immediately report all exposure incidents to their supervisor.

Shall not eat or drink in work areas where there is a reasonable likelihood of occupational exposure.

Shall utilize PPE according to guidelines included in this plan (see item four).

Shall utilize hand washing facilities or hand hygiene products before and after providing direct hands-on service and whenever hands become contaminated with blood or OPIM .

Shall utilize safer sharps whenever possible. No bending, breaking or recapping of sharps will be allowed.

Shall dispose of sharps in approved sharps disposal containers.

Shall place sharps containers within easy reach. Disposal should not involve crossing over the employee’s body and the container should be out of reach for children and impaired clients.

Shall change containers when $\frac{3}{4}$ full to avoid accidental needlesticks; tops shall be attached securely and locked when full. Full containers shall be disposed of in the designated collection area. For alternate client sites see “Medical Waste and Sharps Disposal Fact Sheet” on the Washtenaw County Public Health Department Website (Exhibit T).

Shall use biohazard disposal bags with non-sharp regulated waste (saturated with blood or OPIM); bags shall be secured prior to disposal in designated collection area. Household waste (bandages, cotton balls with small amounts of blood) may be placed in regular plastic bags and secured at the completion of the work assignment.

Shall pour liquid blood and blood products down the drain into the sewer system for disposal purposes. Shall utilize leak-proof containers (specimen) and secure in regular plastic bags to prevent leakage in the event of breakage during storage/transport. All containers must be identified with an appropriate "BIOHAZARD" label. Such labels must be securely attached to prevent accidental removal. Refrigerators that contain specimens must be labeled "BIOHAZARD".

Shall not store food and drink in refrigerators or in other areas where there is a likelihood of contamination with blood or OPIM.

Shall perform procedures involving blood or OPIM in a manner that will minimize splashing, spraying, splattering, or generation of droplets.

Shall handle blood or OPIM specimens with extreme care during collection, storage, processing, and transport.

Shall promote, whenever possible, self-management of injuries/incidents. Employees will assist as necessary.

Shall be familiar with the location of clean-up kits containing gloves, biohazard bag, mask, bandages, disinfectant wipes, and absorbent material at each worksite, and utilize, when appropriate.

Shall immediately clean and disinfect contaminated equipment, work surfaces, or work areas. Staff should notify Facilities personnel in case of an extensive incident for assistance in cleaning and the disinfection of a large area. Care should be taken to limit access to the contaminated area to prevent exposure to other staff and/or clients.

Shall utilize disinfectants according to manufacturer's directions. Cleansers and disinfectants should not be readily accessible to children or impaired clients.

Shall disinfect all tabletops, desks or other surfaces utilized for clinic services before each session. Routine cleaning

and disinfection of equipment, counter tops and work surfaces in clinic spaces, labs and exam rooms shall be done at the end of each clinic/session.

Shall never pick up broken glassware directly with hands; staff shall use a broom & dustpan. Disposal of broken sharps shall be in a sturdy container, such as a cardboard box; label the box as “broken glass”. If broken glass includes blood or OPIM, cleanse the spill area with an appropriate disinfectant following removal of the glass.

Shall discard disposable lab coats in appropriate disposal containers when they become soiled or contaminated. No laundering of lab coats is necessary because only disposable lab coats are used.

6. Exposure Incident Involving an Employee:

Examples of Exposure and Non-exposure Incidents

Exposure	Non-exposure
<ol style="list-style-type: none"> 1. Needle stick w/ used needle. 2. Blood, saliva, urine or other OPIM splatters in eye or mouth. 3. Blood or other OPIM splatters on non-intact skin (chapped skin, cuts, cracks in cuticles, eczema, etc.) 4. Handling blood or OPIM contaminated materials without gloves with non-intact skin. 5. Human bite that breaks the skin. 	<ol style="list-style-type: none"> 1. Human bite, which does not break skin. 2. Cleaning up of blood or OPIM <u>with</u> gloves. 3. Blood on clothing, which does not soak through. 4. Needle stick with an unused syringe, or cut to skin w/ uncontaminated sharps.

Who

Employee

Does What

Shall immediately wash exposure site with soap and water, or flush mucus membrane with plain water.

Shall gently express blood from the cut or puncture. **DO NOT SCRUB OR SQUEEZE.**

Shall take steps to minimize exposure of other persons to blood or OPIM. Instruct them to take protective measures.

Shall remove garments as soon as possible, if items are contaminated with blood and/or OPIM; place in a plastic bag and tie the bag shut.

Shall contact a supervisor immediately.

Shall assist in completion of appropriate form (s). (**Exhibits G, I, J, K, L and R**)

Supervisor

Shall direct the employee to go as soon as possible, to the approved Washtenaw County Medical Provider for evaluation

Shall assure completion of “BID EXPOSURE INCIDENT REPORT form (Exhibit I) and “SOURCE INDIVIDUAL INFORMATION” form (Exhibit G) and facilitate testing source individual by using Business Health Services, the source individual’s private health care provider, or arrangements may be made at the HIV Clinic, by special request.

Shall assure completion of “AUTHORIZATION FOR EXAMINATION OR TREATMENT & BILLING” form. (Exhibit R) Check the “Injury” box and specify “body fluid exposure” as reason for treatment. Include the employee’s vaccination status (if available). Give to employee, or fax to treatment location.

Shall seek permission to test the source individual, if identity of individual is known. Obtain source individual’s signature on the “RELEASE OF MEDICAL INFORMATION” form. (**Exhibit H**)

Shall complete, with the assistance of the exposed employee, the appropriate forms as identified on the “SUPERVISOR’S POST-EXPOSURE CHECKLIST”. (Exhibit F)

Shall submit completed and signed forms to the appropriate individual(s) as indicated on form(s).

Washtenaw County Medical Provider

Shall review documentation and examine the employee.

Shall follow guidelines as outlined in the “MIOSHA BID Standard”.

Exposure Control Officer

Shall maintain the “Sharps Injury Log” which includes all percutaneous injuries, the type and brand of safety device/PPE involved, the work area and a description of the incident.

Infection Control Committee

Shall review all BID exposure incidents, including “Sharps Injury Log” and prepare quarterly reports on findings to the

Joint Quality Improvement Committee.

Shall determine if deficiencies exist in the Bloodborne Infectious Diseases Exposure Control Plan and make recommendations for changes (at minimum, annual basis).

7. Exposure Incident involving all other persons:

Who

Does What

First Employee on the Scene

Shall promote self-management of injury/incident whenever possible. Staff shall assist as necessary.

Shall encourage the exposed person to remove and bag blood soaked clothing, if possible.

Shall contact a supervisor immediately.

Shall assist supervisor by providing factual information concerning the incident.

Supervisor

Shall complete the “Washtenaw County Incident Report Form and forward as noted on form.
(Exhibit K)

Shall complete the top section of “Incident Report DMH 2550” form **(Exhibit L)** if a CSTS client is involved and forward as noted on form.

Shall encourage exposed person to seek medical attention from his/her own health care provider or urgent care.

Shall encourage student/intern to seek care at their student health center.

Shall encourage contract agency or self-employed contractual employees to immediately notify their employer for directions.

8. Documentation:

Who

Does What

Employer

Shall keep training records on file for three years from the date of the session and include: date of session, material covered, name and qualifications of trainer, course, name and job title of trainee.

Shall keep confidential medical employee records at the Washtenaw County Human Resources Office for a

minimum of thirty (30) years after termination of employment.

Written permission from the employee will be required for access to confidential records. The records include:

- Employee name
- Employee social security number
- Hepatitis B vaccination status including dates of vaccinations, signed declination form or waiver, antibody-testing results proving immunity, or contraindication due to medical reasons.
- All information resulting from an exposure including the evaluator's written opinion.

Supervisor

Shall record employee vaccination status on a Staff Information Form at the time of hire and will be updated if status changes.

9. Location, Update, and Revision of Plan:

Who

Does What

Employer

Shall provide copies of the Bloodborne Infectious Diseases Exposure Control Plan and associated forms at all work sites; these will be placed in a RED notebook in clinical areas. The BID Exposure Plan shall be available on the **departmental** shared drives; forms shall be available on the Washtenaw County Employee Website at: <http://employee.eWashtenaw.org>

Infection Control Committee

Shall review and revise the BID Exposure Plan on a yearly basis and forward recommendations to the **PHMT**.

10. Subcontractor Responsibility:

Who

Does What

Subcontractors

Shall be responsible for complying with the MIOSHA BID Standard, including: pre-exposure prophylaxis, training, post-exposure BID follow-up and prophylaxis and documentation for all staff working within Washtenaw County Public Health.

Employer

Shall monitor compliance at the beginning of each contract year. Proof of training and hepatitis B status may be required for acceptable completion of a contract.

VI. EXHIBITS

- A. Hepatitis B Category Determination Chart
- B. Training Matrix
- C. BID Training Curriculum
- D. Hepatitis B Vaccine Waiver
- E. BID Exposure Incident Quick Reference Guide
- F. Source Individual Information Form
- G. Release of Medical Information (HBV, HCV and HIV Antibody Test Results)
- H. BID Exposure Incident Report
- I. Supervisor's Report of Accident (Employee involvement)
- J. Washtenaw County Incident Report (Client involvement)
- K. Incident Report DMH 2550 (CMH Client involvement)
- L. Sharps Injury Log
- M. Safety Device Selection Process
- N. Safety Feature Evaluation Form – Safety Syringes
- O. Safety Feature Evaluation Form – Vacuum Tube Collection System
- P. Safety Feature Evaluation Form – Sharps Containers
- Q. Authorization for Examination or Treatment (Concentra Health Services)
- R. Infection Control MIOSHA Site Plan Review Form

VII. REFERENCES

Occupational Safety and Health Administration (OSHA) Occupational Exposure to Blood borne Pathogens Standard, December 6, 1991, as amended April 3, 2006

Needlestick Safety and Prevention Act of 2000, required Federal OSHA amendment January 18, 2001

Ammendments to MIOSHA BID Standard published April 15, 2001, as amended June 28, 2001

Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program, CDC Division of Healthcare Quality Promotion, 2008

Report of the Council on Scientific Affairs: Preventing Needlestick Injuries in Health Care Settings, Archives of Internal Medicine/Vol. 161, April 9, 2001.

Safety Devices (on-line listing) - International Healthcare Worker Safety Center, University of Virginia Website:
www.healthsystem.virginia.edu/internet/epinet/

Needlestick Safety (on-line resource list) – Immunization Action Coalition Website:
www.immunize.org

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, MMWR, June 29, 2001, Vol. 50/No. RR-11.

Washtenaw County Bloodborne Infectious Diseases Training Curriculum:
secure2.ewashtenaw.org/hosting/Professional_Development/BID/Bloodborne%20Infectious%20Diseases%20Training/player.html, 2013 Version

Concentra, Ann Arbor Urgent Care Center: <http://www.concentra.com/urgent-care-centers/michigan/ann-arbor-urgent-care.aspx>

Washtenaw County Sharps Disposal Fact Sheet:
www.ewashtenaw.org/government/departments/planning_environment/dpw/sharps_html

This document is based on the OSHA Standard regulations, Part 1910 of Title 29 of the Code of Federal Regulations and the Department of Community Health Occupational Health Standards Commission, Bloodborne Infectious Diseases, Section 24 of Act No. 154 of the Public Acts of 1974, as amended, 408.1024 of the Michigan Compiled Laws.

**Hepatitis B Category Determination - Matrix
Category I**

Exhibit A

POSITION TITLE	ACTIVITIES	WORK PRACTICES	PROTECTIVE EQUIPMENT	PRE-EXPOSURE VACCINE
-Director Of Nursing -Nurse Supervisor -Public Health Nurse -TB Program Coordinator -Immunization Program Coordinator -CD Program Coordinator	-Drawing up and injection vaccines or skin tests -Performing hematocrit, lead PKU, sickle cell, or other blood tests -Drawing venous blood Samples -Applying band-aids, or first aid to stop bleeding -Administering CPR -Occasional assistance to persons with equipment such as tracheostomy or G-tube -Transporting medical waste from field clinics -Performing Physical Exams	-Follow hand washing procedures -Wear disposable gloves as needed -Use CPR mask if CPR trained -Use personal protective equipment based on situation requirements -Dispose of contaminated articles using appropriate containers	-Gloves -Lab Coat Availability -CPR Mask (if trained) -Sharps containers -Biohazard disposal container	-Hepatitis B vaccine offered
-Adult Nurse Practitioner	-Blood draws -Performing gynecological or physical Exams -Performing tasks associated with preparing or evaluating collected specimens including microscopic exams, centrifuging and pouring off serum from blood samples, handling samples and culture plates -Urine collection	-SAME AS ABOVE	-SAME AS ABOVE	-Hepatitis B vaccine offered
Medical Technologist/Technician	-Drawing Blood Samples -Performing tasks associated with preparing or evaluating collected specimens including microscopic exams, centrifuging and pouring off serum from blood samples, labeling tubes, culture plates and containers	-SAME AS ABOVE	-SAME AS ABOVE	-Hepatitis B vaccine offered

-Disease Intervention Specialist -Health Program Supervisor (Adult Health Clinic) -Senior Clerk Typist (Adult Health Clinic)	-Performing tasks associated with preparing or evaluating collected specimens including microscopic exams, centrifuging and pouring off serum, labeling tubes, culture plates and containers	-SAME AS ABOVE	-SAME AS ABOVE	-Hepatitis B vaccine offered
-Health Program Supervisor (WIC) -Health Screening Assistant -Nutrition specialist -Registered Dietician -WIC Associate	-Performing hematocrit test via capillary method -One on one contact with customers	-SAME AS ABOVE	-SAME AS ABOVE	-Hepatitis B vaccine offered
-Mental Health Nurse -Service Coordinator	-Administering injectable medications and skin tests Applying Band-Aids or first aid to stop bleeding, or administering CPR -Occasional assistance to personas requiring assistance with tracheostomies, suctioning or G-tube care -One on one contact with customers	-SAME AS ABOVE	-SAME AS ABOVE	-Hepatitis B vaccine offered
-Mental Health Attendant -Mental Health Worker	-Assists with toileting, diapering, feeding, and positioning -applying band-aids, or first aid to stop bleeding, administering CPR -Urine collection	-SAME AS ABOVE	-SAME AS ABOVE	-Hepatitis B vaccine offered
-All PES, Court Services, Inpatient, Services to persons with developmental disabilities -Mental Health Assistant -Mental Health Managers -Mental Health Professionals -Supports Coordinator	-One on one contact with customers	-SAME AS ABOVE	-SAME AS ABOVE	-Hepatitis B vaccine offered

Category II

Exhibit A (con't)

POSITION TITLE	ACTIVITIES	WORK PRACTICES	PROTECTIVE EQUIPMENT	PRE-EXPOSURE VACCINE
-Any employee NOT designated Category I	-First aid to stop bleeding -Body fluids cleanup	-Follow hand washing procedures -Wear disposable gloves as needed -Dispose of contaminated materials using appropriate containers	-Gloves -Disposable biohazard container	-Hepatitis B vaccine offered in case of exposure incident

Category III

POSITION TITLE	ACTIVITIES	WORK PRACTICES	PROTECTIVE EQUIPMENT	PRE-EXPOSURE VACCINE
-Clients -Customers	Receiving Service	-None	-None, should be counseled to get help from Health Services Employee	-Should be advised to see health care provider in case of exposure
-Interns -Students -Volunteers	-Observation of or assisting Health Services Employees -Service to clients, customers	-Follow hand washing procedures -Wear disposable gloves as needed -Use protective wear based on the situation Dispose of contaminated materials using appropriate containers	-Gloves -Sharps containers -Biohazard disposal containers	-Hepatitis B status must be provided to supervisor prior to assignment -If desired Hepatitis B vaccine should be obtained by the student/intern from their health care provider

Category IV

POSITION TITLE	ACTIVITIES	WORK PRACTICES	PROTECTIVE EQUIPMENT	PRE-EXPOSURE VACCINE
-Contractual Agency Staff	-Service to Washtenaw County Health Services clients and customers	-As covered by contract agency policy	-As provided by contract agency	-Hepatitis B vaccine status of all contractual employees must be provided yearly to Washtenaw County Health Services. It is expected that all contract agencies will follow the OSHA Standard in providing protections for it's employees.

Exhibit B

TRAINING MATRIX

EMPLOYEE TYPE:	TRAINING PROVIDED BY:	TIME FRAME:	HEPATITIS B PROVIDED BY:	TRAINING AND IMMS. STATUS CONFIRMED BY:
New hire	Washtenaw county at the LLRC	Within 10 days of hire or prior to initial assignment where exposure might occur	Washtenaw County based on categorical representation	Chief Clerk/responsible Supervisor
Current Employees	Washtenaw county at the LLRC	Yearly update	Washtenaw County (post-exposure for category II employees).	Chief Clerk/responsible Supervisor
Contractual Employees	Contractor or for self-employed, Washtenaw County at the LLRC	Initial training and yearly update	Contractor	Contract Process & Program Coordinator
Students/Interns (Paid or Unpaid)	Educational sponsor or Washtenaw County at the LLRC	Proof provided prior to internship	Other sources	Supervisor or Program Coordinator sponsoring student/intern
Volunteers	Other source or Washtenaw County at the LLRC	Prior to beginning assignment and yearly update	Other sources	Supervisor or Program Coordinator sponsoring volunteer

Bloodborne Infectious Diseases Training Curriculum

All training sessions will include an explanation of the following topics per MIOHSA guidelines, an opportunity for discussion and the answering of questions by a knowledgeable trainer:

1. The MIOSHA Standard for Bloodborne Infectious Diseases
2. Descriptions, signs, symptoms, and mode of transmission of bloodborne infectious diseases.
3. The Exposure Control Plan with particular attention to:
 - a. Points of the plan
 - b. Lines of responsibility
 - c. Implementation of the plan
 - d. Location of written plan on Employee web site
4. Attention to procedures, which might cause exposure to blood or other potentially infectious materials (OPIM).
5. Control methods, including work practices, used to prevent or reduce exposure to blood or OPIM.
6. Types of Personal Protective Equipment (PPE) available, their location, limitations, and proper use (removal, handling, decontamination and disposal).
7. Summary of selection process for protective clothing, equipment and safety devices.
8. Post exposure evaluation and follow-up procedure, including resource staff contact information and where to access medical care.
9. Signs and labels used at Washtenaw County Health Services Facilities.
10. Hepatitis B vaccine information and availability to staff.
11. Type and location of reports required in case of exposure.
12. Resource list for additional information
13. Post Test
14. Evaluation of the session

WAIVER FOR HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Witness Signature

Date

(Waiver03/10)

BLOODBORNE INFECTIOUS DISEASES

EXPOSURE INCIDENT QUICK REFERENCE

1. Immediately wash and flush exposed area with water.
2. Gently express blood from the cut or puncture. **DO NOT SCRUB OR SQUEEZE.**
3. Take steps to minimize exposure of other persons to blood or OPIM. Instruct them to take protective measures.
4. If blood or OPIM penetrates garments, remove as soon as possible. Place in a plastic bag.
5. Contact a supervisor immediately.

Revised 3/10

SOURCE INDIVIDUAL INFORMATION FORM

Name: _____

Address: _____

Phone #: _____

Alternate phone #: _____

Alternate address: _____

Release of Medical Information obtained? Yes No

Source Individual's blood drawn? Yes No

Date blood work drawn: _____

Location blood drawn _____

Comments: _____

Employee notified that source individual had blood drawn? Yes No

WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT
555 Towner
Ypsilanti, MI 48197

**RELEASE OF MEDICAL INFORMATION
HBV, HCV AND HIV ANTIBODY TEST RESULTS**

I, _____, hereby authorize
(Name of Source Individual)

_____ to release the results of my
(Name of Source's Medical Provider)

HBV, HCV and HIV Antibody tests to Concentra Health Services, who is treating the employee exposed to my blood:

Concentra Health Services
3131 S. State St.
Ann Arbor, MI 48108
Phone: 734-213-6285
Hours: M-F: 800am-6:00pm

After Hours or for severe emergencies:
St Joseph Mercy Hospital
Emergency and Trauma Center
5301 E. Huron River Dr., Ypsilanti, MI
Phone: 734 -712- 3000

(Signature of Exposure Source, or parent/guardian) (Date)

(Witness) (Date)

Original: Medical Provider of Employee
Copy: Customer
Copy: Customer's Record

BID EXPOSURE INCIDENT REPORT

Date of Incident: _____ Time: _____ Location: _____

Employee Exposed: Name: _____
Address: _____

Source Individual: Name: _____
Primary Address: _____
Alternate Address: _____
Phone #: _____
Alternate Phone #: _____

Potentially Infectious Material: _____

Description of Employee's duties as they relate to exposure incident: _____

Description of Incident: _____

Cause of Exposure, i.e. accident, equipment malfunction, etc: _____

Safety / PPE utilized (include name and manufacturer) : _____

First Aid administered to exposed employee: _____

Recommendations for changes in Exposure Control Plan and /or work practices to avoid repetition of incident:

Signature: _____ Date: _____

Original: Infection Control Committee Exposure Control Officer

Washtenaw County Workers' Comp Accident Report for Work-related Injury or Illness & Authorization for Treatment					
Section 1: Employee Information (to be completed by the employee, if possible)					
Employee Last Name:		First Name:		Middle Name:	Social Security Number:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Birth Date:		# of Dependents:
Employee Address:		City:	State:	Zip:	Home Phone:
Department/Division:		Physical Work Location:		Employee #:	Work Phone:
Position/Occupation:		Date of Hire:	Date in Position:	Wage: Circle: Per Hour / Day / Week / Month	
Schedule: (Circle) Full-time or Part-time or Temporary Days Worked per week: Hours worked/day: Hours/week: Days (circle) S M T W Th F S					
Section 2: Alleged Work-Related Injury or Illness Information (to be completed by the employee, if possible)					
Occur Date:	Occur Time:	Location:	Type of Accident:	Injured on Regular Job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Injury Description: 1) Physical action (i.e., climbing, lifting,): 2) Source of injury (i.e., type of machinery): 3) Type of injury (i.e., contusion, laceration): 4) Specific body part(s) injured: <input type="checkbox"/> Right: <input type="checkbox"/> Left: <input type="checkbox"/> Other:					
Describe the Events Which Caused the injury/illness (Details or Comments):					
Unsafe Acts/Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain): Safety Equipment Provided: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Safety Equipment Used: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown					
Witness Information: <input type="checkbox"/> None <input type="checkbox"/> Unknown Name: Address: City, State, Zip: Phone:					Treatment to be obtained at: <input type="checkbox"/> Business Health <input type="checkbox"/> Emergency Room
Section 3: Supervisor Information (to be completed by Supervisor)					
Supervisor Name:			Date Notified by Employee:		If died, date:
Telephone:		FAX:		Email:	
Supervisor's Comments:					Last Work Date:
					Disability Start Date:
					Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
					Date Returned to Work:
I hereby authorize treatment for this employee at Business Health Services:					
Supervisor Signature:			Date:		
Washtenaw County agrees to pay for any medical treatment provided to the above named individual to address this alleged work-related injury/illness. If this case is disputed, we agree to pay for services up to the point BHS is notified in writing of a dispute.					

Email a copy of this form to Human Resources within 24 hours following accident or injury.



I. Incident Reporting - Injury to Public

This form should be used for the reporting of all types of injury to the public
(NOT for Employee Injuries)

* Indicates required fields

II. General Incident Information

Report prepared by: *

Department: *

If your department is not listed you must enter it in the "Other Department" field.

Other Department:

Division:

Phone Number: *

E-mail: *

Date of Incident: *

Time of Incident: * am pm

Incident Location: *

If the incident location is not listed above, you must enter it in the "Other Incident Location" field.

Other Incident Location:

THIS FORM SHOULD BE SUBMITTED WITHIN 24 HOURS OF INCIDENT

If you have questions about the reporting of an incident, contact Risk Management at 222-6755.

Next Page

EXHIBIT L

DL 11-2550 (9/91) MICHIGAN DEPARTMENT OF MENTAL HEALTH

INCIDENT REPORT

REPORT DATE		TIME	RECIPIENT NAME
AGENCY NAME		WARD AND LIVING UNIT NAME	CASE NO.
WARD AND LIVING UNIT NAME		SEX	AGE/BIRTHDATE
PRINT OR USE ADDRESSOGRAPH PLATE			
WHEN DID YOU DISCOVER INCIDENT? (DATE & TIME)	<input type="checkbox"/> AM <input type="checkbox"/> PM	WHEN DID IT HAPPEN? (DATE & TIME)	<input type="checkbox"/> AM <input type="checkbox"/> PM
RECIPIENT(S) INVOLVED		OTHER RECIPIENT(S) PRESENT	
EMPLOYEE(S) INVOLVED AND/OR PRESENT			
EXPLAIN WHAT HAPPENED			
ACTION TAKEN BY STAFF			
IS/ WAS INJURY APPARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			REPORTING PERSON'S SIGNATURE & TITLE
			DATE
IF INJURY, DESCRIPTION OF INJURY BY PHYSICIAN OR R.N.			
DESCRIPTION OF TREATMENT OR CARE GIVEN			
DATE & TIME CARE GIVEN	<input type="checkbox"/> AM <input type="checkbox"/> PM	EXTENT OF INJURY AT THIS TIME	PHYSICIAN'S OR R.N. SIGNATURE
		<input type="checkbox"/> SERIOUS <input type="checkbox"/> NON-SERIOUS	DATE
IF SERIOUS INJURY, DATE & TIME DIRECTOR OR DESIGNEE NOTIFIED	<input type="checkbox"/> AM <input type="checkbox"/> PM	IF SERIOUS INJURY, DATE & TIME RIGHTS ADVISOR NOTIFIED	PHYSICIAN'S OR R.N. SIGNATURE
		<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE
DESIGNATED SUPERVISOR (STATE PROGRAM OR ADMINISTRATIVE ACTION TO REMEDY AND/OR PREVENT REOCCURRENCE OF INCIDENT, INCLUDING DISCIPLINARY ACTION)			
NAME OF EMPLOYEE ASSIGNED TO RECIPIENT AT TIME OF INCIDENT		DESIGNATED SUPERVISOR'S SIGNATURE	

WITHIN 24 HOURS, DISTRIBUTE:
 WHITE COPY TO DIRECTOR (RETURN TO RECIPIENT RECORDS)
 YELLOW COPY TO RIGHTS ADVISOR
 PINK COPY TO AGENCY

WCPHD Sharps Injury Log

Record all injuries that occur from contaminated sharps

Date	Employee ID # <i>Protect confidentiality</i>	Type and Brand of Device	Incident Description	Dept. or Work Area <i>Where incident occurred</i>

Note: This log applies to any employer who is required to maintain a log of occupational injuries and illnesses under R 408.22101 Part 11 Recording and Reporting of Occupational Injuries and Illnesses. It shall be maintained for the period required by Part 11.

Michigan Department of Consumer and Industry Services
 Bureau of Safety and Regulation
 BSR-CET-824 (7/01)
 Revised by WCPHD (4/07)

Safety Device Selection Process

1. Review of the devices causing or involved in the most exposure incidents
2. Identify type of device with greatest risk of exposure (i.e. blood filled hollow- bore needles)
3. Review of safety/efficacy data on currently available safety devices
4. Screen and select devices appropriate for meeting basic programmatic criteria
5. Conduct simulated procedure evaluations and review data
6. Select most effective safety device(s) that meet programmatic criteria
7. Provide training in use of the device and safety features; include hands-on practicum to demonstrate skills/identify preferences between devices
8. Distribute new safety devices; remove all conventional devices from worksites
9. Continue to monitor safety and efficacy data
10. Conduct annual utilization review, including any newly commercially available equipment

SAFETY FEATURE EVALUATION FORM

SAFETY SYRINGES

0 LIBIT N



Date: _____ Department: _____ Occupation: _____

Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

DURING USE:

agree.....disag

1. The safety feature can be activated using a one-handed technique..... 1 2 3 4 5 N
2. The safety feature **does not** obstruct vision of the tip of the sharp..... 1 2 3 4 5 N
3. Use of this product requires you to use the safety feature..... 1 2 3 4 5 N
4. This product does not require more time to use than a non-safety device..... 1 2 3 4 5 N
5. The safety feature works well with a wide variety of hand sizes..... 1 2 3 4 5 N
6. The device is easy to handle while wearing gloves..... 1 2 3 4 5 N
7. This device **does not** interfere with uses that do not require a needle..... 1 2 3 4 5 N
8. This device offers a good view of any aspirated fluid..... 1 2 3 4 5 N
9. This device will work with all required syringe and needle sizes..... 1 2 3 4 5 N
10. This device provides a better alternative to traditional recapping..... 1 2 3 4 5 N

AFTER USE:

11. There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated..... 1 2 3 4 5 N
12. The safety feature operates reliably..... 1 2 3 4 5 N
13. The exposed sharp is permanently blunted or covered after use and prior to disposal..... 1 2 3 4 5 N
14. This device is no more difficult to process after use than non-safety devices..... 1 2 3 4 5 N

TRAINING:

15. The user **does not** need extensive training for correct operation..... 1 2 3 4 5 N
16. The design of the device suggests proper use..... 1 2 3 4 5 N
17. It is **not** easy to skip a crucial step in proper use of the device..... 1 2 3 4 5 N

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/ utility of this product?

SAFETY FEATURE EVALUATION FORM

VACUUM TUBE BLOOD COLLECTION SYSTEMS

EXHIBIT P



Date: _____ Department: _____ Occupation: _____

Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

- | | agree..... | disagree |
|---|------------|----------|
| 1. The safety feature can be activated using a one-handed technique..... | 1 2 3 4 5 | N/A |
| 2. The safety feature does not interfere with normal use of this product..... | 1 2 3 4 5 | N/A |
| 3. Use of this product requires you to use the safety feature..... | 1 2 3 4 5 | N/A |
| 4. This product does not require more time to use than a non-safety device..... | 1 2 3 4 5 | N/A |
| 5. The safety feature works well with a wide variety of hand sizes..... | 1 2 3 4 5 | N/A |
| 6. The safety feature works with a butterfly..... | 1 2 3 4 5 | N/A |
| 7. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated..... | 1 2 3 4 5 | N/A |
| 8. The safety feature operates reliably..... | 1 2 3 4 5 | N/A |
| 9. The exposed sharp is blunted or covered after use and prior to disposal..... | 1 2 3 4 5 | N/A |
| 10. The inner vacuum tube needle (rubber sleeved needle) does not present a danger of exposure..... | 1 2 3 4 5 | N/A |
| 11. The product does not need extensive training to be operated correctly..... | 1 2 3 4 5 | N/A |

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/ utility of this product?

SAFETY FEATURE EVALUATION FORM

SHARPS DISPOSAL CONTAINERS

Exhibit Q



Date: _____ Department: _____ Occupation: _____

Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

	agree.....disagree
1. The container's shape, its markings, or its color, imply danger.....	1 2 3 4 5 N/A
2. The implied warning of danger can be seen from the angle at which people commonly view it. (very short people, people in wheel chairs, children, etc.).....	1 2 3 4 5 N/A
3. The implied warning can be universally understood by visitors, children, and patients.	1 2 3 4 5 N/A
4. The container's purpose is self-explanatory and easily understood by a worker who may be pressed for time or unfamiliar with the hospital setting.....	1 2 3 4 5 N/A
5. The container can accept sharps from any direction desired.....	1 2 3 4 5 N/A
6. The container can accept all sizes and shapes of sharps.....	1 2 3 4 5 N/A
7. The container allows single handed operation. (Only the hand holding the sharp should be near the container opening.).....	1 2 3 4 5 N/A
8. It is difficult to reach in and remove a sharp.	1 2 3 4 5 N/A
9. Sharps can go into the container without getting caught on the opening.....	1 2 3 4 5 N/A
10. Sharps can go into the container without getting caught on any molded shapes in the interior.....	1 2 3 4 5 N/A
11. The container is puncture resistant.....	1 2 3 4 5 N/A
12. When the container is dropped or turned upside down (even before it is permanently closed) sharps stay inside.....	1 2 3 4 5 N/A
13. The user can determine easily, from various viewing angles, when the container is full.....	1 2 3 4 5 N/A
14. When the container is to be used free-standing (no mounting bracket), it is stable and unlikely to tip over.....	1 2 3 4 5 N/A
15. It is safe to close the container. (Sharps should not protrude into the path of hands attempting to close the container.).....	1 2 3 4 5 N/A
16. The container closes securely. (e.g. if the closure requires glue, it may not work if the surfaces are soiled or wet.).....	1 2 3 4 5 N/A
17. The product has handles which allow you to safely transport a full container.....	1 2 3 4 5 N/A
18. The product does not require extensive training to operate correctly.....	1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/ utility of this product?

EXHIBIT R

Washtenaw County Workers' Comp Accident Report for Work-related Injury or Illness & Authorization for Treatment					
Section 1: Employee Information (to be completed by the employee, if possible)					
Employee Last Name:		First Name:		Middle Name:	Social Security Number:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Birth Date:		# of Dependents:
Employee Address:			City:	State:	Zip:
Department/Division:		Physical Work Location:		Employee #:	Work Phone:
Position/Occupation:		Date of Hire:	Date in Position:	Wage: Circle: Per Hour / Day / Week / Month	
Schedule: (Circle) Full-time or Part-time or Temporary					
Days Worked per week:		Hours worked/day:		Hours/week: Days (circle) S M T W Th F S	
Section 2: Alleged Work-Related Injury or Illness Information (to be completed by the employee, if possible)					
Occur Date:	Occur Time:	Location:	Type of Accident:	Injured on Regular Job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Injury Description: 1) Physical action (i.e., climbing, lifting,): 2) Source of injury (i.e., type of machinery): 3) Type of injury (i.e., contusion, laceration): 4) Specific body part(s) injured: <input type="checkbox"/> Right: <input type="checkbox"/> Left: <input type="checkbox"/> Other:					
Describe the Events Which Caused the Injury/Illness (Details or Comments):					
Unsafe Acts/Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain):					
Safety Equipment Provided: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown			Safety Equipment Used: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		
Witness Information: <input type="checkbox"/> None <input type="checkbox"/> Unknown					Treatment to be obtained at: <input type="checkbox"/> Business Health <input type="checkbox"/> Emergency Room
Name: Address: City, State, Zip: Phone:					
Section 3: Supervisor Information (to be completed by Supervisor)					
Supervisor Name:			Date Notified by Employee:		If died, date:
Telephone:		FAX:		Email:	
Supervisor's Comments:					Last Work Date:
					Disability Start Date:
					Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
					Date Returned to Work:
I hereby authorize treatment for this employee at Business Health Services:					
Supervisor Signature:					Date:
<small>Washtenaw County agrees to pay for any medical treatment provided to the above named individual to address this alleged work-related injury/illness. If this case is disputed, we agree to pay for services up to the point BHS is notified in writing of a dispute.</small>					

Email a copy of this form to Human Resources within 24 hours following accident or injury.



Washtenaw County Public Health Department

Chemical Hygiene Plan

The Hazard Communication Plan (Chemical Hygiene Plan) is required by Part 431 of the Michigan Occupational Safety and Health Act governing hazardous work in laboratories and supercedes federal regulations in Michigan to ensure that information is transmitted to employees about the chemical hazards that they are exposed to. This is accomplished through labels, material safety data sheets, instructions, written information, training and other forms of warning.

1. BASIC RULES & PROCEDURES

The standard requires that Washtenaw County Public Health Department employees work cooperatively in providing a safe and healthful work environment with training, evaluations and periodic meetings that ensure that all staff are aware of and comply with safeguards that are in place to limit accidents and injuries by the following basic rules (MIOSHA Rule 325.70113, Part E).

- Institute a Chemical Hygiene Program at the Work Site.
- Avoid Underestimation of Risk
- Provide Adequate Ventilation When Working With Chemicals
- Minimize Chemical Exposures
- Observe the Permissible Exposure Limits (PEL's) and Threshold Limit Values (TLV's) as defined by the MSDS for all chemicals in use at the work site.

2. PROCUREMENT/HAZARD DETERMINATION/CHEMICAL INVENTORY (MIOSHA Rule 325.70113, Part D, No. 2)

General Considerations:

- Procurement: Before a substance is received, information on proper handling, storage, and disposal should be known to those who will handle, store, work with or dispose of the substance.
- Laboratory storage: Amounts stored should be as small as practical. A **Laboratory** means a facility where the laboratory use of hazardous chemicals occurs. It is a workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.

Information supplied by the manufacturers will be relied upon for the hazard determination.

- A **hazardous chemical** means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term **health hazard** includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes, or mucous membranes.

- A **physical hazard** means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.
- A **health hazard** includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes, or mucous membranes.

It is the policy of Washtenaw County Public Health Department to request a material safety data sheet for each chemical that is used in the workplace, except for the following items:

- Laboratory uses of hazardous chemicals that provide no potential for employee exposure. Examples of such conditions might include:
 - Procedures using chemically-impregnated test media such as dip-and-read tests where a reagent strip is dipped into the specimen to be tested; and
 - Commercially prepared kits, such as pregnancy tests, in which all of the reagents needed to conduct the test are contained in the kit.
 - Medications and drugs are considered exempt from the Hazard Communication Plan when it is determined that are in solid, final form, for direct administration to the patient (i.e., tablets, pills, capsules).
 - Consumer products, when it is determined that they are used in the same manner and with no more frequency than a normal consumer would use them.

The chemical inventory is monitored and training updates are coordinated by: Public Health's Right to Know Officer and updated whenever one or more of the following occurs:

- A new hazard is introduced into the workplace.
- A hazard has been removed from use in the workplace.
- The hazard determination process is reviewed during annual self-inspection to ensure that it is current and that any new safety situations are promptly addressed.

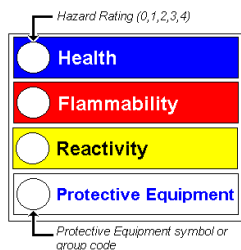
3. HOUSEKEEPING, INSPECTIONS & MAINTENANCE

(MIOsha Rule 325.70113, Part D, No. 4)

- Housekeeping. Floors should be cleaned regularly. The cleaning schedule is maintained on E-Central.
- Passageways. Stairways and hallways should not be used as storage areas. Access to exits, emergency equipment, and utility controls should never be blocked.
- Maintenance - As applicable- and documented – for Washtenaw County Public Health Department. Eye wash fountains should be inspected at intervals of not less than three months.

4. HAZARD LABELING SYSTEM (MIOsha Rule 325.70109 & 325.70113, Part D, No. 8)

In accordance with the hazardous work in laboratories standard, chemical hazard labels are to be legible, in English, and displayed either on the container (of the product) or readily available in the work area throughout each work shift. The immediate work area is defined as the room where the product will be used by the employee. In keeping with the interpreted intent of the law, it is policy to ensure that the employee is familiar with the hazards they have contact with and that there is a label available to remind or warn them of the hazards.



A label will be provided for each chemical product that will include an indication of the hazards presented by the product in each of four areas fire, reactivity, health and special hazards. (See example) Special safety equipment, which is required to handle the hazardous products, must be indicated on the label.

Prominent signs and labels of the following types must be posted:

- Emergency telephone numbers of emergency personnel/facilities, supervisors, and laboratory workers;
- Identity labels, showing contents of containers (including waste receptacles) and associated hazards;
- Location signs for eyewash stations, other safety and first aid equipment, exits and areas where food and beverage consumption and storage are permitted.

5. CHEMICAL SPILL RESPONSE (MIOSHA Rule 325.70113, Part D, No. 9)

The initial step in controlling any type of spill is prevention. All hazardous chemicals should be handled with care and with appropriate PPE. The cleanup process for spills is much more costly than slowing down to be cautious when working with these items.

Spill Control Policy for Washtenaw County Public Health Department

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 material safety data sheet will be referred to for proper spill response procedures. These will include appropriate materials to be used for collection of the material (i.e., absorbents, spill kit materials), as well as protective measures to be taken with the particular product. Below, are outlined some basic steps for responding to a chemical spill should one occur at Was Health Department:

- Location signs for eyewash stations, other safety and first aid equipment, exits and areas where food and beverage consumption and storage are permitted.
- Warnings at areas or equipment where special or unusual hazards exist.
- Overhead paging is used to alert people in all parts of the facility Washtenaw County Public Health Department. **To page: Dial 17 on any phone and listen for 2 short tones. Dial 00 and speak loudly and clearly in receiver.**
- Determine what has been spilled and locate the material safety data sheet (MSDS) for the product.
- If the product is toxic, evacuate personnel from the area.
- Provide adequate ventilation as described on the MSDS. Try to contain the spill from spreading with absorbent material.
- Cleanup personnel must use proper personal protective equipment as described for spill response (within the MSDS).
- 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.
- Dispose of clean up materials as recommended by the manufacturer and in accordance with local, state and federal regulations. Ensure that materials saturated with flammable liquids are placed into containers that will limit the potential for combustion and subsequent fire hazards.
- An incident report must be completed and turned in to management for review and discussion with other staff so that recurrence of the incident can be avoided.

Spill kits (*Attack Pac* by SPC) are located in: Adult Clinic Lab (1103J) under the sink.

6. MEDICAL PROGRAM

(MIOSHA Rule 325.70108 & 325.70113, Part D, No. 5)

- Personnel trained in first aid will be available during working hours and an emergency room with medical personnel should be nearby. The nearest emergency room is located at: St. Joseph Mercy Hospital, 5301 Huron River Drive, Ann Arbor.

7. PPE SELECTIONS, PROVISION, USE AND ACCESSIBILITY

(MIOSHA Rule 325.70113, Part D, No. 6)

Personal protective equipment (PPE) is provided to employees of Washtenaw County Public Health Department for the protection of eyes, face, head and extremities, where there is a potential for injury or impairment in the function of the body through absorption, inhalation or physical contact. The PPE for employees has been selected based upon the type of task being performed and the degree of exposure anticipated from the hazard to which the employee has been exposed. Equipment is maintained in accordance with manufacturer's guidelines to ensure its proper functioning and is available in sizes to fit all staff.

The use of personal protective equipment is considered to be a condition of employment. Employees who choose to disregard the importance of personal protective equipment may be subject to reprimand and potential dismissal from their position.

Annual employee training regarding personal protective equipment will include:

- when PPE is required to be used,
- what PPE is necessary for specific tasks,
- how to properly wear, use and adjust PPE,
- the proper care, maintenance, limitations, useful life and disposal of PPE.
- Other items designated by the laboratory supervisor may be required.

Examples of PPE provided and their intended use at Washtenaw County Public Health Department are as follows.

Item	Location
Fire Extinguishers	Adult Clinic Lab (1103J), Clinic Reception area
Fire Alarms	First floor corridor adjacent to suite 1103 waiting room door
Eyewash Fountain(s)	Adult Clinic Lab (1103J), Blood Draw Room (1103C), Room 1103F
Safety Goggles/glasses	Blood Draw Room (1103C)
Lab Coats	Storage Closet (1103L) and Staff Bathroom
BID Kits	Adult Clinic Lab (1103J) and Staff Room (1103K)

Lab coats, gowns or other protective clothing are worn whenever there is the reasonable potential for the soiling of clothes when working with hazardous chemicals or blood and body fluids. The protective garments have been selected to meet the type and amount of soiling expected to be present during a specific task. The material safety data sheets of hazardous chemicals will be reviewed to select proper PPE for a given product.

Protective Eye Wear and Masks

Protective eye wear and/or masks are worn whenever there is the potential for the generation of splashes, spills, spray, splatter, droplets, or aerosols of chemicals and there is the potential for eye, nose or mouth contamination. Appropriate eye wear or masks will be worn as recommended by the manufacturer of a hazardous product.

Gloves

When working with hazardous chemicals, blood or body fluids, gloves will be worn according to manufacturer recommendations. Gloves are not to be used if they are peeling, cracking or discolored, or if they have punctures, tears or other evidence of deterioration.

Maintenance and Replacement of PPE

Adult Clinic and WIC Program Supervisors will periodically survey PPE to ensure its condition allows for the intended protection of the employee. Employees will immediately notify supervision of any damage or defects that make the PPE incapable of properly protecting them. Repair and/or replacement of personal protective equipment are provided by the employer as needed to maintain its effectiveness.

Employees will not be responsible for the cost of any personal protective equipment that is required to protect them from exposure to chemical or biohazards in the workplace.

8. RECORDS (MIOSHA Rule 325.7011 & 325.70113, Part D, No. 7)

- Accident records must be written with any follow up or corrective actions taken noted.
- Chemical Hygiene Plan records must document that the facilities and precautions were compatible with current knowledge and regulations.

Medical records –Washtenaw County Public Health Department will establish and maintain 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. Washtenaw County Public Health Department will assure that such records are kept, transferred, and made available. All medical records will be retained by Washtenaw County Human Resources in accordance with the requirements of state and federal regulations for at least the duration of employment plus 30 years (MIOSHA Rule 325.70108).

- All training records will include the following information will be maintained for three years from the date on which the training occurred: Documentation of the training will be maintained in employee personnel files or in a master training file.
 - The dates of the training sessions;
 - The contents or a summary of the training sessions;
 - The names and qualifications of persons conducting the training;
 - The names of all persons attending the training sessions.
 - Material Safety Data Sheets are to be retained for 30 years from the date of removal from the active file.

9. MATERIAL SAFETY DATA SHEETS (MIOSHA Rule 325.70109)

Material safety data sheets are maintained at Washtenaw County Public Health Department to comply with MIOSHA's Hazardous Work in Laboratories Standard. Material safety data sheets contain useful information regarding the hazards associated with products or chemicals used in the facility. Employees are not required to memorize the information contained within the data sheets but are provided with training so that they can locate them and find information such as:

- Flammability Hazard, Reactivity Hazard, Health Hazard, Precautions for Safe Handling and Use, and Control Measures.

This information will ensure that chemicals and products are used in a safe manner and that employees are aware of the hazards associated with those items.

- It is the responsibility of staff ordering supplies to collect material safety data sheets for each hazardous chemical or product that is used in the facility. The suppliers and manufacturers of such products are required to supply material safety data sheets along with the first order of each product. If a material safety data sheet is not received with a first order, one will be requested.
- In order for hazard labeling to be completed, certain information must be provided on the MSDS. If any necessary information is missing, the manufacturer will be contacted in order to obtain it.
- The location of the material safety data sheets must be posted on the employee bulletin board.
- When new or revised data sheets are received they should be posted on the employee bulletin board for review by employees before they are included in the designated MSDS file.

If an MSDS is removed because it has been revised or the product is no longer used, the data sheet must be marked with the date it was removed and then placed in a separate file of archived data sheets. These data sheets are to be retained for 30 years from the date of removal from the active file.

MSDS sheets for Washtenaw County Public Health Department are located at: Public Health Finance (Towner II), WIC, Suite 1102, and Suite 1103.

10. WASTE MANAGEMENT (MIOSHA Rule 325.70113, Part D, No. 9)

Chemical waste (or hazardous products) is disposed of in accordance with information provided on the MSDS by the products manufacturer. Should the MSDS fail to provide adequate instruction, the manufacturer is contacted by telephone for further information on proper disposal of the product.

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 management plan located within the Bloodborne Infectious Diseases Exposure Control Plan.

- Aim: To assure that minimal harm to people, other organisms, and the environment will result from the disposal of waste laboratory chemicals. Transport from the institution must be in accordance with DOT regulations.
- Discarding Chemical Stocks: Unlabeled containers of chemicals and solutions must undergo prompt disposal; if partially used, they should not be opened. Indiscriminate disposal by pouring waste chemicals down the drain or adding them to mixed refuse for landfill burial is unacceptable.

11. EMPLOYEE INFORMATION AND TRAINING (MIOSHA Rule 325.70113, Part D, No. 10)

Washtenaw County Professional Development Program (PDP) will coordinate and maintain records of employees' initial Safety Training. The training and education program will be a regular, continuing activity. Annually each Lab employee will attend a lab Safety Training conducted by Site Coordinator.

- Before any new hazardous chemical is introduced into the workplace, each employee will be given information in the same manner as during the initial safety class.
- In that class, each employee will be given information on:
 - < Chemicals and their hazards in the workplace.
 - < PEL's for MIOSHA regulated substances or exposure limits in use at Washtenaw County Government. This information is in the MSDS
 - < How to lessen or prevent exposure to these chemicals.
 - < Signs and symptoms associated with exposure to hazardous chemicals.
 - < Protective measures employees can take to protect themselves from chemical exposures, such as PPE, work practices, and emergency procedures.
 - < Procedures to follow if they are exposed.
 - < How to read and interpret labels and M.S.D.S.s.

< Where to locate M.S.D.S.s at Washtenaw County Public Health Department and from whom they may obtain copies.

The employee will be informed that:

Washtenaw County Public Health Department is prohibited from discharging, or discriminating against, an employee who exercises the rights regarding information about hazardous chemicals in the workplace.

This Chemical Hazards Exposure Control Plan has been reviewed and approved for use. The facilities and precautions are compatible with current knowledge and regulations at this time:

Review Date/Signature: _____

Review Date/Signature: _____

Review Date/Signature: _____

Review Date/Signature: _____

Review Date/Signature: _____

Review Date/Signature: _____

2. LHD ORGANIZATION

- a. **Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher-level managers.**

See attachment 2. A

- b. **Documentation of board approval of Local Health Department (LHD) Plan of Organization.**

See attachment 2. B

- c. **List annual LHD total operating budget amount and total number of FTE's for public health services. Include documentation indicating local governing entity approval of budget and copy of the most recent approved budget.**

See attachment 2. C "Res. No. 12-0132 for the Public Health Department budget."

d.

1. **Submit copies of responses to findings from the most recent audit.**

See attachment 2. D

2. **List significant issues uncovered as a result of sub recipient monitoring and associated responses.**

None

3. **Submit evidence of corrective action addressing (1) and (2) above.**

See attachment 2. D

- e. **Briefly describe Information Technology capacity available to access and distribute current public health information.**

Washtenaw County's Public Health network consists of a private fiber backbone in "campus" environments and within buildings, carrier services to satellite locations, and structured cabling within buildings. The County runs on a Windows XP platform to share desktop resources such as word processing, spreadsheets, email, calendaring, internet access and other department-level package. Additionally, application server platforms running on Windows XP, NT, CITRIX or

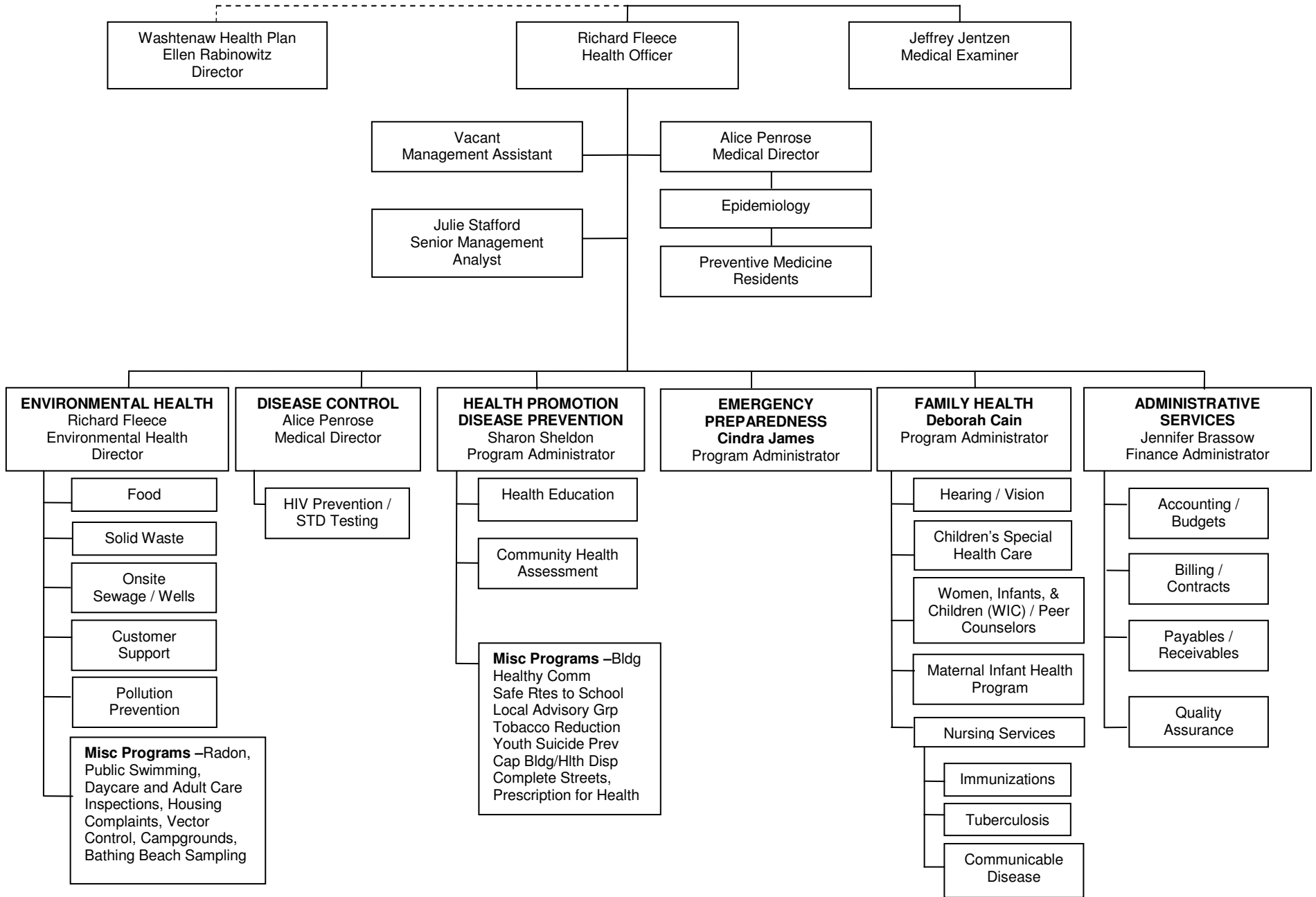
UNIX are supported. The Washtenaw County Public Health department is connected to the internet via a T2 connection provided by Merit Network, Inc our internet provider. We also have a T3 backbone that connects the main campuses of Towner, Zeeb, Service Center and Downtown.

The Washtenaw County Public Health department uses the software 'Insight' as its public health electronic health record (EHR).

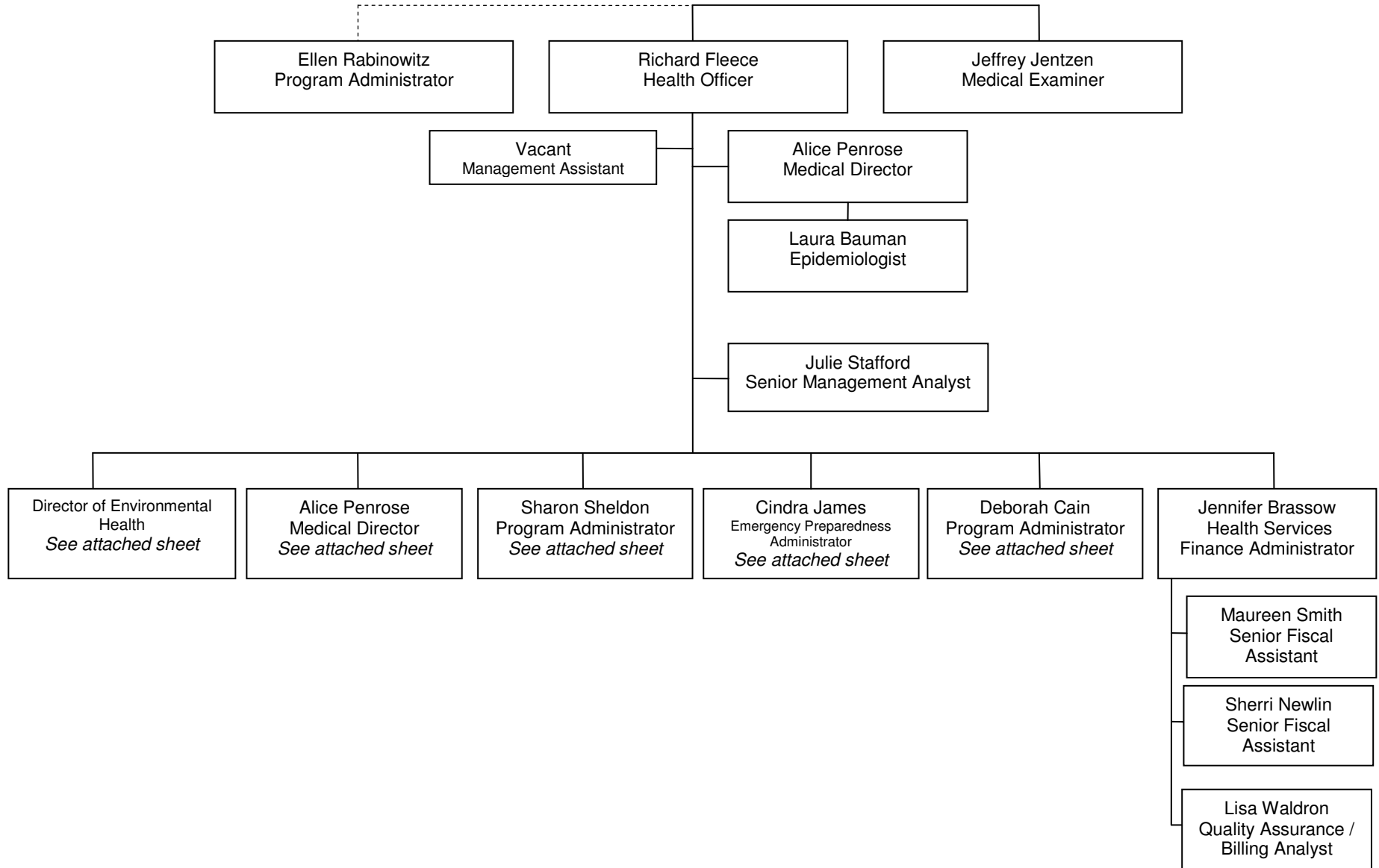
Environmental Health utilizes the "Accella Tidemark" software program for well and septic permitting, Time of Sale inspections, the Pollution Prevention program, addition reviews, well and septic complaints, and swimming pool licenses, inspections, invoices and sampling. We also use "Wellogic", the statewide well log database, "FileNet", a file imaging system converting paper files to electronic files, "Equalizer", equalization software for property information and addresses, "WashCo GIS", Washtenaw County's mapping software, and "JD Edwards", Washtenaw County's accounting software.

In addition, Environmental Health uses "Sword Solutions" for the food inspection program, and we use Excel spreadsheets and Access databases extensively to track restaurant plan reviews, foodborne illness complaints, restaurant complaints, temporary food licenses, Department of Human Service inspections, and well and septic inspections. Environmental Health also uses Insight Time & Effort to track staff activities as well as time spent on each activity category.

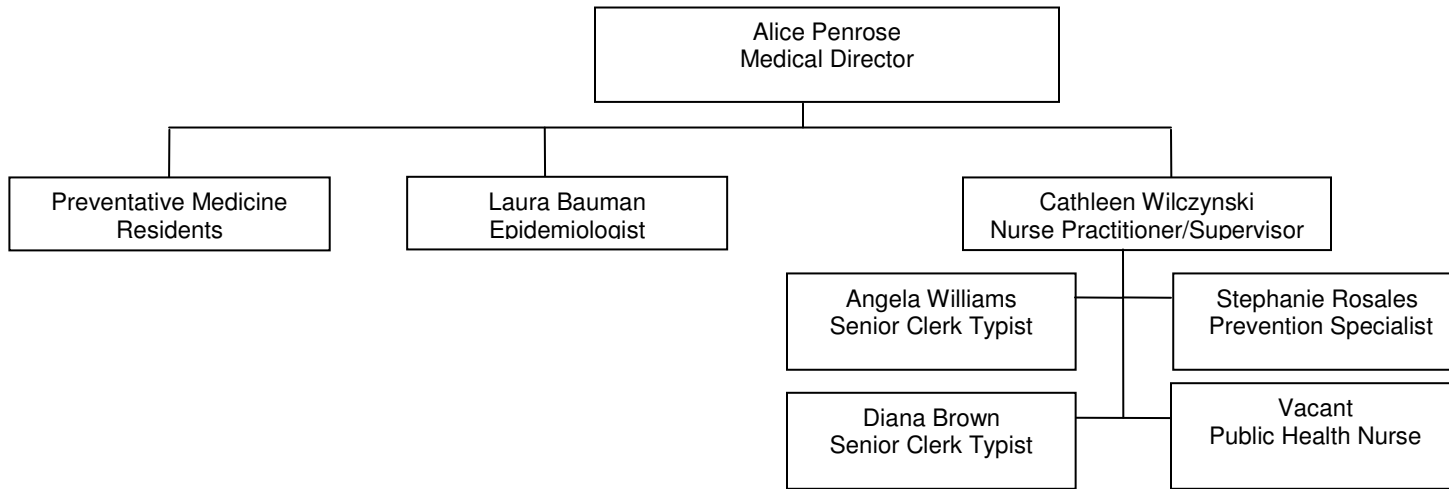
PUBLIC HEALTH DEPARTMENT 1/2013



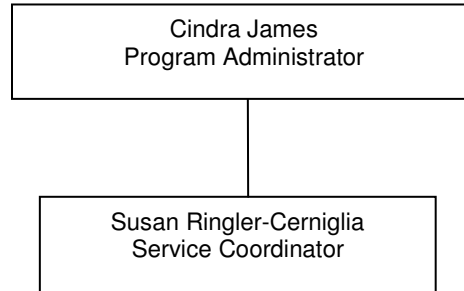
Administration 1/2013



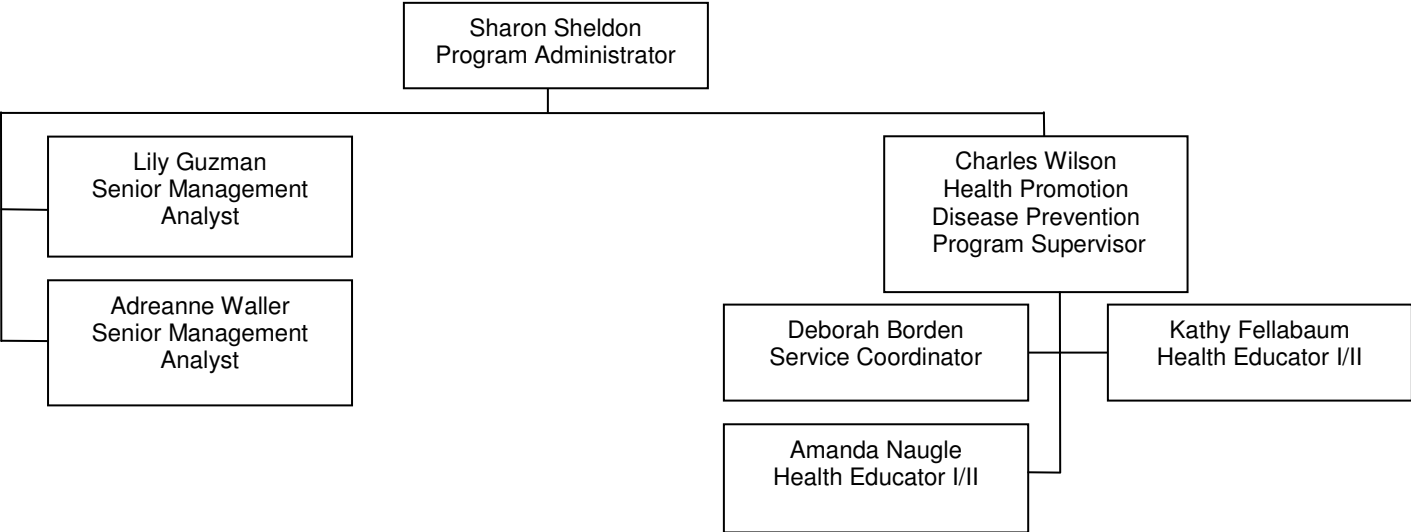
Disease Control 1/2013



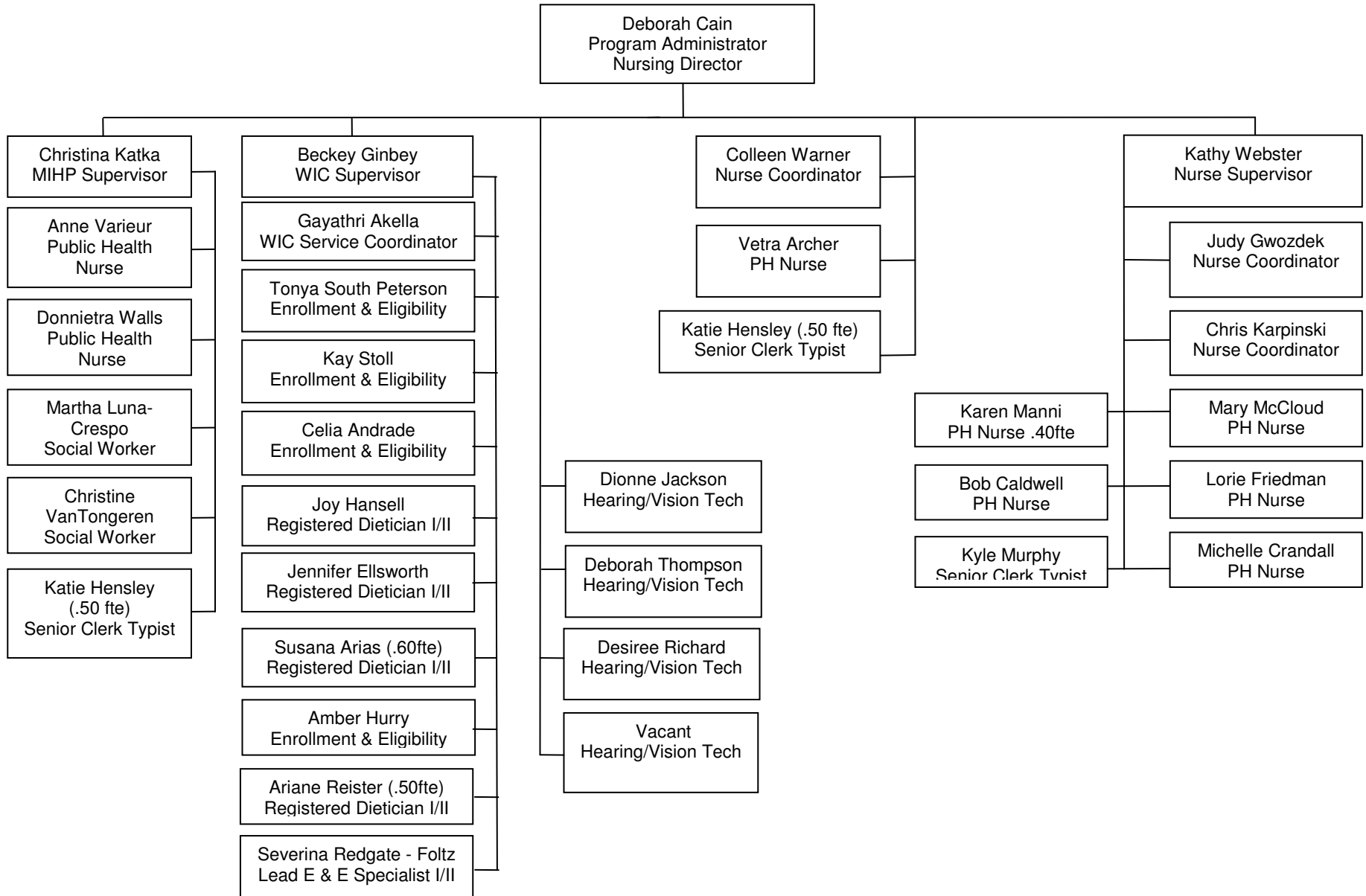
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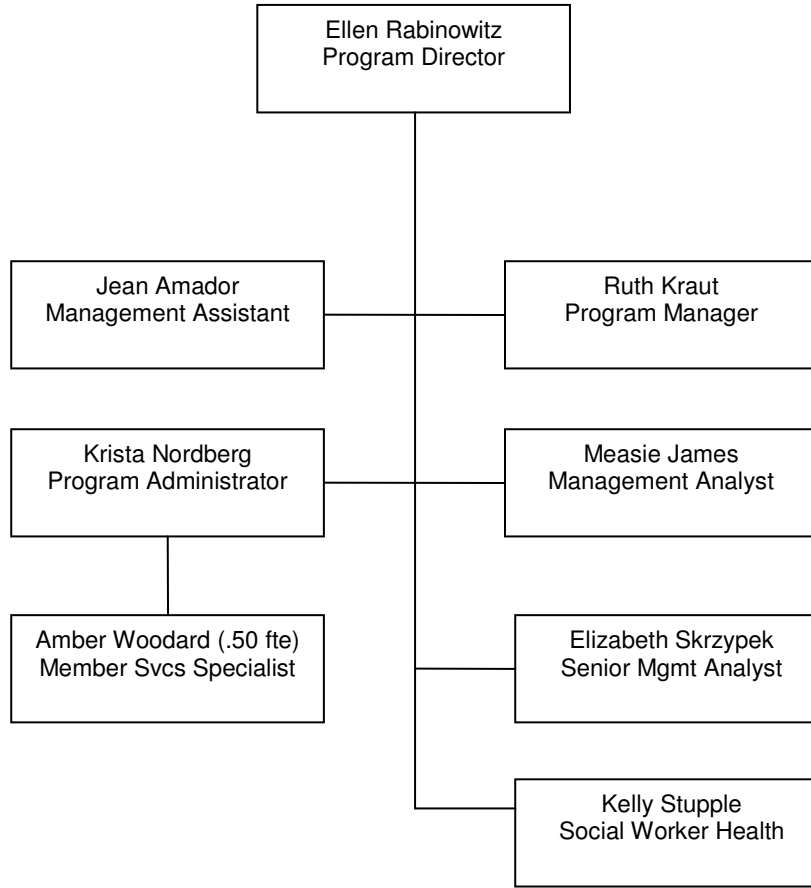
Health Promotion and Disease Prevention 1/2013



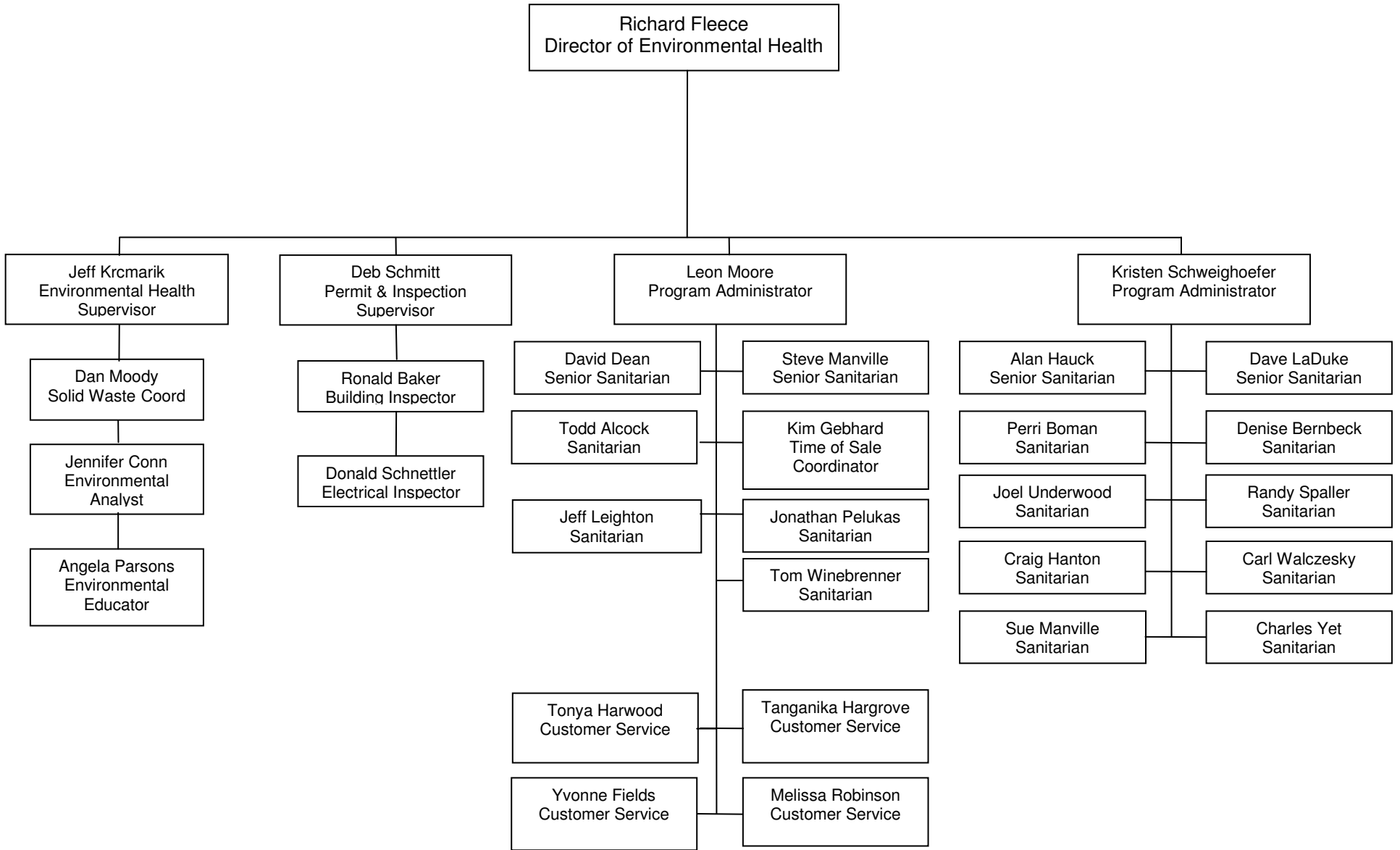
Family Health 1/2013



Washtenaw Health Plan 1/2013



Environmental Health 1/2013



A RESOLUTION APPROVING THE SUBMISSION OF THE WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT PLAN OF ORGANIZATION AND AUTHORIZING THE CHAIR OF THE BOARD OF COMMISSIONERS TO SIGN THE PLAN OF ORGANIZATION APPROVAL FORM

WASHTENAW COUNTY BOARD OF COMMISSIONERS

March 20, 2013

WHEREAS, the Michigan Public Health Accreditation program has improved the quality of local health departments across the state by establishing fair and uniform standards for local public health departments, and has helped to ensure local capacity to provide locally based public health functions; and

WHEREAS, the Washtenaw County Public Health department has for three cycles which began in 1998 been recognized with the highest level of achievement; and

WHEREAS, the Accreditation Quality Improvement Process (AQIP) workgroup was formed in March 2003 and charged with identifying opportunities for Accreditation process improvement, determining which of these opportunities will have the most positive impact, and developing recommendations for improvement of the Accreditation process; and

WHEREAS, effective February 2004 the Accreditation process was revised incorporating the AQIP recommended changes including a new administrative section called Powers and Duties; and

WHEREAS, to demonstrate compliance for the Powers and Duties requirements, the Washtenaw County Public Health Department is required to have a Plan of Organization approved by the local governing body; and

WHEREAS, the Plan of Organization must be submitted to the Michigan Department of Community Health (MDCH) Director for approval prior to the Accreditation review site visit; and

WHEREAS, the MDCH Accreditation program requires a Plan of Organization Approval Form to be signed by the Washtenaw County Board of Commissioners Chairperson; and

WHEREAS, this matter has been reviewed by Corporation Counsel, the Finance Department, Human Resources, the County Administrator's Office, and the Ways and Means Committee

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby approves the submission of the Public Health Department Plan of Organization to the Michigan Department of Community Health as attached hereto and made a part hereof

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners authorizes the Chair of the Board to sign the Plan of Organization Approval Form

A RESOLUTION AUTHORIZING THE COUNTY ADMINISTRATOR'S SIGNATURE ON THE PUBLIC HEALTH DEPARTMENT COMPREHENSIVE PLANNING, BUDGETING AND CONTRACTING (CPBC) AGREEMENT FOR THE PERIOD OCTOBER 1, 2012 THROUGH SEPTEMBER 30, 2013; AUTHORIZING THE ELECTRONIC SUBMISSION BY THE COUNTY HEALTH OFFICER; APPROVING THE PUBLIC HEALTH DEPARTMENT'S 2012/2013 BUDGET; AUTHORIZING THE COUNTY ADMINISTRATOR TO SIGN DELEGATE CONTRACTS; APPROVING FEES; AND APPROVING POSITION RECLASSIFICATION.

WASHTENAW COUNTY BOARD OF COMMISSIONERS

September 19, 2012

WHEREAS, since 1987 Michigan Department of Community Health (MDCH) has funded local public health programs including Environmental Health through a Comprehensive Planning, Budgeting and Contracting (CPBC) Agreement which includes Local Public Health Operations funds for General Communicable Disease Control; Hearing Screening; Immunizations; Sexually Transmitted Diseases; and Vision Screening; Food Service Sanitation, and various other categorical funds allocated to local health departments; and

WHEREAS, the State requires the local health department to have an electronically signed CPBC agreement for the 2012/2013 fiscal year by September 28th, 2012; and

WHEREAS, annual changes in funding and program requirements at the state level and for local activities requires that a budget be approved prior to the start of the new fiscal year; and

WHEREAS, subsequent changes of state allocations, program requirements and final local budgets may result in adjustments to this proposed plan and budget for the delivery of local public health services; and

WHEREAS, this matter has been reviewed by Corporation Counsel, the Finance Department, Human Resources, the County Administrator's Office, and the Ways and Means Committee.

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby authorizes the signature of the Administrator on the Comprehensive Planning, Budgeting and Contracting Agreement with the Michigan Department of Community Health for the period October 1, 2012 through September 30, 2013 as on file with the County Clerk.

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners hereby authorizes the fee schedule for Public Health effective January 1, 2013.

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners takes the following actions contingent upon receipt of funding in conformity with the CPBC agreement:

1. Authorizing the budget, as attached hereto and made a part hereof
2. Authorizing the Administrator to sign delegate contracts upon review by Corporation Counsel, to be filed with the County Clerk

BE IT FURTHER RESOLVED that the Board of Commissioners authorizes the elimination and reclassification of positions as follows:

Creations:

Effective October 1, 2012

<u>POSITION #</u>	<u>POSITION TITLE</u>	<u>Group</u>	<u>Grade</u>	<u>Create</u>
2136-0005	Social Worker - Health	11	21	1.0
2325-0039	Public Health Nurse I/II	18	23/24	.50
2325-0040	Public Health Nurse I/II	18	23/24	1.0
2766-0001	Quality Assurance/Billing Analyst	32	27	1.0

Reclassifications:

Effective October 1, 2012

<u>POSITION #</u>	<u>POSITION TITLE</u>	<u>Group</u>	<u>Grade</u>	<u>Eliminate</u>	<u>Create</u>
1858-0005*	Senior Fiscal Assistant	12	18	1.0	
1975-0001	Senior Fiscal Assistant-PH	12	19		1.0
1858-0006*	Senior Fiscal Assistant	12	18	1.0	
1975-0002	Senior Fiscal Assistant-PH	12	19		1.0
2063-0004*	Health Educator I/II	11	22	1.0	
2527-0040	Service Coordinator	11	25		1.0
8008-0001*	WIC/MIHP Supervisor	10	80	1.0	
7923-0001	WIC Supervisor	10	79		1.0
2528-0001*	MIHP Service Coordinator	11	25	1.0	
7924-0001	MIHP Supervisor	10	79		1.0
7913-0001*	OW&S-Environ Health Supervisor	10	79	1.0	
3290-0001	E H Program Administrator	32	32		1.0
7914-0001*	Urban-Environ Health Supervisor	10	79	1.0	
3290-0002	E H Program Administrator	32	32		1.0

*** Reclassification of Current Occupant**

Public Health
2960

	2010/11 Actuals	2011/12 Projected	2012/13 Budget
Revenues:			
45000 Licenses & Permits	-	1,543,555	1,464,592
50000 Federal Revenue	-	-	43,000
54000 State Revenue	2,873,625	3,201,990	3,155,920
58000 Local Revenue	2,274,163	3,444,839	2,912,817
60000 Fees & Services	1,231,453	1,098,347	1,390,874
65000 Fines & Forfeitures		7,588	
67000 Other Revenue & Reimburseme	381,463	34,691	213,517
69000 In Kind	-	235,497	233,763
69500 Transfer In	1,354,294	1,074,545	1,652,846
Total Revenue and Other Sources	8,114,998	10,641,052	11,067,329
Expenditure:			
70050 Personal Services	5,354,915	7,515,633	8,154,883
72600 Supplies	165,398	185,379	172,146
80000 Other Services & Charges	1,488,814	1,106,316	959,920
93500 In-Kind Charges	-	235,497	233,763
94000 Internal Service Charges	819,099	1,537,548	1,539,117
95000 Capital Outlay	14,435	47,500	7,500
Total Expenditures and Other Uses	7,842,661	10,627,873	11,067,329
Net Revenues (Expenditures)	272,337	13,179	-
Beginning Fund Balance	912,883	1,185,220	1,198,399
Ending Fund Balance	1,185,220	1,198,399	1,198,399

COMMISSIONER	Y	N	A	COMMISSIONER	Y	N	A	COMMISSIONER	Y	N	A
Bergman	X			Ping	X			Conan Smith	X		
Brabec	X			Prater	X			Dan Smith	X		
Gunn	X			Rabhi	X			Turner	X		
Peterson	X			Sizemore	X						

CLERK/REGISTER'S CERTIFICATE - CERTIFIED COPY ROLL CALL VOTE: TOTALS 11 0 0


STATE OF MICHIGAN)

COUNTY OF WASHTENAW^{SS}.

I, Lawrence Kestenbaum, Clerk/Register of said County of Washtenaw and Clerk of Circuit Court for said County, do hereby certify that the foregoing is a true and accurate copy of a resolution adopted by the Washtenaw County Board of Commissioners at a session held at the County Administration Building in the City of Ann Arbor, Michigan, on September 19th, 2012, as it appears of record in my office.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Ann Arbor, this 20th day of September, 2012.

LAWRENCE KESTENBAUM, Clerk/Register

BY:  _____

Deputy Clerk



Res. No. 12-0132



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF AUDIT
400 S. PINE; LANSING, MI 48933

JAMES K. HAVEMAN
DIRECTOR

January 30, 2013

Ms. Verna McDaniel, County Administrator
Washtenaw County
220 North Main Street
P.O. Box 8645
Ann Arbor, Michigan 48107-8645

Re: Management Decision for Single Audit Finding for the Year Ended December 31, 2011

Dear Ms. McDaniel:

We have completed our review of the Washtenaw County Single Audit Report for the year ended December 31, 2011. The Michigan Department of Community Health (MDCH) submits the following Management Decision related to the audit findings that may impact MDCH grant funding.

2011-FS-2: Material Adjustment in the Public Health Special Revenue Fund

The auditor noted that Grants Receivable was originally overstated because certain receivables due from the State were more than one year old, and, therefore, not available under modified accrual accounting. To correct this error, an adjustment of \$976,766 was made to reduce revenues and record a deferral. This situation occurred because the State has been slow in making these payments, and the County overlooked deferring these items when they became more than one year old.

Management's response indicates that the State upgraded its billing/claim software in 2007, and resulting limitations experienced during the implementation have caused a slowdown in their reimbursements for the Maternal Infant Health program. The County will continue to work with the State to obtain timely payments. Additionally, amounts owed by the State will be monitored closely in order to detect and follow up on those that have been outstanding for more than a reasonable period of time.

Management Decision

We agree that this is a valid finding. It appears your corrective actions are adequate to resolve the finding. For follow-up purposes we will review your subsequent year Single Audit report to confirm it is resolved.

Ms. Verna McDaniel, County Administrator
January 30, 2013
Page Two

If you have any questions, please contact Christine Pike at (517) 241-9162 or pikec@michigan.gov.

Sincerely,



Debra Hallenbeck, Manager
Quality Assurance and Review

CC: ✓ Richard Fleece, Health Officer, Washtenaw County Health Department
Peter Collinson, Accounting Manager, Washtenaw County Finance Department

3. MISSION, VISION, AND VALUES

a. **Contains a clear, formally written, publicized statement of the LHD's mission**

Our Mission

To assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs.

Our Vision

A healthy community in which every resident enjoys the best possible state of health and well being.

Our Values

- *We will emphasize prevention to increase community health and safety.*
- *We will lead the development and delivery of effective public health interventions in partnership with the community.*
- *We will promote social justice by reducing inequalities affecting the health of all Washtenaw County residents.*
- *We will abide by ethical principles, take responsibility for our commitments and use our resources wisely.*

Strategic Directions

- *In partnership with our community, assure the development of a local public health system that has the capacity to perform all essential services.*
- *Enhance the effectiveness of our department to improve health status, quality of life, and health equity through social justice.*
- *Serve as an effective advocate for local public health.*
- *Strengthen our infrastructure, including information technology, to achieve our mission.*
- *Promote the professional development of our public health workforce.*

4. LOCAL PLANNING AND COLLABORATION INITIATIVES

a. **Outline or list LHD specific priorities**

The WCPHD Strategic Plan represents the Departments' priorities.

See attachment 4. A.

b. **Outline or list LHD activities to plan or pursue priority projects with available resources**

The Public Health Management Team (PHMT) and the Environmental Health Management Team, made up of all Division Managers, adopts a multi-year WCPHD Strategic Plan after seeking input from their program area staff. The department seeks Grant funding and other revenue sources to meet identified health needs for which no resources are available. Local and state budgets support the Strategic Plan and all required local public health services. Annual updates to the Strategic Plan adjust for changing priorities, emerging health needs and changes in available resources.

c. **Outline or list community partnerships and collaborative efforts.**

The WCPHD is active in many community partnerships and collaborative efforts [*please see attachment 4. C for a full listing*]. Key partnerships and collaborations related to the Strategic Plan include:

- Health Emergency Response Coalition (HERC)
- Health Improvement Plan (HIP)
- Community Collaborative of Washtenaw County (CCWC) – the state designated human services multi-purpose collaborative body
- Tobacco Reduction Coalition
- Infant Mortality Coalition
- Success by 6
- HIV/AIDS Coalition
- Community Health Committee (CHC)



2012 – 2014 Strategic Plan

A message from the Health Officer:

To the Citizens of Washtenaw County:

On behalf of the Washtenaw County Health Department (WCHD) staff it is my pleasure to offer you the Washtenaw County Health Department 2012-2014 Strategic Plan. The WCHD has a long history of successfully engaging the community and conducting chronic disease interventions in a variety of areas.



Working to assess and ensure the health of Washtenaw County residents is a lot like putting together the pieces of a jigsaw puzzle. All the pieces of the puzzle must be there in order to form a complete and clear picture. Our work in the health department is putting the health pieces together which include identifying, investigating community health problems and hazards; educating and empowering people about health concerns; developing polices and regulations to protect health and ensure safety; linking people to the needed health services; finding innovative solutions to health problems; and evaluating the effectiveness and accessibility of health services. To do all of this, it is our responsibility to bring community-based organizations, academia, business, labor, health services provides, and others to the table to work on the puzzle.

The strategic plan is our community roadmap for success. It serves to clearly define the purpose of the health department and to establish realistic goals and objectives consistent with our mission; communicate ours goals and objectives; ensure the most effective use is made of the health department's resources by focusing the resources on the key priorities; provide a base from which progress can be measured and establish a mechanism for informed change when needed.

The task of maintaining and improving the health of a community is neither easy nor one that can be done alone. Rather, a healthy community is the result of collaboration among all its residents

Richard Fleece

A handwritten signature in blue ink, appearing to read 'R. Fleece', written over a white background.

Health Officer

What is Public Health?

Public health is a multifaceted practice that uses techniques for preventing disease and promoting good health. The three core public health functions are defined by the Institute of Medicine as assessment, assurance, and policy development. Assessment monitors the health status to identify community health issues, diagnose and investigate those identified health issues and health hazards in the community. Assessment also evaluates effectiveness, accessibility, and the quality of individual and population-based health services in the community. Assurance links citizens to needed individual health services and assures the provision of health care when otherwise unavailable. Public health convenes community partnerships to identify and solve health issues and assures local health departments maintain a competent public health workforce to notify, educate, and empower citizens regarding health issues. The public health professionals rely on policy and research strategies to understand health problems such as infant mortality and chronic disease in particular populations. (Michigan local health departments derive their authority and responsibility from the Michigan Public Health Code-Act 368 of 1978 and the Michigan Food Act of 2000).



Why is public health important to you?

Public Health focuses on a spectrum of physical, mental and social factors that affect the well-being of its citizens and the community. Public health assists citizens achieve healthier lifestyles; helps people to develop the skills needed to make behavioral changes, promotes healthy environments and provides safety net programs for families in need.

The Public Health system has made a number of major impacts that have resulted in enhancements in services from vaccine administration programs for our children to services for our elderly. Public Health professionals continue to address other challenges such as reducing risk factors for cardiovascular disease and cancer, providing environmental protection, reducing health disparities, avian influenza and even bioterrorism.



Strategic Planning Data

Prior to the development of the strategic plan, the health department gathered data and information from a variety of sources to provide additional background and direction to the planning process. The preparation activities included:

- A scan of the internal and external environment was conducted by performing an analysis of strengths, weaknesses, opportunities and threats (S.W.O.T) with each program area providing information.
- The department's accreditation report was reviewed to assure that programs and services continue to meet the program and service mandates as determined in the Michigan Public Health Code, and the Michigan Food Code.
- Data sources that were reviewed and discussed as inputs to the development of the WCPH strategic plan include:
 - Health Improvement Plan 2010 data,
 - HIP trend data (for questions that have been repeated in multiple surveys occurring in 1995, 2000, 2005 and 2010),
 - Health disparities data matrix,
 - Other local survey data collected such as the Safe and Sound survey,
 - HIP Progress report,
 - and other qualitative data sources including WCPH employee surveys and customer satisfaction reports from WCPH service areas.
- A comprehensive assessment of the National Accreditation Program requirements was conducted.
- The plan realistically takes into consideration fiscal constraints while recognizing the opportunities for alternative funding sources that may support our mission.



The Framework and Process of the Strategic Plan

In 1988, the Institutes of Medicine defined the three core functions of governmental public health: assessment, policy development and assurance. In 1994, ten essential public health services were developed within these core functions:

1. Monitor health status to identify health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people with needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health workforce
9. Evaluate effectiveness, accessibility and quality for personal and population based services
10. Research for new insights and innovative solutions to health problems

The Washtenaw County Public Health Department utilized the core functions and essential public health services as the framework for the strategic plan. The health department then aligned program goals and objectives with the public health core functions and essential services. Using this framework enhanced the strategic planning process. As there is a growing emphasis on Voluntary National Accreditation program standards, that focus on the public health core functions and quality improvement, the department believes it is critically important to assess our local operations against these national standards and identify areas for continuous improvement.

Mission, Vision, Values, Strategic Direction

Washtenaw County Public Health Department operates with a clear compass as to its mission, which is driven by its vision and guided by its values and strategic directions.

Mission

To assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs

Vision

A healthy community in which every resident enjoys the best possible state of health and well being

Values

- We will emphasize prevention to keep our community healthy and safe.
- We will lead the development of effective public health interventions in partnership with the community.
- We will promote social justice and reduce inequalities affecting the health of all in Washtenaw County.
- We will abide by ethical principles, take responsibility for our commitments and use our resources wisely.



Long-Term Outcomes

Long-term outcomes identify what the Washtenaw County Health Department intends to achieve to maintain and improve the wellbeing of Washtenaw County citizens and environment in the present and in the future. They form the basis for the health department service delivery, thus determining the levels of service provided to the community. Services are aligned with government policies, laws, regulations, health services and health promotion programs.

Prevent Chronic Disease- (per 100,000 population)

Decrease mortality rates for:

- Heart disease
- Cancer
- Stroke
- Diabetes

Prevent Chronic Disease Decrease adult overweight and obesity

- Decrease childhood overweight and obesity
- Increase adult physical activity
- Increase child physical activity

Prevent Infant Deaths- (per 1,000 live births)

- Decrease the number of infant deaths
- Reduce poor birth outcomes

Prevent Communicable Disease- (rate per 100,000 population)

- Decrease the incidence of Gonorrhea, Chlamydia, HIV, and Tuberculosis
- Decrease risky sexual behavior
- Increase the Immunization rate
- Improve surveillance for all infectious disease

Reduce Exposure to Environmental Health Hazards

- Assure safe drinking and surface water through a robust sampling program
- Assure safe treatment and disposal of sewage properly designed and maintained septic systems
- Maintain safe food through a comprehensive food safety program that emphasizes education, hazard control, inspection and enforcement
- Assure hazardous materials are properly identified, stored, used and disposed of through inspections, self-reporting , education and recycling/reuse opportunities

Reduce Substance Abuse

- Reduce adult tobacco use
- Increase number of vendors who comply with laws restricting tobacco sales to minors
- Reduce the proportion of high school students who smoke
- Reduce the proportion of middle school students who drink alcohol
- Reduce the proportion of middle school students who have ever used marijuana
- Reduce illicit drug use in adults

Strategic Direction #1

In partnership with our community, assure the development of a local public health system that has the capacity to perform all essential services

Objectives:	As Evidenced by:	Leader:	Target Date:
A. Maintain the local public health surveillance system and update as necessary			
1. Ensure that assessment (data collection), monitoring (required Public Health surveillance) and reporting (communicating results) functions are complete annually; goals and activities are in place to identify and address health inequalities	<ul style="list-style-type: none"> Annual HIP progress report and Public Health annual surveillance summary 	HP/DP MGR & Medical Director	12/31/13
2. Sustain basic framework for community health monitoring and disease surveillance including mental health, substance abuse and social determinants	<ul style="list-style-type: none"> Public Health surveillance; annual HIP progress report; Health Equity Index 	HP/DP MGR & Medical Director	12/31/13
B. Continue development of emergency preparedness capacity			
1. Conduct Emergency exercises and trainings on elements of plans and job action sheets	<ul style="list-style-type: none"> Complete required tasks per cooperative agreement 	EP ADMIN	12/31/2014
2. Continue updating/improving EOP and increasing PH emergency preparedness capacity by use of CDC capacity assessment tool	<ul style="list-style-type: none"> Complete tasks as required per cooperative agreement 	EP ADMIN	12/31/2014
C. Prevent Communicable Disease			
1. Increase the percent of children aged 19-35 months who are appropriately immunized	<ul style="list-style-type: none"> In 2012, immunization coverage rate was 74%. Our goal is to increase the rate to 75% 	Nursing Director	12/31/2014
2. Increase the Washtenaw County school immunization coverage rate with emphasis on private schools	<ul style="list-style-type: none"> In 2012, immunization coverage rate was 86% for Public Schools. Our goal is to increase the Public Schools rate to 87%. In 2012, immunization coverage rate for Private Schools was 80%. Our goal is to increase Private Schools rate to 81% 	Nursing Director	12/31/2014
3. Increase the Washtenaw County Childcare/Preschool immunization coverage rate	<ul style="list-style-type: none"> In 2012, immunization coverage rate was 89%. Our goal is to increase to the rate to 90% 	Nursing Director	12/31/2014

4. Control dangerous communicable diseases and care for the affected individuals with TB and STIs	<ul style="list-style-type: none"> Maintain all current programs in CD and Adult Health 	Nursing Director	12/31/2014
D. Implement Environmental Health Services			
1. Operate Environmental Health programs that protect food, water, and reduce the exposure of the public to pathogens and environmental toxins	<ul style="list-style-type: none"> Implement food protection, water supply protection, swimming pool inspection, campground inspection, FIA inspection, and on-site sewage programs in compliance CPBC contract. Implement local regulations (Time of Sale inspection, Pollution Prevention Program, On-site sewage Disposal and Treatment, Groundwater protection, and Privately Owned Community Sewage Systems) adopted under public health code. Respond to and investigate complaints and environmental conditions or illness. Provide environmental education in written and electronic format. Provide water and radon testing services. 	EH Director	12/31/2014
2. Further integration between Environmental Health and Public Health	<ul style="list-style-type: none"> Include EH representation at PHMT meetings Integration of Budget Shared Staffing Continued integration of policies 	EH Director	12/31/2014
E. Meet and exceed the Accreditation standards for local public health			
1. Maintain all accreditation standards	<ul style="list-style-type: none"> Pass 2013 State Accreditation 	Health Officer	8/31/2013
2. Maintain state program requirements as required by CPBC contract	<ul style="list-style-type: none"> Refer to Program Specific Assurances presented in annual CPBC contract 	Health Officer	ongoing
3. Pursue National (voluntary) accreditation	<ul style="list-style-type: none"> Submit self evaluation Obtain Accreditation 	Health Officer	12/31/2014

Strategic Direction #2

Enhance the effectiveness of our department to improve health status, quality of life, and health equity through social justice

Objectives:	As Evidenced by:	Leader:	Target date:
A. Develop and implement maternal and infant health improvement strategies			
1. Address disparities in the quality of care provided in the health department and propose methods to monitor and improve where indicated	Infant Mortality currently rated: <ul style="list-style-type: none"> • 11.5 infant deaths per 1,000 live births in African American population • 4.4 infant deaths per 1,000 in European American population. Our goal is to reduce the number of infant deaths to 10 per 1,000 live births in the African American population <ul style="list-style-type: none"> • Educate Providers • Coordination with WACC • Breastfeeding campaign • Nurse Family Partnership 	Nursing Director	12/31/2014
2. Continue implementation of and provide evaluation for the integration of maternal child health services including WIC, MIHP, Medicaid enrollment, MI Child, and MOMS	<ul style="list-style-type: none"> • Maintain current activities 	Nursing Director	Ongoing
B. Participate in community collaborative plans targeting priority populations			
1. Collaborate with Washtenaw Health Plan to support the Success by 6 Great Start Initiative by participating in leadership, workgroups and enrolling eligible children in health insurance programs	<ul style="list-style-type: none"> • Maintain current activities 	Nursing Director	Ongoing
2. Participate on Blueprint for Aging collaborative	<ul style="list-style-type: none"> • Attend meetings and provide necessary HIP data 	HP/DP MGR	Ongoing
3. Participation in Washtenaw Health Initiative	<ul style="list-style-type: none"> • Continue representation on steering, planning and workgroups • Open a Dental Clinic in Ypsilanti 	Health Officer / Medical Director	Ongoing / 12/31/2014

C. Develop/ implement chronic disease prevention for the general population and selected priority populations with an emphasis on reducing health disparities.			
1. Address obesity prevention by promoting healthy food access and physical activity through policy and environmental change and targeted health education	<ul style="list-style-type: none"> Breastfeeding coalition SNAP HIP Priorities Washtenaw Food Policy Council priorities 	HP/DP MGR	12/31/14
2. Prevent substance abuse and improve mental health through collaboration with WCHO	<ul style="list-style-type: none"> Initiate meetings between Medical Director and Substance Abuse Director at WCHO Co-lead Washtenaw Alive Suicide Prevention Coalition meetings 	HP/DP MGR & Medical Director	12/31/14
D. Develop strategies for special populations in emergency preparedness planning			
1. Continue Identification and planning for populations with special needs	<ul style="list-style-type: none"> Continue to update of plan and requirements as specified in cooperative agreement Ensure GIS mapping includes PODs and other areas of populations with special needs – add 4 more populations to GIS mapping Continue development of Alternate Dispensing Sites plans and increase agreement partnerships with community organizations and businesses – add 5 more sites to plan 	EP Admin	12/31/2014
E. Continue Washtenaw County Health Opportunities Workgroup			
1. Collect and analyze new and existing data on local and national health inequities	<ul style="list-style-type: none"> HIP Health Disparities data; Health Equity index Develop and implement a survey tool to identify potential disparities in the quality of care provided 	HP/DP MGR	12/31/14
2. Provide resources and support for staff on health equity and social justice, including trainings, conference participation, materials and research	<ul style="list-style-type: none"> Cultural competencies, readings, internal conversations, PHMT support 	PHMT / HOW	12/31/14
3. Increase community awareness about local and national health inequities through 11 health indicators, and participation and engagement of community in open forums and discussions on HESJ through MDCH Health Disparities grant	<ul style="list-style-type: none"> Community conversations Health Equity Report Card 	PHMT / HOW	12/31/14

Strategic Direction #3

Serve as an effective advocate for local public health

Objectives:	As Evidenced by:	Leader:	Target date:
A. Implement a strategic communications plan			
1. Educate key stakeholder groups	<ul style="list-style-type: none"> • Issue Press Releases • Community Meetings • Conduct Presentations • Maintain Epi Update • Maintain ongoing relationships with media outlets 	Medical Director	Ongoing
2. Plan and implement communication activities targeting elected officials	<ul style="list-style-type: none"> • Public Health Posts • Day at the Capitol • Working Sessions 	PHMT	Ongoing
B. Advocate for Public Health Priorities			
1. Effectively influence legislation	<ul style="list-style-type: none"> • Participate in MALPH forums • Meet with State and Local legislators • Meet with County lobbyist 	Health Officer	Ongoing

Strategic Direction #4

Strengthen our infrastructure, including information technology, to achieve our mission

Objectives:	As Evidenced by:	Leader:	Target date:
A. Implement new technology to increase efficiency and effectiveness			
1. Within Insight, update and add modules as needed for efficient program operations	<ul style="list-style-type: none"> • Program review and analysis annually 	Finance Mgr	Ongoing
2. Implement new technology and update existing technology to increase staff efficiency and improve service delivery	<ul style="list-style-type: none"> • Number of technology applications created for field staff • Volume of online fee payments • Replace tidemark permitting software with web enabled software • Add additional services online (such as foodborne illness reporting) 	EH Director	Ongoing
B. Develop and maintain a sound, diversified financial base that includes funding to meet performance standards and implement the strategic plan			
1. Leverage Medicaid match and other resources for priority health issues to augment departmental resources	<ul style="list-style-type: none"> • Analysis by program 	Finance Mgr	Ongoing
2. Pursue Meaningful Use funding	<ul style="list-style-type: none"> • Obtain meaningful use funds 	Medical Director/Sr. Mgt Analyst Finance Mgr	12/31/2015
3. Pursue external funding to achieve Public Health priorities	<ul style="list-style-type: none"> • Continue to identify funding source for public bathing beach sampling • Perform annual fee analysis for services and adjust fees to reflect cost of service delivery in this political climate • Regularly monitor State and Private funding sources for appropriate grant requests for proposals 	EH Director / PHMT	Ongoing

Strategic Direction #5

Promote the professional development of our public health workforce

Objectives:	As Evidenced by:	Leader:	Target date:
A, Ensure training to meet state/federal requirements			
1. Maintain professional licenses, credentials and certifications	<ul style="list-style-type: none"> Identified through job descriptions and hiring requirements 	PHMT	Ongoing
2. Offer Quality Assurance/Improvement training to all permanent employees	<ul style="list-style-type: none"> Obtain National Accreditation by succeeding on that measure 	PHMT	12/31/2015
B Promote training to meet locally identified Professional Development needs			
1. Train all staff in cultural competency in order to provide excellent customer service	<ul style="list-style-type: none"> 95% of staff will have attended Washtenaw County Diversity training as part of orientation 	PHMT / HOW	Ongoing
2. Identify, and allow, all employees to attend trainings to enhance their professional development	<ul style="list-style-type: none"> 1 training per year as funding permits 	PHMT	Ongoing

Program Liaison List by Division

Group Name	Manager	Liaison Name	Recurrence
Health Emergency Response Coalition	Cindra James	Cindra James	Monthly
Human Services Emergency Response Network	Cindra James	Cindra James	
MDCH EPC Quarterly Meetings (conference calls 8x/year)	Cindra James	Cindra James	Monthly conf. Calls. 1 yrly mtg
Michigan 2 South Public Health Committee & SNS Subcommittees	Cindra James	Cindra James	10x/year
UASI Responder Safety Committee	Cindra James	Cindra James	
NACCHO Social Justice	Cindra James	Cindra James	
Urban Area Security Initiative Board (UASI)	Cindra James	Cindra James	
Blueprint on Aging	Sharon Sheldon	Sharon Sheldon	Monthly
Washtenaw Alive	Sharon Sheldon	Alice Penrose, Charles Wilson	Monthly
RAHS Advisory Board	Sharon Sheldon	Sharon Sheldon	4x/year
HIP Community Health Committee	Sharon Sheldon	Sharon Sheldon, Lily Guzman, Adreanne Waller	6x/year
HIP Coordinating Committee	Sharon Sheldon	Sharon Sheldon, Adreanne Waller, Dick Fleece	6x/year
HIP Implementation Team	Sharon Sheldon	Sharon Sheldon, Lily Guzman, Adreanne Waller & Laura Bauman	Monthly
MALPH Behavioral Health Forum	Sharon Sheldon	Charles Wilson	Monthly
Safe Kids Coalition	Sharon Sheldon	Amanda Naugle	11x/year
Washtenaw County Tobacco Reduction Coalition	Sharon Sheldon	DeBorah Borden	Monthly
Ypsilanti Health Coalition	Sharon Sheldon	DeBorah Borden	Monthly
MICHR Coordinating Council	Sharon Sheldon	Sharon Sheldon	Monthly
Washtenaw Food Policy Council	Sharon Sheldon	Sharon Sheldon	Monthly
MALPH Administrators Forum	Jennifer Brassow	Jennifer Brassow	Monthly
Barrier Busters	Deborah Cain	Christina Katka	Monthly
Community Health Nursing Section of MPHA	Deborah Cain	Kathy Webster	Monthly
Head Start Advisory Council	Deborah Cain	Mary McCloud	4x/year
MIHP Coordinators	Deborah Cain	Christina Katka	4x/year
MALPH Legislative Committee	Deborah Cain	Deborah Cain	
Nurse Administrator's Forum	Deborah Cain	Deborah Cain	11x/year
0-5 Work Group	Deborah Cain	Deborah Cain	Monthly
WICITT/Early On	Deborah Cain	Deborah Cain	Monthly
Wraparound	Deborah Cain	Deborah Cain	Monthly
Success by 6 Leadership	Deborah Cain	Christina Katka	Monthly
Breastfeeding Coalition	Deborah Cain	Deborah Cain, Gayathia Akella	Monthly
Birth to 6 ICC	Deborah Cain	Christina Katka	Monthly
MALEHA	Dick Fleece	Leon Moore	Monthly
Ann Arbor Housing Board of Appeals	Dick Fleece	Dick Fleece	Monthly
CCWC Coordinating	Dick Fleece	Dick Fleece	Bi-annual
Emergency Medical Services Commission	Dick Fleece	Dick Fleece, Alice	Monthly

		Penrose	
Child Death Review Team	Dick Fleece	Alice Penrose	Monthly
Washtenaw Health Initiative	Dick Fleece	Dick Fleece, Alice Penrose	
County Web Content Liaison Group	Dick Fleece	Julie Stafford	6x/year
County GIS Team	Dick Fleece	Dick Fleece	6x/year
Homeland Security Task Force	Dick Fleece	Cindra James	Monthly
Human Services Emergency Response Network	Dick Fleece	Cindra James	Monthly
MALPH Board	Dick Fleece	Dick Fleece	Monthly
NACCHO Social Justice Team	Dick Fleece	Dick Fleece	2x/year
National Association of City and County Health Officials	Dick Fleece	Dick Fleece	
Public Health Board	Dick Fleece	Dick Fleece	Monthly
SEMHA Board	Dick Fleece	Dick Fleece	Quarterly
Infection Control Committee	Alice Penrose	Alice Penrose	Bimonthly
Coalition for Infant Mortality Reduction	Alice Penrose	Alice Penrose	
Infection Control Network	Alice Penrose	Laura Bauman	Quarterly
MALPH Physicians Forum	Alice Penrose	Alice Penrose	Monthly
Medical Control Authority, Washtenaw/Livingston	Alice Penrose	Alice Penrose	Monthly
MI-ACET (Michigan Advisory Committee for the Elimination of Tuberculosis)	Alice Penrose	Alice Penrose	Quarterly
Region Two South Planning Board and Advisory Committee	Alice Penrose	Alice Penrose	Monthly
SEMEC (Southeast Michigan Epidemiology Committee)	Alice Penrose	Judy Gwozdek, Laura Bauman	Bimonthly
State EPI and Lab Capacity (ELC)	Alice Penrose	Laura Bauman	Quarterly
Washtenaw County EMS (Emergency Medical Services Committee)	Alice Penrose	Alice Penrose	Quarterly
Washtenaw County Medical Society Executive Council	Alice Penrose	Alice Penrose	Monthly
Washtenaw Immunization Action Coalition	Alice Penrose	Alice Penrose, Kathy Webster	Quarterly

5. **SERVICE DELIVERY**

- a. **Outline or list the LHD's locations (including addresses), services, and hours of operation.**

Public Health address: 555 Towner P.O. Box 0915
Ypsilanti, MI 48197-0915

Environmental Health address: 705 N. Zeeb Rd. P.O. Box 8645
Ann Arbor, MI 48107

Hours of operation: Monday – Friday
8:30am - 5:00pm

See attachment 5. A.



Washtenaw County Public Health Programs and Services



Visit <http://publichealth.ewashtenaw.org> for more program and service information.

Services are subject to change: Call to confirm.

Parking is available in the Center Street lot.

Adult Clinic

(734) 544-6840

Free, anonymous and confidential HIV counseling, testing and referral services are provided. This includes the choice of the rapid test, Orasure, and traditional blood test. Sexually transmitted disease (STD) testing and treatment provided for a nominal fee. Free partner notification services for STDs. All HIV and STD services are by appointment only. Medicaid waiver "Plan First" program for Family planning (birth control) and well women exams (pap smears). Call for information about application process. Free pregnancy tests are offered on a walk-in basis on Wednesdays only. The human papillomavirus (HPV) vaccine is offered to underinsured and uninsured women ages 19 to 26 years; girls ages 11 to 18 years who are VFC eligible will be served by Immunization Services.

Children's Special Health Care Services

(734) 544-6700

Services provided for children with qualifying medical conditions. Payment for specialty medical care and equipment, care coordination, parent support groups and public health nursing services are available.

Communicable Disease and Tuberculosis

(734) 544-6700

Information, education, follow-up and reporting of communicable diseases provided. Services include the diagnosis and treatment of tuberculosis cases and contacts.

Health Education

(734) 544-6700

Programs for the community include Safe Routes to School, Building Healthy Communities, Suicide Prevention, enforcement of the Clean Indoor Air regulation, and health education on topics such as physical activity, healthy eating and tobacco cessation.

Health Improvement Plan (HIP)

(734) 544-6700

HIP is a community health assessment and planning effort aimed at improving the health of county residents. HIP tracks a wide variety of health indicators by conducting a countywide health survey every five years and collecting other health data. Through HIP, the community can access health data, learn about best practice approaches for addressing health issues and network with diverse organizations from across the county.

Hearing and Vision

(734) 544-6786

Screening is done for children in schools, nurseries and day care centers. Office appointments are available.

Immunization Services

(734) 544-6700

Vaccinations given to prevent communicable diseases: Measles, mumps, rubella, polio, diphtheria, pertussis, tetanus, HIB, hepatitis A, hepatitis B, influenza, varicella, zoster and pneumococcal. Tuberculin skin tests are also given. 24-hour taped information at (734) 544-6700. Call for information on other immunization fees, vaccine availability and to schedule appointments.

Insurance Applications

(734) 544-6700

Assistance in completing application forms for the following programs: Healthy Kids, MiChild, MOMS Insurance, and Plan First.

LEAD Program

(734) 544-6700

Telephone follow-up of elevated lead levels by a public health nurse. Information, education and referrals provided. Home visits with Environmental Health if blood lead level warrants.

Maternal Infant Health Program

(734) 544-6700

Services to Medicaid-eligible pregnant women and infants by a public health nurse, social worker and nutritionist. Services include: Support, education, referrals to community resources, infant developmental screening and information. Early On services are provided to infants who meet the criteria for supportive interventions.

Public Health Emergency Preparedness

(734) 544-6700

Emergency preparedness information and training provided. Services include presentations, materials and consultation for families, individuals and community organizations. Citizens interested in helping in an emergency should call to apply for the Washtenaw County Medical Reserve Corps.

Substance Abuse Prevention

(734) 544-6700

Monitor Washtenaw Community Health Organization funded licensed substance abuse prevention programs. Provide consultation on evidenced based programming, strategic planning and community coalition building in Washtenaw and Livingston Counties.*

Washtenaw Health Plan (WHP)

(734) 544-3030 or 1-866-291-8691

Call this number for enrollment in the Washtenaw Health Plan, a program for low-income Washtenaw County residents who are uninsured.**

West Nile Virus (WNV) Hotline

(734) 544-6750

Call for the following: Reporting of dead crows, ravens and blue jays; information on WNV symptoms; mosquito protection; horses, dogs and cats and WNV; and community mosquito control and resources.

Women, Infants & Children (WIC)

(734) 544-6800

WIC provides supplemental food, nutrition education and referrals. The program serves pregnant, breast-feeding and post-partum women and their children under age 5 who are "nutritionally at risk." Call for an appointment, clinic locations or more information.

* For mental health or substance abuse treatment services or information call Health Services Access at (734) 544-3050 or 1-800-440-7548.

** The WHP is not a program of Washtenaw County Public Health.



Washtenaw County Environmental Health Programs and Services

Washtenaw County Western Service Center
705 N. Zeeb Rd., P.O. Box 8645, Ann Arbor, MI 48107-8645
Phone: (734) 222-3800 Fax: (734) 222-3930
<http://environmentalhealth.ewashtenaw.org>

Hours: Monday – Friday, 8:30am - 5:00pm

*Our mission is to protect and improve the quality of the environment and the health of
Washtenaw County citizens. Programs and services we provide include:*

Body Art Program

Inspect body art facilities (tattoo, piercing, branding, permanent cosmetics) to ensure safety.

Campground Program

Inspect temporary and permanent campgrounds to ensure safe and sanitary conditions.

Child Day Care, Foster Home and Group Home Program

Inspect child care facilities as requested by the Department of Human Services, ensuring a safe environment and safe water supply and sewage disposal.

Coalition for Action on Remediation of Dioxane (CARD):

Partnership of local governments and citizens to develop policies and strategies to address the problems caused by 1,4-dioxane released by Pall/Gelman.

Elevated Blood Lead Investigations (EBL)

Conduct home environmental assessments for children with elevated blood lead levels.

Emergency Preparedness

Participate and plan for emergencies related to environmental or public health; participate in the Local Emergency Planning Committee to ensure industries or agricultural sites that use, produce or store extremely hazardous substances plan for potential emergencies.

Environmental Education

Conduct educational outreach on a variety of environmental topics, including radon, food safety, recycling, water quality, and more; create educational videos; coordinate *Issues of the Environment*, a weekly public radio program focused on local environmental issues; distribute radon home test kits.

Food Service Sanitation Program

Inspect all food service establishments once every 180 days; investigate foodborne illness complaints within 24 hours of receipt; inspect all temporary food establishments prior to serving food to the public.

Home Toxics Collections Center

Provide citizens with a safe location to dispose of unwanted or expired toxic materials, including mercury, pesticides, and other chemicals; ensure home toxics are disposed of in an environmentally-sound manner.

Housing Complaints

Investigate complaints and coordinate remediation of unsanitary housing and environmental conditions.

Illegal Dumping

Investigate complaints of illegal dumping and assist in mitigation.

Lake Improvement Projects

Assist local lake communities in management of aquatic invasive weeds.

Mercury Spill Response

Investigate mercury spill complaints and assist in remediation.

Onsite Sewage Program

Conduct soil evaluations to determine the suitability of onsite sewage treatment; issue sewage permits; review and permit Privately Owned Community Sewage System (POCSS) to ensure compliance and maintenance; train and certify sewage system installation and repair contractors and certified onsite maintenance providers.

Onsite Water Supply Program

Issue well permits; issue replacement well permits where homeowner is out of water within 24 hours; monitor Type II water supply facilities to ensure compliance.

Pollution Prevention Program

Inspect facilities that store, manufacture or use hazardous, toxic or polluting materials.

Recreational Water Program

Inspect all public swimming pools annually; sample all public swimming pools biweekly; sample and monitor five public bathing beach locations weekly during summer months.

Septage Disposal Program

Monitor septage disposal operations to ensure proper disposal.

Sharps Take-back Program & Medicine Take-Back Program

Coordinate with local pharmacies to take back used sharps and unused/expired medications and personal care products for proper disposal.

Solid Waste Program

Develop the County's Solid Waste Management Plan; conduct quarterly landfill inspections; promote recycling initiatives, including a shrink wrap and #2/#4 plastics recycling program with area nurseries and marinas.

Time of Sale Inspection Program

Review Time of Sale inspection reports to ensure properties being sold in Washtenaw County have functioning well and sewage systems.

Waste Knot Program

Develop relationships within the County business community to increase waste reduction and recycling activities.

Water Testing Services

Supply water testing bottles to homeowners to test private wells.

6. REPORTING AND EVALUATION

a. Briefly describe the LHD's efforts to evaluate its activities.

Evaluation of activities:

- Client surveys are periodically completed in several program areas including hearing and vision and WIC.
- Client comment cards are available at all times for all customers in our adult health clinic (HIV and STI services), WIC and Environmental Health programs.
- Regular staff meetings to review goals and objectives are held by:
 - Programs
 - Divisions
 - Cross program teams (web/technology, communications, staff development, infection control)
- Community Collaborative of Washtenaw County (CCWC) – Community –wide quality improvement mechanism for members of this human services collaborative body.
- Each staff receives annual evaluations based on established individual work plans and they have an opportunity to meet one-on-one with their supervisor at least monthly.
- CPBC reporting requirements and financial performance targets are reviewed at a monthly program budget review meeting.
- Special program reviews are conducted periodically for more in depth analysis and problem solving—currently lead exposure prevention program.
- Decision matrix [see attachment 6 a] was developed to document major decisions and ensure that decisions are in line with our mission/vision/values and strategic plans. This process also helps to maintain fairness and equity across all department programs as the same criteria are used for major decisions.
- Environmental Health uses an automated quality assurance random review to monitor the frequency of required activities, assure inter-rater reliability among field staff and to compare to standards for frequency etc.

- Health Education uses pre and post questionnaires to evaluate the impact of their programs and includes customer satisfaction questions.

b. Outline or list the LHD's mechanism to report on its activities to the community and its board or other governing entity.

Community Reporting – Washtenaw County Public Health Department uses the following mechanisms to report on its activities to the community and Board of Commissioners:

- Community Newsletters, To Your Health; HIP Happenings, HIP Progress Report, Health Education Materials
- Annual Report
- Social Media
- Ann Arbor.com
- Health Officer routine meetings with County Administrator / Cross Lateral Team
- Health Officer provides County Board of Commissioners with periodic updates when requested.
- Monthly Public Health Posts for our Board of Commissioners

7. HEALTH OFFICER AND MEDICAL DIRECTOR -

a. Outline the LHD procedure for the appointment of a Health Officer and Medical Director

In the event of a vacancy for either the Health Officer (HO) or Medical Director (MD) WCPHD would normally follow the procedure outlined below:

- Health Officer notifies County Administrator and MDCH Office of Local Health Services of imminent vacancy.
- For Health Officer, County Administrator and County Human Resources Office establish hiring committee and initiate search for appropriate candidates. For Medical Director, Health Officer establishes hiring committee and initiates search for candidates.
- Review of position qualifications in consultation with MDCH, Office of Local Health Services and established Washtenaw County position description.
- Position advertised and applications received.
- Applications reviewed by hiring committee.
- Interviews occur and new hire selected pending positive completion of next steps.
- Credentialing and reference checks completed.
- Submit recommended applicant to MDCH Office of Local Health Services for review and approval.
- Appointment of HO or MD confirmed by Board of Commissioners.

The Medical Director Alice Penrose M.D. was hired following a recruitment process that included advertising in several media and professional job posting sites and by contacting professionals for recommendations. Four highly qualified candidates were interviewed by a hiring committee made up of the County Administrator, the Health Officer, and the Public Health Management Team. The candidate's credentials were vetted through MDCH and approved as documented in the letter from Jean Chabut on May 30, 2012. The appointment was further approved by the County Board of Commissioners on June 6, 2012.

The Health Officer, Richard Fleece was named Acting (Interim) Health Officer contingent on approval by MDCH by the Washtenaw County Board of Commissioners. This appointment was approved by MDCH for six months by MDCH and documented in a letter to Verna McDaniel, Washtenaw County Deputy Administrator from Jean Chabut, Deputy Director MDCH Public Health Administration section on May 4th 2009.

On September 16, 2009 The Washtenaw County Board of Commissioners approved full appointment of Mr. Fleece subject to the approval of MDCH. This approval was provisionally granted as documented in a letter dated October 22, 2009 to Rolland Sizemore Chair of the Washtenaw County Board of Commissioners, from Jean Chabut.

- b. **Contains correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health (MDCH) approving qualifications of the Health Officer and Medical Director.**

See attachment 7. B



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

January 4, 2010

Richard M. Fleece
Provisional Health Officer
Washtenaw County Health Department
555 Towner St.
Ypsilanti, Michigan 48197

Dear Mr. Fleece:

I am responding to your recent letter regarding our requirements for your provisional health officer appointment. Following are my comments on the points you made.

Separate Environmental Health Director Position

It will be difficult as a new Health Officer to also hold the position of Environmental Health Director. We are cognizant of the budget situation but still believe it best, in a county the size of Washtenaw, to have a separate position for EH Director. It may be necessary to make some staffing or organizational changes in your EH area so that there is an EH Director, which will substantially diminish the amount of time you need to spend directly supervising that component. We will review the issue, with our colleagues in MDA and DEQ, and look again closely at the operational situation when you submit your Plan of Organization, as required for your Cycle 4 accreditation visit, scheduled for June of 2010.

Mentoring

Local Health Services (LHS) can help design a mentoring program. There are many examples and LHS will help you tailor one that meets your specific needs in Washtenaw County. Generally, the program lasts until the end of the provisional period. Please contact Mark Miller at (517) 335-8032 to make arrangements.

Master of Public Health Degree

As you describe, your administrative experience is extensive, but because it has been confined to environmental health, I don't agree that it meets the requirement of five years of *broad* administrative experience. As a condition of your provisional appointment, I am still requiring you to begin and make successful progress toward an MPH degree. There are a number of options available; LHS is available for consultation on this issue. Again, when your Plan of Organization is submitted this spring, this will be taken into consideration before approval by the MDCH Director will be recommended.

Mr. Fleece
January 4, 2010
Page Two

LHS will be expecting your contact. We look forward to working with you.

Sincerely,

Betsy Paoh for

Jean Chabut, Deputy Director
Public Health Administration

cc: Local Health Services



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

May 30, 2012

Richard Fleece, RS
Health Officer
Washtenaw County Health Department
555 Towner
Ypsilanti, MI 48917

Dear Mr. Fleece:

I have received your correspondence requesting the approval of Dr. Alice Penrose as the Medical Director for the Washtenaw County Health Department, effective July 30, 2012. Dr. Penrose appears to be qualified for the appointment and will be an excellent addition to our cadre of Michigan Public Health Medical Directors. I am happy to approve the permanent appointment.

Until July 30, 2012, we will continue to recognize Dr. Pamela Hackert, also the Oakland County Medical Director, as the Acting Medical Director for the Washtenaw County Health Department.

Please forward to the attention of Local Health Services, documentation indicating final approval by Washtenaw County, for the full-time appointment of Dr. Penrose. You may contact Local Health Services at (517) 335-8928 for assistance or if any of the above changes.

Sincerely,

Jean Chabut, Deputy Director
Public Health Administration

Attachment 7. B

LOCAL HEALTH DEPARTMENT (LHD)
PLAN OF ORGANIZATION

APPROVAL FORM

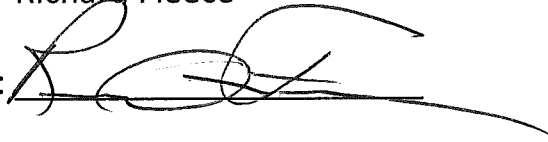
This approval form is to be signed by the health officer and the chairperson of either the board of commissioners or board of health. In the case of a city health department, the mayor or city council president shall sign. Completion of this form is required and submitted to MDCH with the LHD Plan of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

I have reviewed the Plan of Organization for Washtenaw County Health Department.

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: Richard Fleece

Health Officer Signature:



Date: February 25, 2013

Board Chairperson Name: Yousef Rabhi

Board Name: Washtenaw County Board of Commissioners

Mailing Address: 220 North Main St
Ann Arbor, MI 48107-8645

Chairperson Signature: _____

Date: _____

Comments: