Shiawassee County
Health Department

Plan of Organization
Approved 4/7/2016

Serving You, Your Family & Our Community
Shiawassee County Health Department

Administration
James P. Capitan Center, 2nd Floor
149 E. Corunna Ave. Corunna, MI 48817
8am-12pm, 1pm-5pm

Environmental Health Division
201 N. Shiawassee St. Corunna, MI 48817
8am-12pm, 1pm-5pm

Personal Health Division
110 E. Mack St. Corunna, MI 48817
8am-12pm, 1pm-5pm

2016 Health Board Members

Eugene Paez, Chairperson, Perry
Patricia Cords, Vice Chair, Durand
Mary Buginsky, Owosso
John Pajtas, Owosso
James Capitan, Owosso
Commissioner Gary Holzhausen, Owosso
Commissioner Les Schneider, Durand

Administration

Larry Johnson, R.S., M.S. Director/Health Officer
Nicole Greenway, M.P.H., R.N. Director of Personal/Community Health
Larry Johnson, R.S., M.S. Director of Environmental Health
Dennis Chernin, M.D., M.P.H. Medical Director
Tonie Brovont, M.B.A. Director of Finance & Administrative Services
Jodi DeFrenn, B.B.A. Emergency Preparedness Coordinator
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F. Local Approval of Plan of Organization

G. Local Governing Entity Approval of Budget

H. LHD Copy of Most Recent Approved Budget

I. Community Partnerships

J. Current List of LHD Services

K. Matrix of Services of Local Public Health

L. LHD Health Officer & Medical Director Requirements/Qualifications

M. MDHHS Approval Letter & Certificate for Health Officer

N. MDHHS Approval Letter for Medical Director
I. Legal Responsibility and Authority

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

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

   Local regulations are on file at the Health Department, and are outlined in Attachment B.

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

   Shiawassee County Health Department is organized as a county health department where the powers and duties are vested in the Shiawassee County Board of Health for the general oversight over all operations as the governing entity as indicated in the Board of Health By-Laws found at Attachment C. The responsibility for policy and program development for the public health administrative and operational activities are addressed in the Human Resources committee-of-the-whole.

   Shiawassee County Health Department has a full-time administrative health officer, titled Public Health Director, who is appointed by the Shiawassee County Board of Commissioners and reports to the Shiawassee County Board of Health. This position may take actions and make determinations necessary or appropriate to carry out local health department functions, to protect the public’s health and to prevent disease.

   Shiawassee County Health Department provides (via independent contract) a medical director who is available at all times (in person, by telephone or other electronic means) to provide direction in the formulation of medical public health policy and program operations.
C. **Defend/Indemnify Employees for Civil Liability**

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

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

D. **Assistance with Food Service Sanitation Program Responsibilities**

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

E. **Blood Borne Pathogens Exposure and Chemical Hygiene Plans**

See Attachment D for copy of the *Exposure Plan for Blood Borne Pathogens* and Attachment E for a copy of the *Chemical Hygiene Plan*.

II. **Local Health Department Organization**

A. **Organization Chart**

The official position titles, lines of authority and names for Directors and higher level managers for Shiawassee County Health Department are depicted below as follows:
B. Board Approval of LHD Plan of Organization
Shiawassee County Board of Health (local governing entity) approval of this organizational plan is documented in Attachment F.

C. Annual Operating Budget and Staffing Levels
Shiawassee County Health Departments operating budget for fiscal year 2014/2015 includes revenue and expenditures of $2,551,016.00 with 30 full-time equivalent staff positions. Documentation indicating Board of Commissioner’s approval of the initial budget is provided in Attachment G.

A summary of the approved adopted budget for FY14/15 for Public Health can be found in Attachment H.

D. Audit Findings, Responses and Corrective Actions

1. Audit Findings
The County of Shiawassee’s financial statements were audited by Abraham & Gaffney, P.C., a firm of licensed Certified Public Accountants. The audit report for fiscal year ending 2014 stated that the County of Shiawassee’s financial statements are fairly presented in all material respects in conformity with Generally Accepted Accounting Principles (GAAP). The Shiawassee County’s Comprehensive Annual Financial Report includes the independent auditor’s reports and can be downloaded or viewed at:
http://www.shiawassee.net/LinkClick.aspx?fileticket=NRToWL3VfvA%3d&t abid=124

In addition, there were no findings specific to Shiawassee County Public Health indicated in the most recent Shiawassee County single audit report available at:
http://www.shiawassee.net/Departments/Administration/Financial-Information

2. Sub-recipient Monitoring
Shiawassee County Health Department monitors sub-recipient funds to ensure that federal and state awards are used for authorized purposes in accordance with laws, regulations, and the provisions of contract or grant agreements, and that the performance goals are achieved. There were no findings uncovered as a result of sub-recipient monitoring.

3. Corrective Actions
There were no corrective actions required as a result of audits or sub-recipient monitoring activity.
E. **Information Technology Capacity**

Shiawassee County and the Health Department contract with the Regional Education Service District (RESD) to provide services to support hardware, software and network needs. For continuity of operations the Health Department maintains several methods for retrieving and sending public information. The information systems used or made available to Shiawassee County Health Department to access and distribute current public health information are listed in the table below.

<table>
<thead>
<tr>
<th>System</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abila/MIP</td>
<td>Financial data management for the Health Department budgeting, purchasing, accounting, payroll and HR functions</td>
</tr>
<tr>
<td>MDHHS (state systems)</td>
<td>EGRAMS, HAN, MCIR, MDSS, MI-WIC</td>
</tr>
<tr>
<td>MS Outlook</td>
<td>Email</td>
</tr>
<tr>
<td>Sword Solutions</td>
<td>Food sanitation data collection and inspection reporting system.</td>
</tr>
<tr>
<td>High Speed Internet</td>
<td></td>
</tr>
<tr>
<td>Department Website</td>
<td>Access to and information about SCHD</td>
</tr>
<tr>
<td>Facebook</td>
<td>Disseminating information quickly via electronic means to a large audience</td>
</tr>
<tr>
<td>Internal:</td>
<td></td>
</tr>
<tr>
<td>File and Database servers and</td>
<td></td>
</tr>
<tr>
<td>email</td>
<td>EH Access Database</td>
</tr>
<tr>
<td>Epi-X</td>
<td>Disease surveillance and information resource</td>
</tr>
<tr>
<td>Water Track &amp; Wellogic</td>
<td>Private and Type II water supply information</td>
</tr>
</tbody>
</table>
III. Mission, Vision and Values

A. Mission
The mission of the Shiawassee County Health Department is to prevent disease, protect the health of the public and enhance the quality of life for Shiawassee County residents by providing information and services.

B. Vision
We strive to be an exceptional service organization. Our efforts are focused on protecting the Shiawassee County community by providing health services, monitoring health needs, enforcing Public Health Law. We work toward improving the quality of life by providing the most current health-related information in an efficient and timely manner. We strive to maximize the appropriate use of technology to achieve our goals.

C. Role of Public Health
The governmental public health agency must assure that vital elements are in place to address the mission. This role is accomplished by implementation of the core functions of public health: assessment of information on the health of the community, comprehensive public health policy development and the assurance that public health services are provided in the community.

IV. Local Planning and Collaborative Initiatives

A. SCHD Priorities
1. Required Services
Assure the provision of required services as outlined in the Michigan Public Health Code. MCL 333.2431 (1)(b).

2. Accreditation
Achieve full accreditation status in Cycle 6 of the Michigan Local Public Health Accreditation Program (MLPHAP) by meeting all essential and important standards and indicators.

3. Contractual Compliance
Satisfy the contractual and compliance standards, outputs, minimum program and reporting requirements for all required and allowable programs and services.
B. **SCHD Activities to Plan/Pursue Priority Projects**
Shiawassee County Health Department is part of a larger system of state and local agencies which together, impact the health and well-being of citizens. Our plan is to leverage limited resources and maximize federal, state and community partnerships to achieve and/or make progress towards SCHD priorities. Our goal is to mobilize, coordinate and participate in community health partnerships to identify and solve health problems.

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

Shiawassee County Health Department’s community partnerships and collaborative efforts include membership and active leadership participation with many community partners and a list can be found in **Attachment I.**

V. **Service Delivery**

A. **Location**
Shiawassee County Health Department is located at:

**Administration**
James P. Capitan Center, 2nd Floor
149 E. Corunna Ave.
Corunna, MI 48817

**Environmental Health**
201 N. Shiawassee St.
Corunna, MI 48817

**Personal Health Division**
110 E. Mack St.
Corunna, MI 48817

B. **Services**
Refer to **Attachment J** for the most current list of Shiawassee County Health Department programs, services and/or activities.
C. Hours of Operation

The hours of operation for Shiawassee County Health Department are as follows:

<table>
<thead>
<tr>
<th>Service Activity</th>
<th>Days</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Monday – Friday</td>
<td>8:00 AM – 5:00 PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Closed 12:00 PM – 1:00 PM)</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>Monday – Friday</td>
<td>8:00 AM – 5:00 PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Closed 12:00 PM – 1:00 PM)</td>
</tr>
<tr>
<td>Hearing &amp; Vision Screening</td>
<td>Schedule varies</td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td>Wednesday</td>
<td>By appointment</td>
</tr>
<tr>
<td></td>
<td>Walk-ins</td>
<td>Accommodated</td>
</tr>
<tr>
<td>TB Clinic</td>
<td>Tuesday &amp; Thursday</td>
<td>By appointment</td>
</tr>
<tr>
<td></td>
<td>Walk-ins</td>
<td>Accommodated</td>
</tr>
<tr>
<td>STD Program</td>
<td>By appointment</td>
<td>By appointment</td>
</tr>
<tr>
<td></td>
<td>Walk-ins</td>
<td>Accommodated</td>
</tr>
<tr>
<td>HIV Testing &amp; Counseling</td>
<td>By appointment</td>
<td>By appointment</td>
</tr>
<tr>
<td></td>
<td>Walk-ins</td>
<td>Accommodated</td>
</tr>
<tr>
<td>Pregnancy Testing</td>
<td>Tuesday</td>
<td>By appointment</td>
</tr>
<tr>
<td></td>
<td>Walk-ins</td>
<td>Accommodated</td>
</tr>
<tr>
<td>WIC Nutrition Services</td>
<td>Main ---------------</td>
<td>Mon-Fri</td>
</tr>
<tr>
<td></td>
<td>110 E. Mack St.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Main – 4&lt;sup&gt;th&lt;/sup&gt; Wed of the month</td>
<td>10:00 AM – 7:00 PM</td>
</tr>
</tbody>
</table>
Satellite Clinic – Shaftsburg 8:00 AM – 12:00 PM
2nd & 4th Tue of the month 1:00 PM – 5:00 PM
7315 W. Beard Rd.

D. Matrix of Services
Refer to Attachment K for a matrix of services for local public health.

VI. Reporting and Evaluation

A. Evaluation Efforts
Shiawassee County Health Department plans and monitors the efficiency and effectiveness of this organization activities, programs and services. A computerized financial management system is utilized to collect, track, analyze and report fiscal activities. Financial audits are conducted annually by independent auditing firms following strict governmental accounting standards.

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

Shiawassee County Health Department has successfully achieved full accreditation status through five (5) review cycles of the Michigan Local Public Health Accreditation Program.

B. Reporting Mechanisms
The list is representative of mechanisms Shiawassee County Health Department utilizes but may not be all inclusive.

- Board of Health Meetings
- Board of Commissioners Meetings
- Social Media
- Press Releases
  - Information
  - Programming
- Annual Report
- Health and Human Service Council Meeting
- Michigan Township Association Meeting
VII. Health Officer and Medical Director

A. Procedure for Appointment of Health Officer and Medical Director
   The Shiawassee County Board of Commissioners follow the procedures outlined in Attachment L (LHD Health Officer and Medical Director Requirements and Qualifications Review) for the appointment of both the Health Officer and the Medical Director.

B. MDHHS Approval of Health Officer
   Attachment M depicts the official records received from Michigan Department of Health and Human Services approving the Shiawassee County Board of Commissioners appointment of Larry Johnson as the Health Officer for Shiawassee County Health Department.

C. MDHHS Approval of Medical Director
   Attachment N provides documentation relative to Dr. Dennis Chernin’s status as a “fully qualified” Medical Director for Shiawassee County Health Department as received from the Michigan Department of Health and Human Services.
VIII. Attachments

A. Laws Applicable to Local Public Health
B. Local Regulations
C. Board of Health By-Laws
D. Blood Borne Infectious Pathogens Exposure Plan
E. Chemical Hygiene Plan
F. Local Approval of Plan of Organization
G. Local Governing Entity Approval of Budget
H. LHD Copy of Most Recent Approved Budget
I. Community Partnerships
J. Current List of LHD Services
K. Matrix of Services of Local Public Health
L. LHD Health Officer & Medical Director Requirements/Qualifications
M. MDHHS Approval Letter & Certificate for Health Officer
N. MDHHS Approval Letter for Medical Director
Attachment A - Laws Applicable to Local Public Health

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 MDHHS – 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.
Attachment B – Local Regulations

List of Laws and Codes Enforced by Shiawassee County Health Department

- Shiawassee County Sanitary Code
- Part 127 of Act 368 – Michigan Water Well Construction and Pump Installation Code
- Act 92 of 2000 – Michigan Food Law
- FDA Food Code 2013
- Act 399 of Safe Drinking Water Act
- Shiawassee County Point of Sale Ordinance
- Public Act 375 – Michigan Body Art Law
- Part 125 of Act 368 – Michigan Public Swimming Pool Act and Rules
- Part 125 of Act 368 – Michigan Campground Act and Rules
- Part 91 of Public Act 451 – Soil Erosion and Sedimentation Control
Attachment C – Board of Health By-laws

RESOLUTION NO. 15-06-14
BOARD OF COMMISSIONERS
SHIAWASSEE COUNTY

WHEREAS, Act 368, P.A. of 1978 as amended, known as the Public Health Code, places upon the Shiawassee County Board of Commissioners the responsibility to protect public health; and

WHEREAS, the Shiawassee County Board of Commissioners provide for and fulfill these responsibilities through the programs and services of the Shiawassee County Health Department; and

WHEREAS, the Shiawassee County Board of Commissioners is desirous of creating a Board of Health and delegating certain authority to said Board pursuant to Part 24, Section 2413, of the Public Health Code; and

THEREFORE BE IT RESOLVED, the Shiawassee County Board of Commissioners hereby delegates authority and responsibility for the general oversight over all operations of the Shiawassee County Health Department to the Shiawassee County Board of Health; and

FURTHER, BE IT RESOLVED, the Shiawassee County Board of Commissioners hereby authorizes the Shiawassee County Board of Health to begin implementation of this delegated function on July 1, 2015 consistent with the By-Laws approved by the Shiawassee County Board of Health and the Shiawassee County Board of Commissioners.

THIS RESOLUTION DECLARED ADOPTED THIS 18th DAY OF JUNE, 2015. I, Lauri L. Braid, Clerk of Shiawassee County, State of Michigan, do hereby certify that the foregoing Resolution No. 15-06-14 was duly adopted by the Shiawassee County Board of Commissioners on June 18, 2015.

Lauri L. Braid, Clerk
Shiawassee County

Hartmann Aus, Chairman
Board of Commissioners
Shiawassee County
SHIAWASSEE COUNTY BOARD OF HEALTH
BY-LAWS

ARTICLE I - AUTHORITY, JURISDICTION & STATUS

Section 1. The Shiawassee County Health Department exists under the statutory authority of Part 24, Section 2413 of 1978 PA 368, as amended, known as the “Public Health Code.”

Section 2. The Shiawassee County Health Department exists to continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards, prevention and control of diseases, and prevention and control of health problems in particularly vulnerable population groups.

Section 3. The Shiawassee County Health Department shall have jurisdiction throughout Shiawassee County, and shall serve all citizens without regard to race, color, religion, national origin or ancestry, age, sex, marital status, or disability.

Section 4. This Shiawassee County Health Department shall employ a full time Director/Health Officer, and shall have a plan of organization approved by the Michigan Department of Health and Human Services, as provided for in Sections 2428 and 2431 of the Public Health Code.

ARTICLE II - CREATION AND PURPOSE OF THE BOARD OF HEALTH

Section 1. The Board of Health is created and delegated authority by the Shiawassee County Board of Commissioners pursuant to Section 2431 of the Public Health Code to:

(1) Provide the “governmental presence” locally in assuring conditions in which people can be healthy;
(2) Develop and implement policy and provide general oversight of the operations of the Shiawassee County Health Department consistent with the policies established by the Board of Commissioners;
(3) Make recommendations to the Board of Commissioners for the appointment of a Director/Health Officer; and
(4) Make recommendations to the Board of Commissioners for the appointment of Board of Health members.

Section 2. Specific duties of the Board of Health shall include, but not be limited to the following:
• Review and recommend annual budgets and adjustments to the Board of Commissioners
• Financial monitoring of Health Department budgets
• Public health programming
• Approve all Health Department policy
• Personnel management including but not limited to, recruitment, retention, compensation, development, contract maintenance and discipline consistent with Board of Commissioners' policy and budget.
• Preside over formal hearings with regard to food code/law consistent with the food program enforcement policy

Section 3. In regard to the Sanitary Code Board of Appeals, the Board of Health shall make recommendations for appointment to the Board of Commissioners. Authority to appoint members to the Sanitary Code Board of Appeals remains with the Board of Commissioners. The Board of Health may monitor the workings of the Sanitary Code Board of Appeals and may receive status reports from time to time.

ARTICLE III - MEMBERSHIP

Section 1. The Board of Health shall consist of seven (7) members who are appointed by the Board of Commissioners, and who are residents of Shiawassee County.

Section 2. Two (2) members of the Board of Health shall be County Commissioners.

Section 3. Non-commissioner members may be selected from one or more of the following sectors without discrimination as to age, sex, race, color, national origin or ancestry, marital status, disability or religion.

(a) Representatives from the public at large.

(b) Representatives who possess certain functional skills or knowledge which could enhance the operation of the Board of Health or Health Department.

(c) Representatives of county, city, village or township government.

Section 4. The terms of non-commissioner Board of Health members shall be three (3) years, at which time they may be re-appointed by the Board of Commissioners for additional terms as provided in this section.

Section 5. The commissioner members shall be appointed by the Board of Commissioners, and their terms shall be for two (2) years, provided they continue to serve as elected County Commissioners. No additional limitations shall be placed on the terms of Commissioner members.
Section 6. All Board of Health vacancies shall be filled by the Board of Commissioners according to its appointment procedures.

Section 7. Each Board of Health member shall have the power of one vote by attendance.

ARTICLE IV - OFFICERS

Section 1. Election of officers shall take place every year. The Board of Health shall elect from among its members a Chairperson and a Vice-Chairperson. The elected officers shall serve one (1) year terms and may be re-elected at the pleasure of the Board of Health.

Section 2. The Chairperson shall preside at all meetings of the Board of Health. He/she shall bring matters of immediate concern to the attention of the members of the Board of Health. The Chairperson shall announce to the membership any special meetings which shall comply with the requirements of the Open Meetings Act. The Chairperson shall maintain direct communication with the Director/Health Officer. He/she shall exercise and perform such other powers and duties as may from time to time be assigned to him/her by the Board or prescribed by these By-Laws.

Section 3. Under special circumstances, as determined by the Chairperson or Vice-Chairperson and in consultation with the Director/Health Officer, when immediate action is required and a quorum cannot be constituted, the Chairperson should make an attempt to obtain other Board of Health member's opinions, and may authorize the Director/Health Officer to take action on said issue as he/she deems appropriate.

ARTICLE V - MEETINGS & OFFICIAL MINUTES

Section 1. The Board of Health shall establish a regular meeting schedule with times and dates of all regular meetings set by the Board of Health. At the discretion of the Chairperson, additional meetings may be scheduled. The rules contained in the current edition of “Robert’s Rules of Order” shall govern the procedures of the Board of Health.

Section 2. A quorum for all business of the Board of Health shall be defined as at least four (4) members present.

Section 3. As a public body, the Board of Health shall provide proper notice and conduct all meetings in accordance with the “Open Meetings Act.”

Section 4. Administrative staff from the Health Department shall record the major points of discussion and all official transactions of the Board of Health.
and maintain a permanent record of the minutes as approved by the Board of Health. The County Clerk shall be the official repository for the Board of Health minutes and other official documents of the Board of Health.

ARTICLE VI - ADVISORY MEMBERS/COUNCILS

Section 1. The Board of Health may, when deemed necessary, invite persons to act as advisory members to help guide and supply information to assist in decision-making. Individual Board of Health members may recruit potential advisory members, and the appointment shall be affirmed by a majority vote of members at a regular Board of Health meeting. Advisory members shall serve at the discretion of the Board of Health.

Section 2. To enable the Board to carry out its duties, advisory councils may be appointed by the Board of Health or Director/Health Officer to make recommendations to the Board of Health. Actions of the advisory councils shall be considered “recommendations,” and shall require formal Board of Health approval before they may be implemented.

ARTICLE VII - CONTRACTS, CHECKS, BANK ACCOUNTS

Section 1. Unless so authorized, no officer, agent or employee shall have any power or authority to bind the Health Department by any contract or engagement, or to pledge its credit, or to render it financially liable for any purpose or in any amount. New contracts or agreements with other individuals, agencies, units of government, or organizations shall be approved by the Board of Health and the Board of Commissioners. Independent contracts with individuals may be approved and implemented by the Director/Health Officer when approved by the Board of Health and the Board of Commissioners.

Section 2. All funds of the Shiawassee County Health Department including fees, grants, cigarette tax revenue, county general fund appropriations, donations, and all other sources of funds shall be deposited within 15 working days to the credit of the Health Fund with the Shiawassee County Treasurer.

ARTICLE VIII - STANDING COMMITTEE

Section 1. There is hereby created one standing committee of the Board of Health:

Finance Committee - The responsibility of this committee is to review (audit) and recommend approval to the Board of Health all bills on a monthly basis, or more often as needed.
ARTICLE IX - AMENDMENTS TO BY-LAWS

Section 1. These By-Laws may be amended by majority vote of the Board of Health and majority vote of the Board of Commissioners.

Section 2. Any and all proposed amendments to the By-Laws shall be put in writing and distributed to the Board members at least 30 days before they may be voted on by the Board of Health. The Board of Commissioners shall be notified and copies of proposed amendments distributed to them at the same time the amendments are proposed for action by the Board of Health.

These By-Laws are hereby approved and adopted by the Board of Health on this 7th day of May, 2015, and are respectfully submitted to the Board of Commissioners for their approval and adoption.

[Signature]
Eugene Paez, Chairperson, Board of Health
Date 5-6-15

These By-Laws are hereby approved and adopted by the Board of Commissioners on this 18th day of June, 2015.

[Signature]
Hartman Aue, Chairperson, Board of Commissioners
Date 6/19/15
Attachment D – Bloodborne Pathogens Exposure Plan

POLICY

The Shiawassee County Health Department is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with MIOSHA Rule 325.70001, "Bloodborne Infectious Diseases."

The ECP is a key document to assist our facility in implementing and ensuring compliance with the standard, thereby protecting our employees.

This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions, now considered Standard Precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Record keeping
- Procedures for evaluating circumstances surrounding an exposure incident
- The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Director of Personal/Community Health or designee is responsible for the implementation of the ECP.

The Director of Personal/Community Health or designee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number is Shiawassee County Health Department at 110 E Mack Street, Corunna, MI, 48817; phone 989-743-2356.

The Director of Personal/Community Health or designee will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Program Coordinators will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: Shiawassee County Health Department at 110 E Mack Street, Corunna, MI, 48817; phone 989-743-2356.
The Director of Personal/Community Health or designee will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and MIOSHA records are maintained. Contact location/phone number: Shiawassee County Health Department at 110 E Mack Street, Corunna, MI, 48817; phone 989-743-2356.

The Director of Personal Health or designee will be responsible for training, documentation of training, and making the written ECP available to employees, MIOSHA, and NIOSH representatives. Contact location/phone number: Shiawassee County Health Department at 110 E Mack Street, Corunna, MI, 48817; phone 989-743-2356.

EMPLOYEE EXPOSURE DETERMINATION

Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP. The following is a list of all job classifications at our establishment in which employees have occupational exposure (MIOSHA Rule 325.70003):

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>TASK OR PROCEDURE</th>
</tr>
</thead>
</table>
| Public Health Nurse I | Providing immunizations  
|                    | Performing physical examinations  
|                    | Assisting physician’s in specimen collection  
|                    | Performing phlebotomy  
|                    | Pregnancy testing  
|                    | Performing finger stick testing  
|                    | Performing urinalysis and urine dip testing  
|                    | Lab cleaning  |
| Public Health Nurse II | Providing immunizations  
|                        | Performing physical examinations  
|                        | Assisting physician in specimen collection  
|                        | Performing phlebotomy  
|                        | Pregnancy testing  
|                        | Performing finger stick testing  
|                        | Performing urinalysis and urine dip testing  
|                        | Laboratory cleaning  |
| Clinic Technician   | Performing urine dip testing  
|                    | Performing finger stick testing  
|                    | Laboratory cleaning  
|                    | Assisting physician in specimen collection  |
Secretary
Performing urine dip testing
(trained as clinic technician, used as back up)
Performing finger stick testing
Laboratory cleaning
Assisting physician in specimen collection

Part-time, temporary, contract and per diem employees are covered by the Standard and the provisions of the Standard will be met in the same manner as for full time employees.

METHODS OF IMPLEMENTATION AND CONTROL

Standard Precautions (previously called Universal Precautions)

All employees will utilize Standard Precautions (universal precautions). Standard Precautions are an infection control strategy designed to reduce the risk of transmission of bloodborne pathogens from recognized and unrecognized sources of infection. It assumes that all blood and body fluids (semen, vaginal secretions, tissues, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid) except sweat, even without visible blood, of any person could be infectious. These were previously called Universal Precautions. (MIOSHA Rule 325.70005)

Exposure Control Plan

Employees covered by the Bloodborne Pathogens Standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Director of Personal/Community Health or designee. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. The Director of Personal/Community Health or designee is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure (MIOSHA Rule 325.70004).

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Safety Glide disposable needles are used.
- No recap of needles allowed, breaking or shearing of needles is prohibited.
- Needles are disposed of in labeled sharps containers which are capped and placed in hazardous waste pick-up container when 2/3rds full; if an improperly disposed of needle is found it will be placed in sharps container using a mechanical device or tool (forceps, pliers, broom and dust pan).
• Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident.
• Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other PPE.
• If hand washing facilities are not available antiseptic towelettes are used, hands are then washed with soap and water as soon as feasible.
• When occupational exposure remains after institution of these controls necessary PPE will be utilized.
• No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
• No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
• Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

Sharps disposal containers are inspected and maintained or replaced by Program Coordinators or Program Staff where used whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through review of literature, manufacturer and vendor information, staff product evaluation and review of OSHA and MIOSHA records.

We evaluate new procedures or new products regularly by periodic review of literature and manufacturer and vendor information. This process includes, but is not limited to evaluation and selection of sharps, needles and blood collecting devices.

Both front line workers and management officials are involved in this process by Program Coordinators periodically discussing with Program Staff and reviewing findings with the Director of Personal/Community Health or designee.

The Director of Personal/Community Health or designee will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by the Director of Personal/Community Health or designee in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees for lab procedures are as follows:

• Gloves
• Masks – surgical
- Eye protection – goggles
- Lab jackets – not water proof
- CPR resuscitation barriers – resuscitation bags, individual barrier masks

PPE is located in clinic areas and patient exam rooms as needed, and in the WIC lab and the immunization room. PPE may be obtained from Clinic Coordinators. Each Clinic Coordinator will be responsible for ensuring that PPE of the appropriate size is available and will submit requests for reordering as needed.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of or cleaned as follows:
  - Gloves – disposable Biohazard plastic bag, if contaminated
  - Masks – surgical, disposable Biohazard plastic bag, if contaminated
  - Eye protection – goggles 10% bleach solution or EPA approved disinfectant
  - Lab jackets – not water proof will be placed in a colored laundry bag for washing by laundry service. Laundry service supplies the colored laundry bag.
    (if contaminated first place in biohazard plastic bag)
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface (MIOSHA Rule 325.70008).

The procedure for handling used PPE is as follows:

- Disposable PPE including gloves and masks
  - If items contaminated place in red plastic biohazard bag, bag will then be placed in biohazard container for disposal by contracted company to handle biohazard waste.
- Goggles
  - Used but not contaminated – wash soap and hot water after wiping with disinfectant towelette; Contaminated – clean with 10% bleach solution or EPA approved disinfectant, then wash with soap and hot water.
- **Lab Jackets**
  Placed in the colored laundry bag for washing by contracted laundry service; if contaminated first placed in red plastic biohazard bag before placing in laundry bag.
- **Utility Gloves**
  May be decontaminated if integrity not compromised by cleaning with 10% bleach solution or EPA approved disinfectant and then washed with soap and hot water.
- **Resuscitation Equipment (reusable)**
  Clean 10% bleach solution or approved disinfectant; wash soap and hot water.

**Housekeeping**

**Regulated waste** is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is covered in the Shiawassee County Health Department Medical Waste Management Plan last reviewed .

The procedure for handling other regulated waste is covered in the Shiawassee County Health Department Medical Waste Management Plan last reviewed .

**Contaminated sharps** are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at all sites where sharps are used for immediate disposal.

**Bins and pails** (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

**Broken glassware, which may be contaminated**, is picked up using mechanical means, such as a brush and dustpan. (MIOSHA Rule 325.70009)

**Laundry**

Laundering will be provided by contracted laundry service, which is currently Ruthy’s Dry Cleaners; the Administrative Assistant for Personal/Community Health monitors the laundry service. Laundry is picked up and returned once per week.

The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation,
- place wet contaminated laundry in leak-proof, red plastic biohazard bags before transport,
- wear the following PPE when handling contaminated laundry:
each staff person bags their own laundry, if contaminated it is placed in a red biohazard bag before adding to the general laundry bag while wearing disposable gloves and avoiding contact with clothing and/or skin, gloves are then disposed of in plastic biohazard bag (MIOSHA Rule 325.70011).

Labels

The following labeling method is used in this facility:

- Bags or other receptacles containing articles contaminated with blood or OPIM, including disposable items, will be tagged with the universal biohazard logo or are red in color. Biohazard warning sticker, labels, bags and receptacles will be ordered by the clinic staff and keep in the clinic area storage unit or the supply room in Personal Health. When blood or OPIM are present in the work area a hazard warning sign incorporating the universal biohazard symbol shall be placed on all access doors.

- Employees are to notify their supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

- Specimens will be placed in bags prelabeled with a biohazard symbol before sending to the testing lab.

The Director of Personal/Community Health or designee will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Director of Personal/Community Health or designee if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels (MIOSHA Rule 325.70014).

Equipment, Environment and Work Surfaces

- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant:
  - After completion of procedures;
  - Immediately or as soon as feasible when surfaces are clearly contaminated or after any spill of blood or other potentially infectious materials;
  - At the end of the work shift, if the surface may have become contaminated since the last routine cleaning.

- Spills of blood should be decontaminated with freshly diluted (1:10) bleach, or with an EPA – approved disinfectant. Appropriate gloves, gowns and masks should be worn if necessary to protect clothing and employee during cleaning and decontamination procedures. Cover spill with paper towels or other absorbent material and flooded with diluted bleach solution. Let stand for at least ten minutes. Clean up with more paper towels. Dispose of as infectious waste. With large spills of culture or concentrated infectious agents in the laboratory, the contaminated area should be flooded with a liquid germicide before cleaning, then decontaminated with fresh germicidal chemical.
• Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible, when they become openly contaminated or at the end of the work shift if they “may” have become contaminated.

• Broken glassware, which may be contaminated, should not be picked up directly with the hands. It must be soaked with disinfectant and then cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps (MIOSHA Rule 325.70009).

HEPATITIS B VACCINATION

The Director of Personal/Community Health or designee will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

• documentation exists that the employee has previously received the series,
• antibody testing reveals that the employee is immune, or
• medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. (Appendix A.) Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the individual’s personnel file, located in the Administrative Offices of the Shiawassee County Health Department.

Vaccination will be provided by the Immunization Program Coordinator or designee at the Shiawassee County Health Department.

Following a medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure is defined as a percutaneous injury (i.e. needle stick or cut with sharp object), or contact of mucous membrane or of skin (especially when exposed skin is chapped, abraded, or afflicted with dermatitis or contact is prolonged or involving an extensive area), with blood or OPIM in a situation when Standard Precaution guidelines apply.

Should an exposure incident occur:

1. Immediately initiate first aid (clean the wound, flush eyes or other mucous membrane, etc.).
2. Contact the Director of Personal/Community Health or designee at 989-743-2356.

3. Complete Employee Report of Injury (Appendix B), form is submitted to the Director of Personal/Community Health or designee for review; then submitted to the Administrative Offices of the Shiawassee County Health Department; form will be filed with the Shiawassee County Treasurer’s Office within 24 hours of the incident; a copy is placed in the employee's personnel file. If the exposure involves a sharps injury, the incident is to be logged on the Sharps Injury Report Log by the program coordinator where the injury occurred (Appendix C). The Employee Report of Injury must include the following:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

4. An immediately available confidential medical evaluation and follow-up will be conducted by a Owosso Memorial Hospital Emergency Room physician as contracted by the Shiawassee County Board of Commissioners for Shiawassee County employees.

5. The employee will be offered post exposure prophylaxis (PEP) according to recommendations of U.S. Public Health Service current at the time these evaluations and procedures take place. These procedures, evaluations and PEP will be made available to the employee at a reasonable time and place and at no cost to the employee.

6. The employee will be given appropriate counseling regarding infection status, results and interpretations of tests, and precautions to take during the period after exposure. The employee will also be given information on what potential illnesses to be alert for and will have the benefit of early medical evaluation and subsequent treatment of such reported illnesses.
ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Director of Personal/Community Health or designee ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Director of Personal/Community Health or designee ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The Director of Personal/Community Health or designee provides the employee with a copy of the evaluating health care professional's written opinion within fifteen days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Director of Personal/Community Health or designee will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident within Health Department where occurred
- procedure being performed when the incident occurred
- employee’s training

The Director of Personal/Community Health or designee will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, The Director of Personal/Community Health or designee will ensure that appropriate changes are made to this ECP Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc. (MIOSHA Rule 325.70013).
EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training conducted by a licensed registered nurse who coordinates the Shiawassee County Health Department Communicable Disease Program and is trained specifically for HIV testing.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available from the Communicable Disease Coordinator and are kept in that program office (MIOSHA Rule 325.70016).

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years by the Administrative Offices, Shiawassee County Health Department.

The training records include:
• 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 and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to The Director of Personal/Community Health or designee (MIOSHA Rule 325.70015).

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with MIOSHA Rule 325.70015, “Recordkeeping”.

The Administrative Offices of the Shiawassee County Health Department is responsible for maintenance of the required medical records. These confidential records are kept at 210 E Corunna Ave., Corunna, Michigan, 48817 for at least the duration of employment plus 30 years (MIOSHA Rule 325.3451).

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Administrative Offices of the Shiawassee County Health Department, 210 E Corunna Ave., Corunna, Michigan, 48817.

MIOSHA Record keeping

An exposure incident is evaluated to determine if the case meets MIOSHA’s Record keeping Requirements (MIOSHA Rule 325.70015). This determination and the recording activities are done by the Director of Personal/Community Health or designee.

Sharps Injury Log

In addition to the Rule 325.70015 Record keeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

• the date of the injury
• the type and brand of the device involved
• the department or work area where the incident occurred
• an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy
is requested by anyone, it must have any personal identifiers removed from the report (MIOSHA Rule 408.22101).
Attachment E – Chemical Hygiene Plan

POLICY

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 the Shiawassee County 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. Laboratory scale means work with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safely manipulated by one person.
- Distribution: When chemicals are hand carried outside of the immediate work area, the container should be placed in an outside container or bucket. Freight only elevators should be used if possible.

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 the Shiawassee County Health Department to request a material safety data sheet for each chemical that is used in the workplace.

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 the Director of Personal/Community Health or designee 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 every week two times a week and more if needed, which includes cleaning bathrooms, emptying trash, and minor cleaning of working areas.
- **Inspections.** Formal housekeeping and chemical hygiene inspections should be held at least quarterly for units which have frequent personnel changes and semiannually for others; informal inspections should be continual.
- **Passageways.** Stairways and hallways should not be used as storage areas. Access to exits, emergency equipment, and utility controls should never be blocked. The inspection schedule for the Shiawassee County Health Department is biannually.
- **Maintenance - As applicable - and documented - for the Shiawassee County Health Department.** Eye wash fountains should be inspected at intervals of not less than three months. Other safety equipment should be inspected regularly (e.g., every 3-6 months). To prevent restarting of out-of-service equipment, the equipment will be labeled with a note marked “do not use, repairs needed” and dated and signed by person labeling the equipment. These records are maintained by the Director of Personal/Community Health or designee.

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 safety showers, 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.

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 the Shiawassee County 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 the Shiawassee County Health Department:

• Location signs for safety showers, 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.
• 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 for liquid spills for this facility are located in the metal cabinet (1) in the WIC lab and in the middle metal cabinet in the Immunization Room.
6. MEDICAL PROGRAM

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

Regular medical surveillance will be established to the extent required by regulations (per MSDS’s) at the Shiawassee County Health Department.

Routine surveillance - as necessary (Per MSDS’s). Anyone at the Shiawassee County Health Department whose work involves regular and frequent handling of toxicologically significant quantities of a chemical will be referred to a qualified physician to determine on an individual basis whether a regular schedule of medical surveillance is desirable.

Personnel trained in first aid will be available during working hours and an emergency room with medical personnel should be nearby. Memorial Healthcare, the nearest emergency room is located approximately 5 miles away, at 826 King Street, Owosso.

7. PPE SELECTIONS, PROVISION, USE AND ACCESSIBILITY

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

Personal protective equipment (PPE) is provided to employees of the Shiawassee County 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 manufacturers’ 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 the Shiawassee County Health Department are as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguishers</td>
<td>Hallway by main office, employee lounge</td>
</tr>
<tr>
<td>Fire Alarms</td>
<td>Motorola Radius CP200 Radios to communicate between floors; all phones equipped with public paging system</td>
</tr>
<tr>
<td>Emergency Phones</td>
<td>All phones equipped with 911</td>
</tr>
<tr>
<td>Safety Showers</td>
<td>N/A</td>
</tr>
<tr>
<td>Eyewash Fountain(s)</td>
<td>WIC lab bathroom</td>
</tr>
<tr>
<td>Safety Goggles/glasses</td>
<td>Cabinets in WIC Lab and in Immunization Room</td>
</tr>
<tr>
<td>Lab Coats</td>
<td>Foyer closet of Main Office</td>
</tr>
<tr>
<td>Masks</td>
<td>WIC Lab and Immunization Room</td>
</tr>
<tr>
<td>Computer</td>
<td>All desktops equipped with 911 icon and direct access to police arrival</td>
</tr>
</tbody>
</table>

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. General-purpose gloves, not used for healthcare purposes, may be decontaminated and reused. 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**
At the Shiawassee County Health Department, the Director of Personal/Community Health or designee 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.

Necessary laundering of personal protective equipment (lab coats) is provided by Owosso Dry Cleaners for the Shiawassee County Health Department. Disposable PPE if contaminated is placed in red biohazard bag and then in the biohazard container. Reusable PPE if contaminated is washed with an approved cleaner. Linens are NOT to be taken home by employees for laundering.

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.
- High-risk substances are not used at the Shiawassee County Health Department.
- Medical records – The Shiawassee County 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. The Shiawassee County Health Department will assure that such records are kept, transferred, and made available. All medical records will be retained by the Shiawassee County Health Department 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:
  - 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 and job titles 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.

Documentation of the training will be maintained in a master training file.

9. MATERIAL SAFETY DATA SHEETS (MIOSHA Rule 325.70109)
Material safety data sheets are maintained at the Shiawassee County 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
- 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 the Shiawassee County Health Department 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 the Shiawassee County Health Department are located in the Employee Lounge.

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 at the Shiawassee County Health Department. 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 for the Shiawassee County Health Department.

- **Content:** The waste disposal program at the Shiawassee County Health Department must specify how waste is to be collected, segregated, stored, and transported and include consideration of what materials can be incinerated.
- **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. Before a worker's employment in the laboratory ends, chemicals for which that person was responsible should be discarded or returned to storage.
- **Frequency of Disposal:** Waste should be removed from laboratories to a central waste storage area at least once per week and from the central waste storage area at regular intervals.
- **Method of Disposal:** Incineration in an environmentally acceptable manner is the most practical disposal method for combustible laboratory waste. Indiscriminate disposal by pouring waste chemicals down the drain or adding them to mixed refuse for landfill burial is unacceptable.
- **Hoods must not be used as a means of disposal for volatile chemicals.**
- **Disposal by recycling or chemical decontamination should be used when possible.** Shiawassee County Health Department contracts with Stericycle (Corporate Headquarters at 28161 N Keith Drive, Lake Forest, Illinois, 60045; Transportation Facility at 1301 E Alexis, Toledo, Ohio, 43612) for all hazardous waste disposal.

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

The Director of Personnel/Community Health or designee will coordinate and maintain records of training conducted for the Shiawassee County Health Department. The training and education program will be a regular, continuing activity--not simply an annual presentation at the Shiawassee County Health Department.

- 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.
- Before starting work, at the time of their initial assignment, each new employee at the Shiawassee County Health Department will attend a safety class.
- In that class, each employee will be given information on:
  - Location and availability of this Chemical Hygiene Plan
  - Details of the written Chemical Hygiene Plan
Chemicals and their hazards in the workplace.
PEL’s for MIOSHA regulated substances or exposure limits in use at the Shiawassee County Health Department. This information is in the MSDS.
How to lessen or prevent exposure to these chemicals.
Signs and symptoms associated with exposure to hazardous chemicals.
What the Shiawassee County Health Department has done to lessen or prevent workers’ exposure to these chemicals.
Protective measures employees can take to protect themselves from chemical exposures, such as PPE, work practices, and emergency procedures.
Methods and observation that may be used to detect the presence of, or release of a hazardous chemical such as monitoring and the visual or odor of hazardous chemicals when being released.
Procedures to follow if they are exposed.
How to read and interpret labels and the information from the MSDS.
Where to locate the MSDS information at the Shiawassee County Health Department and from whom they may obtain copies.

The employee will be informed that:
The Shiawassee County Health Department is prohibited from discharging, or discriminating against, an employee who exercises the rights regarding information about hazardous chemicals in the workplace.

As an alternative to requesting an MSDS from the Shiawassee County Health Department the employee may obtain a copy from Consumer and Industrial Services at the Michigan Department of Community Health. A sign will be posted with the address and telephone number of the department/individual responsible for such requests.
Attachment F - Local Approval of Plan of Organization

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 Shiawassee County Health Department:

(insert local health department name)

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: Larry Johnson

Health Officer Signature: 

Date: 4/7/16

Board Chairperson Name: Eugene Paez

Board Name: Shiawassee County Health Board

Mailing Address: 140 E. Corunna Ave., 2nd Floor

Corunna, MI 48817

Chairperson Signature: 

Date: 4/7/16

Comments:
RESOLUTION NO. 14-12-16
A RESOLUTION OF THE BOARD OF COMMISSIONERS
OF SHIAWASSEE COUNTY
REGARDING THE FY 2015 BUDGET

WHEREAS, the Uniform Budgeting and Accounting Act, Public Act 2 of 1968, as amended, requires each local unit of government to adopt a balanced budget for all required funds; and

WHEREAS, the Finance and Administration Committee of the Board of Commissioners has reviewed requests for funding and recommendations on anticipated revenues from the County Administrator, Elected Officials, and Department and Agency Directors; and

WHEREAS, the Board of Commissioners of Shiawassee County, Michigan, duly advertised a proposed budget for Fiscal Year (FY) 2015, as required by the Uniform Budgeting and Accounting Act.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Commissioners of Shiawassee County, Michigan, does hereby approve the FY 2015 budget for the General Fund, showing revenues totaling $15,100,867 and expenditures totaling $15,000,867, based on an approved millage of 5.1146 mills; and

BE IT FURTHER RESOLVED, that payment of bills – pursuant to MCLA 46.71, all claims against Shiawassee County shall be approved by the Board of Commissioners prior to being paid. The County Clerk may pay certain bills prior to approval by the Board to avoid late penalties, service charges and interest. The Board shall receive a list of claims (bills) paid prior to approval for approval at the next Board meeting; and

BE IT FURTHER RESOLVED, that the Board of Commissioners approves a hiring freeze on all positions. The Board of Commissioners does require that any vacancy in existing positions be reviewed by the Finance and Administration Committee and approved by the Full Board prior to being refilled.

BE IT FURTHER RESOLVED, that the Board of Commissioners hereby approves salaries effective January 1, 2015, of $50,424 for the County Clerk, Drain Commissioner, Register of Deeds and Treasurer; of $76,846 for the Sheriff; and of $83,846 for the Prosecutor; and of $6,065 for each County Commissioner; and of $4,190 for each Road Commissioner; and
BE IT FURTHER RESOLVED, that the Board of Commissioners hereby approves FY 2015 budget for Special Funds under Attachment A; and

BE IT FURTHER RESOLVED, that the County Administrator’s Office shall provide the Board of Commissioners at the Board meeting immediately following the end of each fiscal quarter a report of fiscal year to date revenues and expenditures compared to the budgeted amounts in various funds of the County; and

BE IT FURTHER RESOLVED, that the County Administrator shall serve as the Chief Fiscal Officer and the Chief Administrative Officer for the purposes of the Uniform Budget and Accounting Act, 1968 PA 2, as amended (MCL 141.421); and

BE IT FURTHER RESOLVED, that the County Administrator’s Office shall be authorized to transfer up to $5,000 between accounts, departments, or funds without prior approval from the Board, and

BE IT FURTHER RESOLVED, that whenever it appears to the County Administrator’s Office that the actual and probable revenues will be less than the estimated revenues upon which appropriations were based, and when it appears that expenditures will exceed an appropriation, the County Administrator’s Office shall present to the Board recommendations to prevent expenditures from exceeding available revenues or appropriations for the fiscal year. Such recommendations shall include proposals for reducing appropriations, increasing revenues or both; and APPROVED BY THE BOARD OF COMMISSIONERS OF SHIAWASSEE COUNTY ON THIS DATE, DECEMBER 11, 2014.

J. Fabrey, Chairperson

ATTEST:

County Clerk and Secretary
To the Board of Commissioners
Special Revenue Funds
<table>
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<tr>
<th>Special Revenue Funds</th>
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<th>2017 Approved Budget</th>
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<td>Revenues</td>
<td>Expenditures</td>
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<td>Friend of the Court</td>
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<td>Animal Control Donations</td>
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Community Partnerships

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<tr>
<th>Local Emergency Planning Committee</th>
<th>Shiawassee County Health and Human Services Council</th>
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<tbody>
<tr>
<td>Durand Public Schools – Nurse</td>
<td>School Districts</td>
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<tr>
<td>Child Advocacy Center</td>
<td>YMCA</td>
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<tr>
<td>Live Healthy</td>
<td>MSU Extension</td>
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<tr>
<td>Kiwanis Club</td>
<td>City of Owosso</td>
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<td>Owosso Public Library</td>
<td>Mid Shiawassee Sewer District</td>
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<tr>
<td>Friends of the Shiawassee River</td>
<td>Shiawassee County Realtors Association</td>
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<tr>
<td>Coalition against Vulnerable Adult Abuse</td>
<td>Michigan Township Association</td>
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<td>American Red Cross</td>
<td>Salvation Army</td>
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<td>Shiawassee County Emergency Management</td>
<td>Shiawassee County Fire Association</td>
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<td>Shiawassee Medical Control Authority</td>
<td>Shiawassee Regional Education Service District</td>
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<td>Corunna Rotary Club</td>
<td>Shiawassee/Owosso Kiwanis Club</td>
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<tr>
<td>Michigan Association for Local Public Health</td>
<td>Local and Community Task Force Groups</td>
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<td>Shiawassee Council on Aging</td>
<td>Local Advisory Committees</td>
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<tr>
<td>Program Outreach and Planning Groups</td>
<td>United Way</td>
</tr>
<tr>
<td>City of Corunna</td>
<td>Shiawassee HoPE</td>
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</tbody>
</table>
Attachment J – Current List of LHD Services

PREVENTING THE SPREAD OF DISEASE
SEXUALLY TRANSMITTED DISEASE
- STD testing referrals
- Confidential follow-up of contacts by public health nurse

FREE HIV TESTING
- Free, anonymous testing
- Counseling and referral services
- Call for an appointment

IMMUNIZATION CLINIC
- Vaccinations for infants, children and adults
- Free or low cost vaccines available for children born through age 18 who have Medicaid or no insurance, or children who do not have coverage
- Call for an appointment

COMMUNICABLE DISEASE CONTROL
- Investigation of diseases which may be spread in the community
- Work with local schools on communicable disease management
- Tuberculosis Testing

ENVIRONMENTAL HEALTH SERVICES
FOOD SERVICE PROGRAM
- Inspections and Educational Programs
POINT OF SALE
- Authorization for Property Transfers
SEWAGE PROGRAM
- Septic Permit, Inspections, and Soil Evaluations
PRIVATE WATER PROGRAM
- Well Permit/Education and Inspections
PUBLIC WATER SUPPLIES
- Monitoring and Inspections
ILICIT CONNECTIONS
- E-Cigarette Education
- Inspections/Complaints
- Corrections Enforcement
PUBLIC SWIMMING POOL INSPECTIONS
- Inspections and New Construction Approvals
ON SITE SEWAGE DISPOSAL
- Site Approval, Subdivisions, Land Divisions
- Installers/Pluers Licensing
SOIL EROSION
- Inspections/Education
- Site Reviews
ADULT & CHILDCARE FACILITIES
- Licenses Approvals/Inspections
CAMPGROUND INSPECTIONS
- Licenses Approvals
RADON

Shawnee County Health Department
Mission Statement
The mission of the Shawnee County Health Department is to prevent disease, protect the public's health, and enhance the quality of life by providing information and services.

Shawnee County Health Department
120 E 15th Street
Topeka, KS 66607
Phone: (785) 296-2369
Fax: (785) 296-0036
Website: health.shawnee.net
MATERNAL, INFANT & CHILDREN'S SERVICES

Women Infants & Children Supplemental Nutrition Program

Pregnant Women, Infants and Children who meet income guidelines receive:
- Food Benefits redeemable at local grocery stores
- Nutrition Education
- Breastfeeding Support
- Project Fresh coupons to purchase produce at Farmers Markets

CHILDREN'S SPECIAL HEALTH CARE SERVICES

A program for children up to age 21 and some adults with a chronic medical condition. Covers over 2,000 diagnoses. All income eligible to join, including those with insurance. CSIHCs may be able to help with:
- Obtaining a diagnosis, paying for specialty care and treatment specialty medical bills
- Covering co-pay and deductibles from private insurance and helping to keep insurance
- Planning the transition from child services to adult health care

MATERNAL AND INFANT HEALTH PROGRAM (MHP)

HEALTHY BEGINNINGS FOR A HEALTHY PREGNANCY AND A HEALTHY BABY

A program serving Medicaid-eligible pregnant women and infants. Home or office visits with a registered nurse, nutritionist and social worker. MHP provides an opportunity to ask questions and learn from caring health care staff about staying healthy during pregnancy, preparing for your baby's birth, and caring for your baby as your baby learns and grows. Community resources and referrals are offered for housing, counseling, obtaining baby supplies and more.

OUR GOAL IS A HEALTHY MOM AND BABY!
- Help ensure each child is properly immunized
- Promote healthy childhood growth and development
- Improve family support system
- Support for young parents who are attending school
- Support during pregnancy
- Learn what to expect during the birth of your baby
- Work together to get to know your new baby
- Transportation money for approved visits

FREE PREGNANCY TESTING
- Pregnancy Tests administered by appointment on Tuesdays (8 a.m. to 4 p.m.)
- Walk-ins accommodated, when possible.
- Testing includes consultation with a nurse to discuss results and provide

DISEASE PREVENTION & HEALTH PROMOTION

HEARING AND VISION SCREENING
- Free Hearing and Vision testing of school age and preschool children.
- Call for an appointment

LEAD TESTING
- Lead testing offered to all Shawnee County residents
- Trained nurse provided follow-up and information for abnormal test results

EMERGENCY PREPAREDNESS
- Prepare and plan for natural and manmade disasters
ENVIRONMENTAL HEALTH STAFF

Environmental Health Director
Environmental Health Specialists (Sanitarians)
Environmental Health Administrative Assistant
Secretary Support

The Environmental Health Specialists are available between 8:00—9:30 AM Monday—Friday to answer questions for you and schedule appointments. If they are not in when you call, you may leave a message on their voice mail and they will return your call at the earliest possible time available.

SCHD

201 N. Shiuwassee St. Corunna 3/743-2901
Telephone Number: (989) 743-2390
Fax Number: (989) 743-2413

Our Responsibilities

Issue Sewage Permits
Final Inspection of Septic System Installations
Issue Well Permits
Final Inspection of Well Installations
Water Sampling
Food Facility Inspections/Licensing/Plan Reviews
Food Safety Education & Certification
Water and Sewer Evaluations (for Mortgage Purposes)
Soil Erosion and Sedimentation Control
Child Care/Adult Foster Care Facility Inspections
Register Septic Tank Contractors
Public Water Supply Monitoring/Inventory
Campground Inspections
Public Swimming Pool Inspections
Temporary Food Event Inspections
Nuisance Complaints
Consultation on Public & Private Water Supplies
Provide Water Testing Supplies
Provide Radon Testing Kits
Certify Point-of-Sale Inspectors and Review Reports
Land Division and Subdivision Reviews
Septic Program

“All citizens have a right to a safe food and water supply, pure air and a clean environment”

Environmental Health Services
Description Of Services

The Environmental Health Division offers a wide range of services for the citizens of Shiawassee County. The main goal of the Environmental Health program is the prevention of communicable and environmentally related diseases in the community. Citizens should have a safe food supply and a clean environment.

Food Facility Inspections and Licensing
Through inspections, inspections and licensing of restaurants, schools, mobile and temporary food service establishments, the Health Department ensures sanitary conditions for food preparation and handling.

Temporary Food Licenses
Temporary Food Licenses can be issued for a period of time to serve food for public events, such as fairs, festivals, and fairs. There is an inspection within 10 days before the license is granted to be presented in the state of Michigan.

Soil Evaluations (Desk Test) for Sewage Permits
This is the first step in obtaining a permit to build a new home. This process is necessary to verify the absence of existing sewage systems. Once approval is granted, a complete application and appropriate fees are submitted to our office.

Contractor Registration
Contractors who build or repair systems as a business in Shiawassee County must be registered with our office. Registration fees must be paid, and a registration fee is required.

Additional Health Inspections
Child Care Facilities, Adult Day Care Homes, and Day Care Homes licensed by the Department of Human Services. Inspections of Campgrounds, Septic Systems, and Public Water Supplies are completed by the office for licenses issued by the State of Michigan.

Water Supplies
Assessment of public water systems and private water supply by testing for lead and copper and ensuring drinking water is safe.

Water Test Kit
Testing kits are available for purchase, along with instructions and technical support.

Point of Use Inspection reports
For any home in Shiawassee County that has on-site sewage systems and is not connected to the public sewer system, a Point of Use Inspection report will be required. A report is generated and a letter is provided confirming the acceptance of the system.

Toxic & Solid Waste Disposal
The Health Department has a program to prevent accidental release and accidental contamination. Annual household hazardous waste collections are also held as an additional component of this program, promoting a cleaner and safer environment.

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## Attachment K – Matrix of Services to Local Public Health

<table>
<thead>
<tr>
<th>Services</th>
<th>Rule or Statutory Citation</th>
<th>Required =</th>
<th>Basic</th>
<th>Mandated</th>
<th>LPHO</th>
<th>Allowable</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>PA 349 of 2004 – Sec. 218 and 904; MCL 333.9202, R325.176</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Infectious/Communicable Disease Control</td>
<td>MCL 333.2433; Parts 51 and 52; PA 349 of 2004 – Sec. 218 and 904; R325.171 et seq.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>STD Control</td>
<td>PA 349 of 2004 – Sec. 218 and 904; R325.177</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TB Control</td>
<td>PA 349 of 2004 – Sec. 218</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>PA 349 of 2004 – Sec. 218</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Family planning services for indigent women</td>
<td>MCL 333.9131; R325.151 et seq.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Health Education</td>
<td>MCL 333.2433</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>MCL 333.2433</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS Services; reporting, counseling and partner notification</td>
<td>MCL 333.5114a; MCL 333.5923; MCL 333.5114</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Care of individuals with serious Communicable disease or infection</td>
<td>MCL 333.5117; Part 53; R325.177</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td>(4) Financial liability for care rendered under this section shall be determined in accordance with part 53.</td>
</tr>
<tr>
<td>Hearing and Vision Screening</td>
<td>MCL 333.9301; PA 349 of 2004 – Sec. 904; R325.3271 et seq.; R325.13091 et seq.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Public Swimming Pool Inspections</td>
<td>MCL 333.12524; R325.2111 et seq.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td>Required, if “designated”</td>
</tr>
<tr>
<td>Campground Inspection</td>
<td>MCL 333.12510; R325.1551 et seq.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td>Required, if “designated”</td>
</tr>
<tr>
<td>Public/Private On-Site Wastewater</td>
<td>MCL 333.12751 to MCL 333.12757 et seq., R323.2210 and R323.2211</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td>Alternative waste treatment systems regulated by local public health.</td>
</tr>
<tr>
<td>Food Protection</td>
<td>PA 92 of 2000 MCL 289.3105; PA 349 of 2004 – Sec. 904</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Pregnancy test related to</td>
<td>MCL 333.17015(18)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Informed Consent to Abortion</td>
<td>Public/Private Water Supply</td>
<td>Allowable Services</td>
<td>Other Responsibilities as Delegated and Agreed-to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MCL 333.1270 to MCL 333.12715; R325.1601 et. seq.; MCL 325.1001 to MCL 325.1023; R325.10101 et. seq.</td>
<td>MCL 333.2235(1)</td>
<td><strong>X</strong> This category would include all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement. <strong>X</strong> This category is NOT connected to express responsibilities within statute, but refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows delegations for specified functions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Matrix of Services Definition

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

A. **Legal Basis and Qualifications:**

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

1. **Health Officer:**

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

      Sec. 2428
      
      (1) A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health department by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

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

   b. **These qualifications are:**

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

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

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

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

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

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

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

b. **These qualifications are:**

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

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

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

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

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

1. The following documents shall be submitted to the Department for approval prior to appointment for both Health Officers and Medical Directors:
   a. Current Curriculum Vitae
   b. Copy of Diploma(s) or other proof of degree completion
   c. Proof of Enrollment into Masters of Public Health program (if applicable)

2. In addition to the above, the following documentation shall be submitted for Medical Directors:
   a. Copy of Current Michigan Physician’s License
   b. Copy of Proposed Contract reflecting hours of service to LHD
   c. Written documentation of arrangements for a public health physician advisor (if applicable)

3. MDCH typically requires 30 days notice to review qualifications and credentials. After MDCH review and approval the following shall be submitted with respect to Health Officers:
   a. A copy of the local governing entity (or in case of a district health department the district board of health) resolution approving the appointment.
March 6, 2015

Hartmann Ave, Chair
Shiawassee County Board of Commissioners
201 North Shiawassee Street
Corunna, MI 48817

Dear Mr. Ave:

We have received your correspondence requesting approval for the appointment of Larry Johnson as the Health Officer for the Shiawassee County Health Department. I am approving the appointment, effective March 6, 2015.

We look forward to continuing our working relationship with you and Health Officer Johnson toward continued improvement of public health service delivery to the residents of Shiawassee County. Please be advised that the Michigan Department of Community Health plans to pursue options for incentivizing the consolidation of local health department services and/or administration, which could eventually affect operations in Shiawassee County.

If you require further assistance, please contact Mark Miller, Director, Local Health Services, at (517) 335-8928 or email at millerm1@michigan.gov.

Sincerely,

Susan Moran, MPH
Senior Deputy Director
Public Health Administration

cc: Larry Johnson
Attachment N – MDHHS Approval Letter for Medical Director

STATE OF MICHIGAN

JAMES J. BLANCHARD, Governor

DEPARTMENT OF PUBLIC HEALTH
3500 N. LOGAN
P.O. BOX 30005, LANSING, MICHIGAN 48909
GLORIA R. SMITH, Ph.D., M.P.H., F.A.A.N.,/Director

May 30, 1986

Charles Newell, R.S., M.A.
Health Officer
Shiawassee County Health Department
110 E. Mack Street
Corunna, Michigan 48817

Dear Mr. Newell:

We have reviewed the qualifications of Dennis K. Chernin, M.D.,
Doctor Chernin meets all the requirements for the position of
Medical Director and approval of his appointment to that position
is hereby given.

We look forward to an opportunity in the near future to meet with
you and Doctor Chernin.

Sincerely,

Douglas M. Paterson, Chief
Western Regional Division
Bureau of Community Services

DMP: bs