



Plan of Organization

2014

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

*Approved
July 2014*

The Oakland County Department of Health and Human Services/Health Division is pleased to present this Plan of Organization in partial fulfillment of the requirements of its Local Public Health Accreditation process for 2014. The Plan is organized per the instructions and guide provided to LHDs on November 7, 2011 by Mark Miller.

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1. LEGAL RESPONSIBILITIES AND AUTHORITY

a. **Outline or list state and local statutory authority.**

In addition to the state laws outlined in Attachment A, the Oakland County Health Division (OCHD) is subject to the Oakland County Sanitary Code, first effective in 1950 and subsequently amended, and several Miscellaneous Resolutions of the Oakland County Board of Commissioners, approved by the Oakland County Executive.

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

The Oakland County Department of Health and Human Services/Health Division (OCHD) is a local public health department as defined by P.A. 368 of 1978. Oakland County government is organized according to the structures set forth in P.A. 139 of 1973, as amended, the Optional Unified Form of County Government. When the County Executive form of government was approved by the voters of Oakland County, and pursuant to statute, the board of Health was dissolved. Administrative responsibilities for Oakland County departments have since been a function of the County Executive, an elected official serving a four-year term. The Executive has veto authority over actions of the Board of Commissioners, requiring a 2/3 majority vote to override. OCHD operates under the Oakland County Department of Health and Human Services. The department head is the Director of the Department of Health and Human Services, who is appointed by the Oakland County Executive. For further information, please see State of Michigan Attorney General opinion 5496 published June 7, 1979.

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

Oakland County is self-insured according to Miscellaneous Resolution #85369 (Attachment B) and indemnifies its employees according to Miscellaneous Resolution #85339 (Attachment C).

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

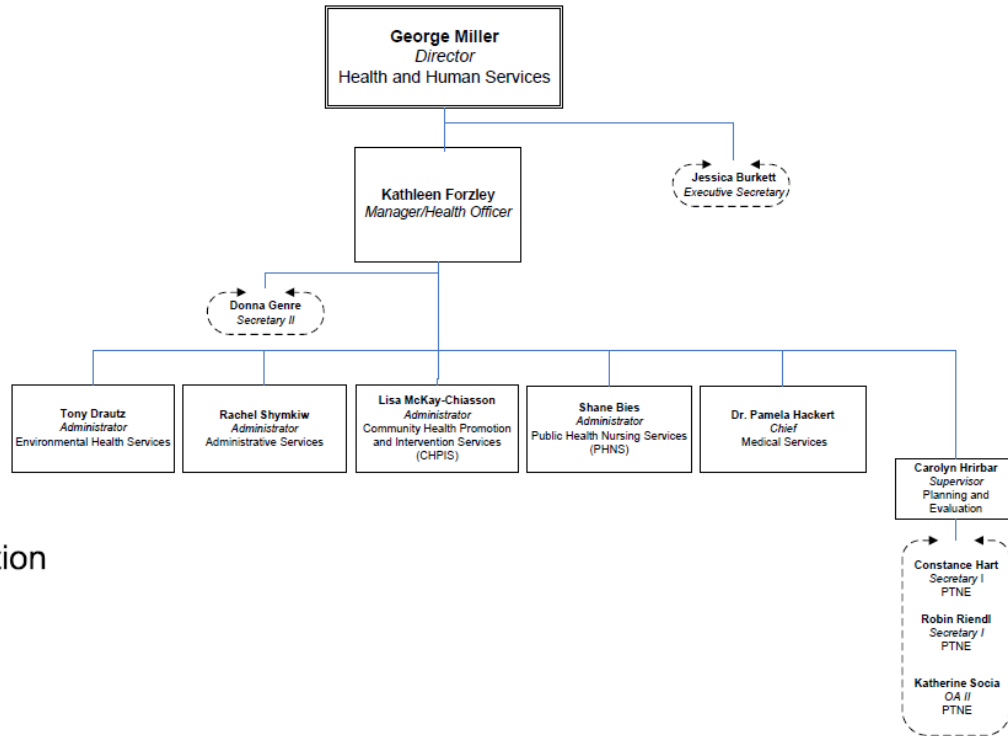
Not applicable.

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

See Attachment D

2. LHD ORGANIZATION

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



Administration

6/01/2014

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

See Attachment E

- c. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget.**

The Board of Commissioners approves the budget and budget amendments of the Department of Health and Human Services/Health Division. Organizational approval is granted by the County Executive through his appointee, the Director of the Department of Health and Human Services. Please see Miscellaneous Resolution #13240 (Attachment F).

The Oakland County Department of Health and Human Services/Health Division has an approved FY14 General Fund budget of \$31,422,724 and grant budgets totaling \$12,725,919. Total FTEs budgeted to OCHD is 370. Please see Attachment G for Division Summary and full budget.

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

See <http://www.oakgov.com/mgtbud/fiscal/Documents/FY2013SingleAuditReport.pdf>

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

See pages 12-15 of FY2013 Single Audit Report

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

See pages 12-15 of FY2013 Single Audit Report

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

The Oakland County Health Division (OCHD) has multiple electronic channels that are utilized to access and distribute current public health information. One of the largest resources utilized by our clients is the Health Division internet home page (www.oakgov.com/health). By providing public health information on the internet, clients have access 24 hours a day.

Our ECHO dashboard (<http://oakland.mi.networkofcare.org/ph/>) provides individuals and community organizations current health indicators for Oakland County and other helpful information. ECHO, which stands for Energizing Connections for Healthier Oakland, is a multi-sector collaborative that is assessing health and quality of life in Oakland County. The goal of ECHO is to create a community where every person that lives, works, attends school, worships, or plays in Oakland County is a healthy person. The process is overseen by a Steering Committee of 30 organizations that represent over 10 different sectors related to health and quality of life. Four assessment teams, which have engaged additional representation from community organizations, will help gather data and information, prioritize issues, and develop a comprehensive health improvement plan. The underlying philosophy of ECHO is that no single entity or agency can achieve a healthier community on its own, but much can be accomplished by partners working together towards a common goal of improving health. The process will empower partners to have an active role in improving health and quality of life in Oakland County.

In collaboration with the Oakland County Information Technology Department, OCHD has developed the Health and Human Services Communication Portal, which was initially created in an effort to establish an electronic disease reporting tool for schools. This tool has been useful in obtaining real-time information regarding the occurrence of disease in the community and also provides a secure mechanism for OCHD to communicate or provide information to schools. The system is role based so information can be restricted or released based on user role. The system has been so successful that it has been expanded for use in other OCHD collaborative groups, including the Homeless Healthcare Collaboration, Hospital Partnership Committee, Long Term Care Partnership Committee, and the Immunization Action Plan Physicians Group.

The Health Division has a nationally recognized Social Media Team responsible for public health messages via avenues like Facebook and Twitter. The OCHD Nurse on Call answers telephone calls from the public, allowing them to receive information from a Public Health Nurse. Information about each call is entered into a database that can be queried and used by OCHD administration for decision-making, programmatic improvement, partnerships, etc. OCHD Environmental Health has an electronic restaurant inspection application called E-Health that provides owners and managers a consistent, on-the-spot inspection report addressing any health concerns that do not meet the requirements of the Food Code.

OCHD has installed electronic kiosks in the Pontiac and Southfield offices to improve the registration process for clients and provide a mechanism to capture important demographics and other information to enhance services. The kiosks have the capability to deliver public health messaging to the client while they are registering for services.

3. MISSION, VISION AND VALUES

- a. Contains a clear, formally written, publicized statement of the local health department's mission (may include the LHD's Vision, Values, Goals, Objectives).**

The Vision of the Oakland County Health Division is: *Healthy People Connected to a Thriving Community.*

The Mission of the Oakland County Health Division is: *To protect the community through health promotion, disease prevention, and protection of the environment.*

The Values of the Oakland County Health Division are: *Services, Diversity, Education, Trust, and Safety.*

4. LOCAL PLANNING AND COLLABORATION INITIATIVES

- a. Outline or list LHD's specific priorities.**

- Public health communication
- Surveillance and assessment
- Healthy families
- Healthy pregnancies & birth outcomes
- Healthy babies and children
- Healthy eating
- Active living/physical activity
- Safe environment (food, land, water & air)
- Preventing and addressing substance abuse (alcohol, illegal, over-the-counter and prescription drugs)
- Suicide prevention
- Tobacco prevention
- Minimize communicable disease

- Emergency preparedness
- Commitment to continuous quality improvement

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

- Public Health Communication
 - Website
 - Nurse On Call
 - Social Media Team
 - Facebook, Twitter posts, and GovDelivery emails
 - Public Health Speakers Team, including 63 presentation topics
 - Media partnerships
 - Press releases
 - Sharing successful outcomes with other LHDs
 - Convening community partnerships and collaborations
 - School outreach for communicable disease notification
 - Health and Human Services Communication Portal
 - Annual Report/Community Profile
 - EPI Update publication
 - Foodservice newsletter
 - Pool operator newsletter
 - Food safety and Food Service Certified Manager Training classes
 - Pool operator training
 - Day at the Capital
 - Participation with state and national public health committees and organizations
- Surveillance and Assessment
 - Continuous public health data surveillance
 - Local, state and national CD surveillance
 - Monitor Health and Human Service Communication Portal for school disease activity
 - Tobacco trends surveillance
 - Emerging drug surveillance
 - Participation in the Gonococcal Isolate Surveillance Project (GISP)
 - Surveys
 - Monthly communication with CDC for Laboratory Response Network communication database
 - Development and facilitation of ECHO Data Dashboard for data monitoring and assessment
 - Strategic prevention framework needs assessment and priority identification
 - Pontiac focus needs assessments
 - Community health assessment
 - Infant death reviews
- Healthy Families
 - Nurse On Call
 - Flu clinics

- Health fairs
- Immunization clinics
- STD clinics
- Public health fact sheets
- Website
- Nurturing Parenting Program
- Children’s Village PHN Placement with Second Chance Reentry Program

- Healthy Pregnancies and Birth Outcomes
 - Facilitate Best Start for Babies Collaboration
 - Facilitate FIMR
 - Nurse Family Partnership
 - Community Nursing home visitation program
 - Nutrition program
 - Advertising campaigns
 - Safe sleep education and outreach initiatives
 - WIC

- Healthy Babies and Children
 - Nurturing Parenting Program
 - Community Nursing home visitation program
 - WIC
 - Public Health Nurse assigned to WIC
 - Hearing and Vision Program
 - Nutrition Program
 - IAP Program
 - Children’s Special Healthcare Services
 - Partner with IAP for school-based communicable disease reporting and waiver education (internal with external benefits)
 - Car seat education
 - Facilitate FIMR
 - Facilitate Best Start for Babies Collaboration
 - Immunization clinics
 - Daycare center inspection program
 - Lead Prevention Program

- Healthy Eating
 - Facilitate Healthy Oakland Partnership
 - Facilitate Healthy Pontiac, We Can!
 - Facilitate Family Market Day
 - Nutrition Program

- Active Living/Physical Activity
 - Facilitate Healthy Oakland Partnership
 - Facilitate Healthy Pontiac, We Can!

- Preventing and Addressing Substance Abuse (alcohol, illegal, over-the-counter and prescription drugs)
 - Prevention initiatives
 - Educational material development
 - Advertising campaigns
 - Co-facilitate Youth Suicide Prevention Task Force
 - Public health nurse in PACE
 - Monitoring emerging trends
 - Education, support and technical assistance
 - Collaborates with other coalitions and community partners
 - Provides Botvin Lifeskills training in Pontiac

- Suicide Prevention
 - Youth Suicide Prevention Task Force
 - Toolkit creation in collaboration with task force
 - Community outreach activities

- Healthy Environment (food, land, water & air)
 - Food safety inspection program
 - Food safety training and education
 - Foodborne outbreak investigation
 - On-site septic permitting and inspections
 - On-site well permitting and inspections
 - Radon education
 - Lead program
 - Beach monitoring program
 - Pool inspection program and education
 - Type II Water Well program
 - Long Term Monitoring program

- Tobacco Prevention
 - Facilitate Tobacco Free Oakland Coalition
 - (SYNAR) Education and inspections
 - Life Skills Training
 - Support/referrals to State Quit Line
 - Education and Technical Assistance
 - Monitoring of emerging tobacco trends
 - Community reminder to merchants to check ID

- Minimize Communicable Disease
 - Adolescent screening program
 - STD Clinics
 - STD/HIV/AIDS screening and education
 - STD/HIV/AIDS outreach clinics
 - Immunization clinics
 - School and community outreach to improve immunization rates
 - TB Screening and outreach activities
 - Facilitate Homeless Healthcare Collaboration

- Care Coordinator Nurse Pilot in community shelter
 - Public Health Nurse assigned to PACE
 - TB Control Initiative with OC Universities and Colleges (develop materials and plans for screening incoming foreign born students for TB diagnosis and treatment)
 - Incorporating Hep B and Diabetes Screening into our TB program
 - Major Hepatitis Project (profile surveillance and prevention efforts)
 - Participation in the Gonococcal Isolate Surveillance Project (GISP)
 - Preceptor for University of Michigan Preventive Medicine Residents
 - Preceptor for William Beaumont Hospital Adolescent Medicine Residents
 - Preceptor for William Beaumont Hospital Infectious Disease Fellows
 - Train the Trainer for TB skin tests (host two community trainings a year)
 - West Nile Virus prevention activities, including education and training for local governments
 - Germ Buster training and education
- Commitment to Continuous Quality Improvement (QI)
 - Reorganization to create Quality and Process Improvement unit and supervisory position
 - QI policy implemented across all service units
 - QI Plan
 - Customer service promotion training and promotion activities
 - News To Use Customer Service Tips
 - Creation of feedback loops to improve services

c. Outline or list community partnerships and collaborative efforts.

The Oakland County Health Division has developed and facilitates the following community collaboratives to align resources and efforts to address difficult public health issues:

- Oakland County Hospital Partnership Committee
Created to establish regular and routine communication and information sharing with and between hospital systems and hospitals located in Oakland County, increase awareness of disease/infection prevention initiatives and assist with emergency preparedness planning.
- Oakland County Long-Term Care Partnership Committee (NACCHO Promising Practice)
Created to establish regular and routine communication and information sharing with and between Oakland County's long term care facilities, increase disease/infection prevention initiatives and assist with emergency preparedness planning. The members have assisted with a Closed POD Toolkit, which has received national recognition and has been successfully used by numerous mental health providers and businesses as well.
- Best Start for Babies
Made up of 35 community partners, including hospitals, health plans, as well as, non-profits and human service agencies that have programs supporting young children. The purpose of this collaborative is to disseminate educational information in the community and drive initiatives to support infant health and reduce infant mortality.

- Healthy Pontiac, We Can!
Made up of more than 40 community partners, including hospitals, health plans, non-profits, cultural organizations, Oakland University, Pontiac Schools and Oakland County Parks and Recreation. The purpose of this group is to align resources to increase physical activity and access to healthy foods to reduce chronic disease in Pontiac.
- ECHO (Energizing Connections for Healthier Oakland)
Currently engages approximately 50 community businesses/organizations committed to conducting a comprehensive community-wide health assessment and developing a health improvement plan and implementation strategies. The membership includes Oakland County Community Mental Health Authority, mental health providers, hospitals, Oakland Schools, Oakland University, human service organizations, non-profits, businesses, Oakland County Parks and Recreation, Oakland County Community and Economic Development, Homeland Security , Veterans' Services, and others.
- HOP (Healthy Oakland Partnership)
Made up of local government, hospitals, health care providers, community-based organizations, businesses, citizens, Oakland County Parks and Recreation and Oakland Schools. The purpose of the collaboration is to improve access to healthy foods and increase physical activities among vulnerable populations in the community and support health and wellness policies in schools.
- Homeless Healthcare Collaboration (NACCHO Model Practice and NACo Awards)
Has engaged more than 60 organizations committed to increasing access to healthcare among persons experiencing homelessness and other vulnerable populations. Within this forum, hospital discharge planners, shelter providers, OCHD's PACE unit, and other community service agencies are actively working together to improve communication and information sharing to ensure a successful transition from a hospital stay to the community, where the patient will receive adequate supportive care to ensure recovery. The goal is to reduce unnecessary hospital days and to prevent repeat admissions due to patient relapses after discharge. In addition, safety net clinics are also a part of this working relationship, which has been instrumental in preventing unnecessary ER visits. Through this process, shelters are also working with OCHD to pilot a program integrating an OCHD public health nurse to provide care coordination to increase the benefits of connecting the individual to stabilizing wrap-around services available in the community. The Beaumont Medical School is also engaged in this collaborative to enhance the awareness and engage medical students in the ongoing dialogue. This will also serve to enhance the connections between community agencies and future physicians, benefitting health outcomes for those experiencing homelessness and other vulnerable populations in the future.
- Tobacco Free Oakland Coalition
Community organizations committed to eliminating second- hand smoke; preventing youth initiation and access; promoting accessible, affordable cessation services; and identifying disparities related to these priorities.
- Oakland County Restaurant Partnership
Created to engage restaurants to identify solutions to issues that impact food safety in food service operations and to assist with information dissemination among operators. This committee meets primarily on an ad-hoc basis and was particularly active during

the amendment process for Article IV of the Oakland County Sanitary Code and during implementation of the requirement for certified food service managers in Oakland County. Additionally, this group has been instrumental in assisting during such things as implementing changes to the Michigan Food Law and the Oakland County E-Health inspection process.

- Fetal Infant Mortality Review (FIMR)

Oakland County Health Division participates in the FIMR process, which is aimed toward reducing preventable fetal and infant deaths by collecting data about infants who have died before their first birthday. Each case is reviewed by the team that includes numerous professionals including the Medical Examiner, law enforcement, physicians, public health nurses and others. The findings are shared with a community collaborative of experts who make recommendations for system changes to improve birth outcomes.

- Dr. Benson Syphilis Treatment Partnership

Partnership created to share resources and improve access to services for HIV/AIDS patients served by Oakland County Health Division and the Benson Clinic.

Oakland County Health Division dually facilitates the following collaborative task force with the Oakland County Community Mental Health Authority:

- Oakland County Youth Suicide Partnership

Engages community partners to prevent youth suicide. This collaborative task force has successfully created a Youth Suicide Prevention Parent Toolkit, a Youth Suicide Prevention School Toolkit and has hosted a Youth Suicide Prevention Community Forum. The task force is made up of representation from the Alliance of Coalitions, for Health Communities, Beaumont Health System, mental health providers, human service agencies, Oakland Schools, treatment services and Oakland University.

The Oakland County Health Division also participates in many community partnerships and collaborative efforts, including but not limited to:

- Michigan Groundwater Association – District 18 (Oakland County Well Drillers)
- Oakland County Schools Food Service Directors Forum
- Oakland County Septic Installer Association
- Southeast Michigan HIV/AIDS Council
- Infection Control Practitioner (ICP) Collaborative
- Southeast Michigan Epidemiologic Committee
- Preventive Medicine Residency Advisory Committee University of Michigan
- Epi Laboratory Capacity Meeting (lab and state and local epidemiologists) twice a year
- Flu Advisory Committee State Level
- Immunization Action Committee
- School Partnerships for disease reporting (NACCHO Award)
- Annual School Public Health Practice Plunge (University of Michigan)
- Infant Safe Sleep State Advisory Committee
- Alliance for Immunizations in Michigan
- Early On Local Interagency Coordinating Council

5. SERVICE DELIVERY

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

See [Attachment H](#)

Regarding Family Planning for indigent women, Public Health Nurses routinely screen, teach and refer women of childbearing age to family planning services. Women are referred to Plan First as appropriate (after June 30, 2014 women will be referred to the Healthy Michigan Plan). They are also referred to Planned Parenthood – Ferndale Health Center; The Wellness Plan, Northwest Medical Center in Oak Park; Northland Family Planning in Southfield; Oakland Primary Health Services in Pontiac, and Somerset Family Medicine in Troy. Between October 1, 2011 through September 30, 2013 our Nurse On Call received 896 calls regarding family planning resources.

6. REPORTING AND EVALUATION

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

The Health Division has a Supervisor of Planning and Evaluation and also a Quality and Process Improvement Supervisor and unit. A division policy is in place regarding continuous quality improvement and a division quality improvement plan has been implemented.

- The Nurse On Call team provides reports on the topics of calls received that assists in surveillance efforts.
- Reports are generated periodically from our Kiosk registration system that provides information on services requested, busiest times and days, and client demographics.
- Various programs and projects conduct evaluation of their services.
- Our Environmental Health unit uses the E-Health system to monitor service quality and productivity.
- Our Community Health Promotion and Intervention Services (CHPIS) unit partners with Oakland University to evaluate some of our Healthy Community initiatives.
- Each Health Division office continuously makes available a client survey that asks for comments and suggestions about our services. Clients are asked a few questions about their overall experience while visiting the Health Division.
- Clients are asked to fill out a questionnaire based on the service they received for specific programs.

These are just examples. There are many other evaluation activities that take place in each of our service areas that are not listed here.

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

The Oakland County Health Division communicates its activities to the community and its governing entity in a number of ways. Social media avenues like Facebook and Twitter are

used daily with messages that target priority health issues. The Health Division maintains a website that includes links to important health information. A number of community health indicators, model practices, and other information are available on our Network of Care website. Press releases are issued through community media outlets when topics of public importance arise. The Health Division participated in the development of several television news stories regarding substance abuse, emerging communicable disease, and foodborne illness and has developed and issued several newspaper articles and public information presentations regarding public health topics such as flu prevention, Norovirus, MRSA and West Nile Virus. The Health Division publishes a Community Update each year of service statistics and financial information. Our Communicable Disease Unit publishes a monthly report and also sends out important information via an email listserv. The Emergency Preparedness Unit holds monthly meetings with hospital and long term care partners to share information of interest. Information is also provided to the various collaborations and partnerships listed in 4.c. above.

7. HEALTH OFFICER AND MEDICAL DIRECTOR

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

The Manager/Health Officer and Chief of Medical Services (Medical Director) positions are subject to the rules of the Oakland County Merit System, and as such the positions are filled by competitive examination of qualified candidates. Final employment decisions are made by the Director of the Department of Health and Human Services.

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

Please see Attachment I for information regarding the qualifications and approval of the Health Officer, Kathleen Forzley.

Please see Attachment J for information regarding the approval of Dr. Pamela Hackert as Medical Director.

Attachment A

LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)

Public Health Code (PA 368 of 1978)

MCL § 333.1105 – Definition of Local Public Health Department

MCL § 333.1111 – Protection of the health, safety, and welfare

Part 22 (MCL §§ 333.2201 *et seq.*) – State Department

Part 23 (MCL §§ 333.2301 *et seq.*) – Basic Health Services

Part 24 (MCL §§ 333.2401 *et seq.*) – Local Health Departments

Part 51 (MCL §§ 333.5101 *et seq.*) – Prevention and Control of Diseases and Disabilities

Part 52 (MCL §§ 333.5201 *et seq.*) – Hazardous Communicable Diseases

Part 53 (MCL §§ 333.5301 *et seq.*) – Expense of Care

MCL § 333.5923 – HIV Testing and Counseling Costs

MCL § 333.9131 – Family Planning

Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization

Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision

MCL § 333.11101 – Prohibited Donation or Sale of Blood Products

MCL § 333.12425 – Agricultural Labor Camps

Part 125 (MCL §§ 333.12501 *et seq.*) – Campgrounds, etc.

Part 127 (MCL §§ 333.12701 *et seq.*) – Water Supply and Sewer Systems

Part 138 (MCL §§ 333.13801 *et seq.*) – Medical Waste

(Required to investigate if complaint made and transmit report to
MDCH – 13823 and 13825)

MCL § 333.17015 – Informed Consent

Appropriations (Current: PA 63 of 2011)

Sec. 218 – Basic Services

Sec. 904 - ELPHS

Michigan Attorney General Opinions

OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services

OAG, 1987-1988, No 6501 – Reimbursement of local department for required and allowable services

Food Law of 2000 (PA 92 of 2000)

MCL §§ 289.1101 *et seq.*

Specifically:

MCL § 289.1109 – Definition of local health department

MCL § 289.3105 – Enforcement, Delegation to local health department

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

Part 31- Water Resources Protection

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

Attachment A continued

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.

Oakland County Sanitary Code

Attachment B

Miscellaneous Resolution #85369

December 12, 1985

BY: FINANCE COMMITTEE, DR. G. WILLIAM CADDELL, CHAIRPERSON

IN RE: CENTRAL SERVICES DEPARTMENT - AWARD OF CONTRACT FOR RISK MANAGEMENT SERVICES AND THE ESTABLISHMENT OF A LIABILITY INSURANCE FUND

TO THE OAKLAND COUNTY BOARD OF COMMISSIONERS

Mr. Chairperson, Ladies and Gentlemen:

WHEREAS, the liability insurance market has continued to deteriorate for governmental units; and

WHEREAS, it is apparent that the County will be required to establish self-retained limits of primary liability insurance coverage for Comprehensive General Liability, Police Liability, Auto Liability, Medical Malpractice and Public Officials Liability; and

WHEREAS, there will be a need to provide funding recommendations, claim settlement services, legal services, loss control programs, risk assessment services and reserve requirement projections; and

WHEREAS, the Administration has received and evaluated proposals from three (3) private companies who are professional administrators of self-insurance programs; and

WHEREAS, the County Executive recommends that the County contract with the firm of Gallagher Bassett Services, Inc., for a period of one (1) year to provide the above described functions; and

WHEREAS, \$2,695,130.00 has been provided in the 1986 Budget; and

WHEREAS, distribution back to cost centers will be reviewed and may require future budget amendments.

NOW THEREFORE BE IT RESOLVED that a contract be awarded to the firm of Gallagher Bassett Services, Inc., to provide the described risk management services for a period of one (1) year beginning December 15, 1985.

BE IT FURTHER RESOLVED that the County establish an initial liability insurance fund in the amount of \$2,695,130.00.

BE IT FURTHER RESOLVED that all self-insured settlements, expenses, costs and reserves be charged to the liability insurance fund.

BE IT FURTHER RESOLVED that income earned by the liability insurance fund be retained by that fund to provide for interest costs and incurred but unreported claims.

Mr. Chairperson, on behalf of the Finance Committee, I move the adoption of the foregoing resolution.

FINANCE COMMITTEE

William Caddell
I HEREBY APPROVE THE FOREGOING RESOLUTION

Daniel T. Murphy, County Executive 12-23-85 Date

OAKLAND COUNTY SELF INSURANCE FUND
1986 BUDGET
DEPARTMENTAL BUDGET

<u>Division</u>	<u>Liability Insurance Budget</u>
Safety	\$ 2,800
Sheriff	609,000
Garage	282,290
Royal Oak Market	7,080
Pontiac Market	2,450
Medical Care Facility	60,040
Health Department	115,350
Community Mental Health	96,200
Medical Examiner	12,000
Airport	63,420
Parks & Recreation	115,670
DPW Sewer & Water	188,320
Children's Village	20,320
Animal Control	11,270
Camp Oakland	9,630
Utilities/D.F.O.	4,350
Store Operations	360
Sheriff Reserves	<u>500,000</u>
Total	\$2,100,550
Non-Departmental	<u>594,580</u>
GRAND TOTAL	<u><u>\$2,695,130</u></u>

Prepared by
Budget Division
October 11, 1985

Moved by Caddell supported by Webb the resolution be adopted.

AYES: Moore, Nelson, Olsen, Perinoff, Pernick, Price, Rewold, Skarritt, Webb, Wilcox, Caddell, Calandro, Doyon, Fortino, Gosling, Hobart, R. Kuhn, S. Kuhn, Lanni, Law, McConnell, McDonald, McPherson, Moffitt. (24)

NAYS: None. (0)

A sufficient majority having voted therefor, the resolution was adopted.

STATE OF MICHIGAN)
COUNTY OF OAKLAND)

I, Lynn D. Allen, Clerk of the County of Oakland and having a seal, do hereby certify that I have compared the annexed copy of

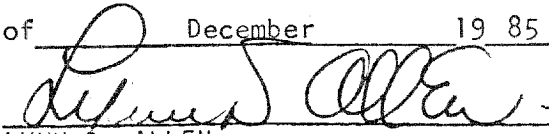
Miscellaneous Resolution adopted by the Oakland County Board of Commissioners

at their meeting held on December 12, 1985.

with the orginial record thereof now remaining in my office, and that it is a true and correct transcript therefrom, and of the whole thereof.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said County at Pontiac, Michigan

this 12th day of December 19 85


LYNN D. ALLEN
County Clerk/Register of Deeds

November 21, 1985

REPORT

By: Finance Committee, Dr. G. William Caddell, Chairperson
In re: Miscellaneous Resolution #85339 - Board of Commissioners -
Indemnification of County Commissioners, Elected and Appointed
Officials and Employees

To the Oakland County Board of Commissioners

Mr. Chairperson, Ladies and Gentlemen:

The Finance Committee, having reviewed Miscellaneous Resolution #85339, reports with the recommendation that the resolution be amended as follows:

IN THE NOW THEREFORE BE IT RESOLVED paragraph, line 4, delete the comma (,) which now appears after the word "for" and insert the words --all reasonable costs of litigation and...--; same paragraph, line 5, following the word "attorney," insert the words --in accordance with County policy--.

Further, in the NOW THEREFORE BE IT RESOLVED and BE IT FURTHER RESOLVED paragraphs, delete the word "officer" wherever it appears and substitute the words --elected and appointed officials-- to coincide with the title of the resolution.

Mr. Chairperson, on behalf of the Finance Committee, I move the acceptance of the foregoing report.

FINANCE COMMITTEE

A handwritten signature in black ink, reading "William Caddell", is written over a horizontal line. The signature is cursive and includes a large, stylized flourish at the end.

November 7, 1985

Miscellaneous Resolution # 85339

By:

In Re: BOARD OF COMMISSIONERS - INDEMNIFICATION OF COUNTY COMMISSIONERS,
ELECTED AND APPOINTED OFFICIALS AND EMPLOYEES

To the Oakland County Board of Commissioners

Mr. Chairperson, Ladies and Gentlemen:

WHEREAS, the County of Oakland has not been able to renew its Public Officials Liability Policy which protected County officials and employees against civil actions for any alleged error or mis-statement or act or omission or neglect or breach of duty including misfeasance, malfeasance, or nonfeasance, in the discharge of their duties; and

WHEREAS, the County of Oakland may not be able to renew its primary coverage under the Broad Form Comprehensive General Liability Policy which includes all elected and appointed officials and employees as named insured; and

WHEREAS, the County Administration has taken action to protect the County Judges by purchasing a separate Judicial Professional Liability Policy; and

WHEREAS, the County Employee Benefits description section of the public Merit System booklet indicates that the County will provide personal injury coverage for all employees as named insured on the County policies; and

WHEREAS, 1964 PA 170, as amended, authorizes indemnification of public officers and employees while acting on behalf of the County within the scope of their authority.

NOW THEREFORE BE IT RESOLVED that whenever a claim is made or a civil action is commenced against an officer or employee of the County of Oakland for injuries to persons or property allegedly caused by the officer or employee while acting within the scope of his or her authority, the County shall pay for, engage or furnish the services of an attorney to advise the officer or employee as to the claim and to appear for and represent the officer or employee in the action. The County may compromise, settle and pay the claim before or after the commencement of a civil action. Whenever a judgment for damages is awarded against an officer or employee of the County as a result of a civil action for personal injuries or property damage caused by the officer or employee while in the course of employment and while acting within the scope of his or her authority, the County of Oakland shall indemnify the officer or employee or pay, settle or compromise the judgment.

BE IT FURTHER RESOLVED that when a criminal action is commenced against an officer or employee of the County of Oakland based upon the conduct of the officer or employee in the course of employment, if the employee or officer had a reasonable basis for believing that he or she was acting within the scope of his or her authority at the time of the alleged conduct, the County of Oakland shall pay for, engage or furnish the services of an attorney to advise the officer or employee as to the action and to appear for and represent the officer or employee in the action.

BE IT FURTHER RESOLVED that this resolution shall not impose any liability upon the County of Oakland other than that herein set forth.

Mr. Chairperson, I move the adoption of the foregoing resolution.

Richard G. Skanitt

Robert W. Page

Moved by Caddell supported by Moffitt the report be accepted.

A sufficient majority having voted therefor, the report was accepted.

Moved by Caddell supported by Skarritt the resolution be adopted.

Moved by Caddell supported by Page the resolution be amended as recommended in the Finance Committee report.

A Sufficient majority having voted therefor, the amendment carried.

Vote on resolution as amended:

AYES: Nelson, Olsen, Page, Pernick, Rewold, Skarritt, Webb, Wilcox, Aaron, Caddell, Calandro, Doyon, Fortino, Gosling, Hassberger, Hobart, R. Kuhn, S. Kuhn, Lanni, Law, McConnell, McDonald, McPherson, Moffitt. (24)

NAYS: None. (0)

A sufficient majority having voted therefor, the resolution, as amended, was adopted.

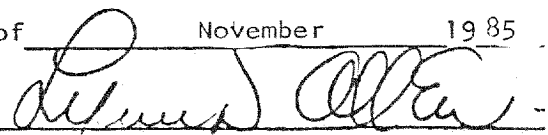
STATE OF MICHIGAN)
COUNTY OF OAKLAND)

I, Lynn D. Allen, Clerk of the County of Oakland and having a seal, do hereby certify that I have compared the annexed copy of the attached Miscellaneous Resolution adopted by the Oakland County Board of Commissioners at their meeting held on November 21, 1985

with the original record thereof now remaining in my office, and that it is a true and correct transcript therefrom, and of the whole thereof.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said County at Pontiac, Michigan

this 21st day of November 1985


LYNN D. ALLEN
County Clerk/Register of Deeds

**OAKLAND COUNTY HEALTH DIVISION
CLINICAL PROCEDURES MANUAL****TABLE OF CONTENTS
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Michigan Occupational Safety and Health Administration (MIOSHA) Part 554 BLOODBORNE INFECTIOUS DISEASES RULES

On January 18, 2001, the Federal Occupational Safety and Health Administration (OSHA) issued their amended Standard for Bloodborne Pathogens in the Federal Register. The purpose of this standard is to limit occupational exposure to blood and Other Potentially Infectious Materials (OPIM), and applies to all employees who could be “reasonably anticipated” to have contact with blood and Other Potentially Infectious Materials, as a result of their job duties.

The effective date of implementation of the Federal OSHA Standard is April 18, 2001. Key provisions of the Standards include the following:

- 1.0 The development of an exposure control plan (ECP) which identified in writing those tasks and procedures, as well as job classifications, where occupational exposure to blood occurs among employees.
 - The exposure control plan is reviewed annually and updated as necessary to incorporate changes in employee tasks and procedures, also to include the latest information from the Centers for Disease Control or the department.
- 2.0 The implementation and practice of universal precautions, emphasizing engineering and work practice controls.
 - Engineering Controls isolate or remove the blood borne pathogen hazard from the workplace or incorporate safety features designed to reduce the likelihood of injury. They include needleless devices, shielded needle devices, blunt needle devices, retractable needle devices, blunt needle plastic capillary tubes and sharps container.
- 3.0 The provision (where appropriate) of personal protective equipment (PPE), such as gloves, gowns, safety glasses, masks, etc. at no cost to the employee.
- 4.0 The development of written cleaning schedules, laundry handling practices, and procedures for needle and hazardous waste disposal.
- 5.0 The provision (at no cost) of Hepatitis B vaccine (HBV) to all employees pre-exposure and, if needed, at the time of occupational exposure.

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- 6.0 The development of procedures for post-exposure evaluation and follow-up related to bloodborne pathogens and OPIM.
 - The Needle Stick Safety and Prevention Act of November 6, 2000 required revision of the Standard for Bloodborne Pathogens that requires employers to revise exposure control plans to reflect how they will integrate engineering controls to include technological developments that eliminate or reduce exposure to bloodborne pathogens. The effective date was April 18, 2001.
- 7.0 The use of warning labels on hazardous waste, and containers used to store or transport blood or OPIM.
- 8.0 Non managerial employees who provide clinical services are encouraged to provide input regarding selection of effective engineering and work practice controls by the following mechanisms:
 - 8.1 Written and/or verbal input to direct supervisor/coordinator or PPHS Administrator.
 - 8.2 Participate on Health Division committees such as Clinical Safety Equipment Review Workgroup which was established to identify and implement the use of safer needle and phlebotomy devices for compliance with the Needle Stick Safety and Prevention Act.
 - 8.3 Participate in pilot trials to identify, evaluate and select effective engineering controls pertinent to practice area.
 - 8.4 Attend meetings and presentations, which are offered for information dissemination and sharing.
- 9.0 The provision of medical evaluation and care for employees who may have been exposed.
- 10.0 The provision of post exposure counseling, accident investigation and corrective action plan.
- 11.0 The annual review and update of the ECP, including adding safe medical devices to prevent sharp injuries based upon analysis of accident investigation data.
- 12.0 The maintenance of the OSHA 300 log (Risk Management) and a sharps injury log.
- 13.0 Requirement of training for all employees, both at time of hire and annually thereafter, regarding bloodborne diseases and their transmission, the Exposure

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Control Plan, engineering and work practice controls, personal protection equipment, HBV labeling requirements, and other required training as specified in the OSHA standard.

13.1 Refer to Oakland County website:

<http://my.oakgov.com/sites/health/PHNS/Pages/StaffDevelopment.aspx>

14.0 Requirements for maintaining employees' medical records.

14.1 These regulations have put full legal force behind universal precautions. OSHA has the power to levy fines exceeding to \$10,000 for a "serious or willful" violation.

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EXPOSURE CONTROL PLAN

PURPOSE: To identify individuals “at risk” of occupational exposure to blood and Other Potentially Infectious Materials (OPIM).

POLICY: Those employees at risk of occupational exposure to blood and OPIM will be identified by job title and/or activity that could put them at risk. They will be given training regarding risk of occupational exposure within 10 days of assignment to a high risk job or activity and annually thereafter. Adequate personal protective equipment (PPE) will be provided based on the nature of the job. Hepatitis B vaccination (HBV) will be offered. Appropriate post-exposure follow-up will be provided. Finally, work practice controls regarding disposal of biomedical wastes, clean-up of blood and body fluid spills, and Universal Precautions (UP) are in place and will be observed.

1.0 DEFINITIONS:

- 1.1 **Blood** means human blood, human blood components, and products made from human blood.
- 1.2 **Other Potentially Infectious Materials (OPIM)** is defined by Rule 2 of MIOSHA Part 554. This includes the following body fluids: semen, vaginal, cerebrospinal, synovial, pleural, pericardial, peritoneal, amniotic, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. It does not include feces, nasal secretions, tears, urine, vomit and sweat unless visibly contaminated with blood or OPIM.
- 1.3 **Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS).
- 1.4 **Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties.
- 1.5 **Exposure Incident** means a specific eye, mouth, other mucous membrane, on-intact skin, or parenteral contact with blood or OPIM that result from the performance of an employee’s duties.

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2.0 PROCEDURE:

- 2.1 Employees are evaluated regarding tasks and procedures of the job to determine anticipated employee exposure risk to blood and OPIM and categorized as A or B.
 - 2.11 Category A consists of occupations that require procedures or other occupation related tasks that involve exposure or reasonably anticipated exposure to blood or OPIM or that involve a likelihood for spills or splashes of blood or other OPIM.
 - 2.12 Category B consists of occupations that do not require tasks that involve exposure to blood or OPIM on a routine or non-routine basis as a condition of employment.
- 2.2 Upon job assignment, employees likely to be “at risk” are:
 - 2.21 Informed of their risk and of Exposure Control Plan
 - 2.22 Provided initial & annual training on methods of decreasing Risk (such as Personal Protective Equipment, Work Practice Controls).
 - 2.23 Required to complete the series of Hepatitis B Vaccine (HBV) followed by a titer 1-2 months after last injection.
- 2.3 All “at risk” employees are trained annually about occupational exposure risks and methods of reducing risk by their unit, including the need for prompt reporting of injuries, medical evaluation, counseling, follow-up and record keeping.
- 2.4 All “at risk” employees are provided Hepatitis B vaccination at the time of assignment. Employees who waive Hepatitis B vaccination must sign the OCHD Hepatitis B Vaccine Waiver form (see form on page 2.8). Employee continues to be at risk but may decide to receive vaccine in the future from the employer.
 - 2.41 There will be no exemption from work assignments due to Hepatitis B vaccine.
- 2.5 Work practice controls are in place to reduce risk of occupational exposure and are to be followed.

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- 2.6 Employee with work place exposure must inform their supervisor/coordinator immediately and follow post-exposure procedures as directed by that supervisor/coordinator for post-exposure evaluation and/or prophylaxis.

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HEPATITIS B VACCINE WAIVER FORM

OAKLAND COUNTY HEALTH DIVISION

HEPATITIS B VACCINE WAIVER

EMPLOYEE NAME (Print): _____

I am aware that Oakland County Health Division offers Hepatitis B vaccine to employees whose work assignment places them at high risk for exposure to the disease. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I **DECLINE** to receive the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Witness signature

Date

Adapted from Standard MiOSHA Waiver Statement When An Employee Declines The Hepatitis B Vaccination, Reviewed May 17, 2012

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WORK PRACTICE CONTROLS

- 1.0 All employees are expected to practice Universal Precautions (UP).
- 2.0 All employees at risk of occupational exposure are expected to practice frequent hand washing.
- 3.0 All "at-risk" employees are expected to use PPE.
- 4.0 All employees are expected to handle medical and infectious waste, including sharps, according to established procedure.
- 5.0 All employees are expected to follow guidelines for clean-up of blood and body fluid spills.
- 6.0 All sharps will have engineered sharps injury protection such as retractable needles or other built in safety features. All sharps will be disposed of in a closable, leakproof, puncture-resistant disposable container.
- 7.0 Eating, drinking, smoking, applying cosmetics or lip balm are prohibited in work areas where this is a reasonable likelihood of occupational exposure. This includes, but is not limited to, laboratory and clinical areas.
- 8.0 Food or drink shall not be kept in areas where blood or OPIM are present, including refrigerators and freezers.
- 9.0 Avoid splashing, spraying and generation of droplets when handling blood and OPIM. A laminar flow hood is provided in the laboratory for use when aerosols cannot be prevented.
- 10.0 Mouth pipetting is absolutely prohibited.
- 11.0 Blood specimens or OPIM shall be placed in a container, which prevents leakage during collection, handling, processing, storage and transport.

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PERSONAL PROTECTIVE EQUIPMENT (PPE)

PURPOSE: To decrease employee's risk from exposure to bloodborne disease.

SCOPE: Staff who may come into contact with medical or infectious waste material

POLICY: Personal protective equipment (PPE) is made available to employees and will be worn in appropriate situations.

Verbal and/or written input regarding changes in PPE is solicited from non-managerial employees providing clinical services.

1.0 TYPES OF EQUIPMENT:

1.1 Gloves

1.11 Are to be worn when it can be reasonably anticipated that the employee may have contact with blood, OPIM, mucous membranes and non-intact skin; when performing vascular access procedures and when handling and touching contaminated surfaces or items.

1.12 Utilize single use surgical or exam gloves. Remove when contaminated, punctured, torn and between clients. Do not wash or decontaminate gloves. Gloves shall not be worn outside of work area. They must be changed for each client and hands washed before new gloves are applied.

1.13 Contaminated gloves shall be removed prior to touching clean work surfaces such as door knobs, chairs, lab slips, pens, phones, or keyboards to prevent cross contamination.

1.14 Utility gloves may be decontaminated if not torn or punctured, cracked or peeling.

1.2 Masks and eye protection or face shields

1.21 Are to be worn whenever splashes, spray, spatter or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.

1.22 Should be removed by handling only the portion of this equipment that secures the device to the head (i.e., plastic temples, elasticized bands, ties).

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- 1.23 Contaminated eye protection or face shields should be physically cleaned and disinfected with a designated disinfectant, rinsed, and allowed to air dry.
- 1.24 Masks are worn once and are changed when wet or the front of mask has been touched and/or contaminated with client secretions.
- 1.3 Gowns, aprons and other protective body clothing are to be worn in occupational exposure situations. Type and characteristics depend on task and degree of exposure. Lab coats or jackets are provided by OCHD in relevant clinical areas. These shall not be worn outside of the worksite, will be changed if contaminated and placed in appropriate laundry receptacle.
- 1.4 Resuscitation equipment such as ambu bags and masks are provided in clinical areas.

2.0 LAUNDRY:

- 2.1 Laundry services are provided by a private contractor
- 2.2 Used lab coats are placed in laundry bags provided by and picked up by the contractor
- 2.3 Lab coats are not to be laundered at home

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UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS

PURPOSE: To prevent clients and staff from acquiring infections caused by bloodborne pathogens

To comply with MiOSHA and OSHA Bloodborne Pathogen Final Rule

To prevent cross-colonization and cross-infection among clients and staff

POLICY: All employees will practice Universal Blood and Body Fluid Precautions (UP). Potentially Infectious Material (OPIM), is defined by Rule 2 of MIOSHA Part 554. This includes the following body fluids: semen, vaginal, cerebrospinal, synovial, pleural, pericardial, peritoneal, amniotic, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. It does not include feces, nasal secretions, tears, urine, vomit and sweat unless visibly contaminated with blood or OPIM.

1.0 INTRODUCTION:

- 1.1 It is impossible to identify individuals who have undiagnosed infections caused by bloodborne pathogens or engage in high-risk activities that expose them to bloodborne viral infections. The most consistent approach to prevention and control of bloodborne infections is a universal approach in which all blood and body fluids are treated as if they were contaminated with potential pathogens.
- 1.2 A Universal Precautions system focuses on the potential transmission of infectious agents through direct contact with moist body substances via the hands of personnel as well as indirect transmission via contaminated items.
- 1.3 When gloves are worn during contact with mucous membranes, broken skin, lesions and moist body substances, clients are protected from the organisms which are carried on employees' hands and the employee is protected from acquiring organisms from the patient. Furthermore, gloves keep substances from being trapped underneath the fingernails. Use of gloves, however, does not negate the need for utilizing good hand washing technique whenever gloves become contaminated, before gloving and after removing gloves. If worn, gloves must be changed for each client and hands must be washed before new gloves are applied.

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2.0 RESPONSIBILITIES:

- 2.1 All management staff is responsible to monitor compliance, and to comply with, Universal Precautions.
- 2.2 All employees are individually responsible for compliance with Universal Precautions.
- 2.3 All employees must report needle sticks, parenteral and mucous membrane exposures to their immediate supervisor or designee.
 - 2.31 Exposures include needle sticks, cuts, splashes and human bites occurring during the performance of employee duties.
- 2.4 The supervisor/coordinator is responsible for educating the staff about the Universal Precautions system and addressing questions or problems regarding Universal Precautions with the management staff, as well as assisting the management staff with compliance monitoring.
 - Refer to Oakland County website:
<http://my.oakgov.com/sites/health/PHNS/Pages/StaffDevelopment.aspx>

3.0 PERSONAL PROTECTIVE EQUIPMENT:

Personal protective equipment is defined as specialized clothing or equipment designated to protect the employee. It includes gloves, masks, gowns, aprons, lab coats, goggles, face shields and CPR masks.

4.0 ENGINEERING CONTROLS:

- 4.1 Hands will be washed per the Hand Washing Procedure when Sinks are available.
- 4.2 Approved alcohol based antiseptic hand cleanser will be utilized where running water is not readily available.
- 4.3 Sharps containers are located in clinical service areas.
 - 4.31 Closable, leakproof, puncture-resistant, disposable containers are located in clinical areas at the point of generation.
- 4.4 Shielded devices are used such as retractable or self-sheathing needles or safer medical devices such as Sharps with engineered Sharps injury

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protections and needleless systems that isolate or remove the bloodborne pathogen hazard from the workplace.

5.0 SPECIMEN TRANSPORTATION:

- 5.1 Blood and body fluid specimens will be placed in leak proof containers during collection, handling, processing, storage, transportation and shipping
- 5.11 Containers will be labeled with the biohazard label when transported or shipped to other facilities.
- 5.12 Appropriate primary and secondary containers will be utilized for transport or shipment outside of the facility by contract agency.

6.0 SHARP DISPOSAL AND REPROCESSING:

All disposable Sharps will be placed in a closable, leak proof, puncture-resistant, disposable container.

7.0 PERSONAL PRACTICES:

- 7.1 Employees shall comply with all aspects of Universal Precautions and Bloodborne Infectious Diseases Rules.
- 7.2 Employees who experience allergic reactions, hypersensitivity or dermatitis due to increased glove usage or antimicrobial soap usage will report such occurrences to their immediate supervisor.

8.0 CLEANING SPILLS:

- 8.1 Spills will be cleaned immediately by unit where it occurs. Building supervisor or designee will be notified and provide materials/equipment for the clean-up.
- 8.2 Work order will be generated by office supervisor or designee when spills in clinic are unable to be fully cleaned by clinic staff.

9.0 WASTE:

- 9.1 Regulated waste:
 - 9.11 Liquid or semiliquid blood or other potentially infectious material

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- 9.12 Contaminated items that would release blood or OPIM in a liquid or semiliquid state if compressed
 - 9.13 Items which are caked with dried blood or OPIM and which are capable of releasing these materials during handling
 - 9.14 Contaminated sharps
 - 9.15 Pathological and microbiological waste that contains blood and OPIM
- 9.2 Medical waste: Any of the following that are not generated from a household, a farm operation or other agricultural business, a home for the aged, or a home health care agency
- 9.21 Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices
 - 9.22 Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with blood or body fluids
 - 9.23 Pathological waste
 - 9.24 Sharps
 - 9.25 Contaminated wastes from animals that have been exposed to agents infectious to humans, these being primarily research animals

10.0 MONITORING COMPLIANCE:

Compliance will be monitored by supervisors/coordinators. In their absence, contact appropriate chief or administrator.

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**PROCEDURE FOR STORAGE AND DISPOSAL OF
MEDICAL AND INFECTIOUS WASTE MATERIAL**

PURPOSE: To insure protection for staff and the public by safe handling, storage and disposal of medical and infectious waste material

SCOPE: Staff who come into contact with medical and infectious waste material

1.0 DEFINITION OF MEDICAL AND INFECTIOUS WASTE MATERIAL:

1.1 Cultures and stocks of infectious agents and associated biologicals

1.11 Laboratory waste

1.12 Discarded live and attenuated vaccines

1.13 Culture dishes

1.14 Related devices

1.2 Human waste

1.21 Blood and blood products

1.22 Other Potentially Infectious Material (OPIM)

1.23 Materials contaminated with blood or OPIM

1.3 Sharps contaminated with blood or OPIM

1.4 Materials such as gauze squares, drapes, cotton balls or gloves heavily soiled/saturated with blood or OPIM

1.5 Blood test strips and cassettes

2.0 SEPARATION OF MEDICAL AND INFECTIOUS WASTE MATERIAL:

2.1 Infectious medical waste, with the exception of sharps and liquid waste, must be discarded in a Biohazard (red) bag at the point of generation

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- 2.11 Sharps are discarded in a closable, leakproof, puncture-resistant disposable container
- 2.12 Liquid waste must be disposed of by flushing into sewage system via the toilet (preferable) or sink with copious amounts of water
- 2.2 Medical waste must be kept separately from noninfectious waste
- 2.3 Contaminated syringe and/or needle with vaccine, disettes and control materials, are discarded in closable, leakproof, puncture-resistant disposable containers
- 2.4 Expired/mishandled vaccine issues are to be reported to the clinic supervisor or coordinator for proper disposition

3.0 COLLECTION AND ON-SITE STORAGE OF MEDICAL AND INFECTIOUS WASTE MATERIAL:

- 3.1 Biohazard (red) bags must be tied to close. Closable, leakproof, puncture-resistant disposable containers must be sealed and placed in a central collection container, which is provided by the contractor
- 3.2 The central collection container must be lined with leak proof double biohazard (red) bags
- 3.3 The location of the central collection containers and contact persons are indicated in Table 1
- 3.4 Central collection sites must be kept in a labeled, locked area
- 3.5 Custodial personnel are responsible for collection of biohazard (red) bags at point of generation
- 3.6 Medical and infectious waste material from outreach clinic sites must be placed in a biohazard (red) bag or in a central collection container and returned to OCHD as indicated in Table 1

4.0 PACKAGING:

- 4.1 The central collection container must be securely closed by taping if a cardboard box is used, or snapping shut if a plastic container is used, prior to pick up by the contractor
- 4.2 The type of waste and the date sealed must be documented boldly on the outside of the central collection container in accordance with the contractor's guidelines
- 4.3 Central collection containers should not be bulging, damaged, overfilled and/or leaking

5.0 CONTRACTOR DISPOSAL:

- 5.1 The location and pick up schedule is indicated in Table 1

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- 5.2 Filled central collection containers must not be stored on-site longer than one month
- 5.3 Central collection containers must be picked up immediately if they leak, have an odor or are attracting vermin
- 5.4 The pick-up invoice must be signed by the contact person or designee as indicated in Table 1
- 5.5 Medical waste is incinerated by the contractor

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**MEDICAL AND INFECTIOUS WASTE DISPOSAL
LOCATION AND PICK-UP SCHEDULE**

**CONTACT PERSON: CHIEF OF MEDICAL SERVICES
248-858-1276**

**ALTERNATE: ENVIRONMENTAL HEALTH
SERVICESADMINISTRATOR
248-858-1320**

**FMO CONTACT PERSON: PLANNER FACILITIES
248-858-1950**

TABLE 1

<u>SITE</u>	<u>CONTACT PERSON</u>	<u>LOCATION</u>	<u>PICK-UP</u>
NORTH OAKLAND HEALTH CENTER	Building Supervisor 248-858-1359	Cage	Weekly
SOUTH OAKLAND HEALTH CENTER	Med Tech 248-424-7052	Closet next to Area 8	Bi-Weekly
OUTREACH	Assigned staff	Use North and South Health locations	None
OAKLAND COUNTY HEALTH DIVISION LABORATORY	Lab Supervisor 248-858-1310	Laboratory Supply Area	Weekly

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**PROCEDURE FOR CLEAN-UP OF
BLOOD AND/OR BODY FLUID SPILLS**

PURPOSE: To prevent the spread of infection

SCOPE: All Health Division Personnel

POLICY: Spills will be cleaned up immediately by unit where spill occurred

1.0 DEFINITION OF BODY FLUIDS:

The term body fluids includes, but is not limited to the following:

- 1.1 Blood
- 1.2 Feces
- 1.3 Nose and throat discharges
- 1.4 Penile and vaginal discharges
- 1.5 Saliva
- 1.6 Semen
- 1.7 Wound drainage
- 1.8 Sputum
- 1.9 Urine
- 1.10 Vomitus

2.0 MATERIALS/EQUIPMENT NEEDED FOR CLEAN-UP OF ANY SURFACE:

Building supervisor or designee will be responsible for obtaining from the general clinic and maintaining the following materials located in designated areas in each OCHD building.

- 2.1 EPA registered disinfectant
- 2.2 Water
- 2.3 Disposable tri-fold paper toweling
- 2.4 Disposable gloves
- 2.5 Biohazard bags
- 2.6 Biohazard container
- 2.7 Absorbing agent
- 2.8 Cardboard (about 8 ½" x 11")

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3.0 CLEAN-UP PROCEDURE:

- 3.1 Put on disposable gloves
- 3.2 Apply appropriate absorbing agent according to manufacturer's directions for floor, carpet or other surface
- 3.3 Gather, collect and remove as much solid material as possible with cardboard and/or disposable toweling
- 3.4 Dispose of the material in a plastic bag or biohazard bag
- 3.5 Apply approved disinfectant to contaminated area per manufacturer's instructions
- 3.6 Wipe area with paper toweling
- 3.7 Let area surface air dry
- 3.8 Remove gloves
- 3.9 Dispose of gloves in plastic bag or biohazard (red) bag
- 3.10 Tie plastic bag(s) closed
- 3.11 Dispose of biohazard bag(s) in biohazard container immediately
- 3.12 Wash hands according to the OCHD hand washing procedure
- 3.13 Inform building supervisor or custodial personnel if more extensive clean-up is needed

**OAKLAND COUNTY HEALTH DIVISION
CLINICAL PROCEDURES MANUAL**

**SUPERVISORY GUIDELINES FOR
BLOODBORNE PATHOGEN POST-EXPOSURE**

PURPOSE: To provide information to any staff who experience accidental needlesticks, percutaneous or permucosal exposures

To assist the exposed staff in following the guidelines recommended by the Centers for Disease Control and Prevention (CDC) for post-exposure prophylaxis (PEP)/treatment

To maintain source (client) and exposed employee confidentiality

SCOPE: Exposed staff, their supervisors/coordinators, chiefs or administrators, Chief of Medical Services and Central Employee Records Coordinator

1.0 DO NOT LET SOURCE (CLIENT) LEAVE THE IMMEDIATE AREA UNTIL AFTER CONSULTATION WITH SUPERVISOR/COORDINATOR

2.0 OBTAIN KNOWN EXPOSURE SOURCE BLOOD:

- 2.1 Supervisor/coordinator informs Chief of Clinic Services, PPHS Administrator, or Chief of Medical Services of exposure incident
 - 2.1.1 Inform Central Employee Records Coordinator of exposed staff incident and obtain authorization for medical treatment
 - 2.1.2 Contact selected approved health care facility to
 - Notify facility of exposed staff impending arrival
 - Obtain information regarding specific blood specimen collection requirements of source (e.g. redtop, tiger, lavender) and any specific blood tube labeling instructions
- 2.2 Supervisor/coordinator or designee grants permission for source (client) blood specimen testing if blood was obtained during the clients clinic visit, client signed consent form and blood specimen volume is sufficient (Note: client does not need to be asked for permission if consent was granted on the consent form).
 - 2.2.1 If client did not have blood draw during clinic visit supervisor/coordinator or designee needs to request permission for blood collection and testing of blood specimen due to an employee incident. If client signed consent during the clients clinic visit no additional consent is needed.

OAKLAND COUNTY HEALTH DIVISION CLINICAL PROCEDURES MANUAL

- 2.2.2 Supervisor/coordinator or designee completes the following source (client) consent forms:
- OCHD Specimen Collection Consent Form (Hepatitis B Anti HBs, Hepatitis C Screen, VDRL) (refer to the OCHD Communicable Disease Standing Orders)
 - Michigan Department of Community Health (MDCH) Consent Form for the Human Immunodeficiency Virus (HIV) Antibody Test (refer to the OCHD HIV/AIDS Program Protocol Manual). Ensure “release statement”, on form, is completed giving OCHD and approved health care facility to receive HIV test results
 - Oakland County Government Interagency Consent and Authorization to Release Protected Health Information (ROI)
- 2.2.3 All forms are sent with exposed employee to approved health care facility (to identify approved healthcare facility contact Chief of Clinic Services or Central Employee Records Coordinator in Health Administrative Services) with source (client) blood tubes.
- 2.2.4 Supervisor/coordinator retains a copy of all forms sent with employee
- 2.3 Draw tubes of blood as directed by identified approved health care facility
- 2.3.1 Label tubes of source (client) blood to include the:
- First and Last Name
 - Date drawn
 - Time drawn
 - First Initial, Last Name of Nurse who obtained sample
 - Where drawn (OCHD-NO, OCHD-SO, etc.)
- 2.3.2 Document on “Source (Client) Log for Employee Injury” (see page 2.27)
- Master “Source (Client) Log for Employee Injury Log” is retained for a minimum of five years in the Chief of Clinic Services office
- 2.4 Instruct exposed employee to obtain source (client) blood test results from identified approved health care facility and give to supervisor/coordinator for completion of “Source (Client) Log for Employee Injury Log”
- 2.5 Exposed employee provides supervisor/coordinator with follow-up protocol as defined by the approved health care facility

OAKLAND COUNTY HEALTH DIVISION CLINICAL PROCEDURES MANUAL

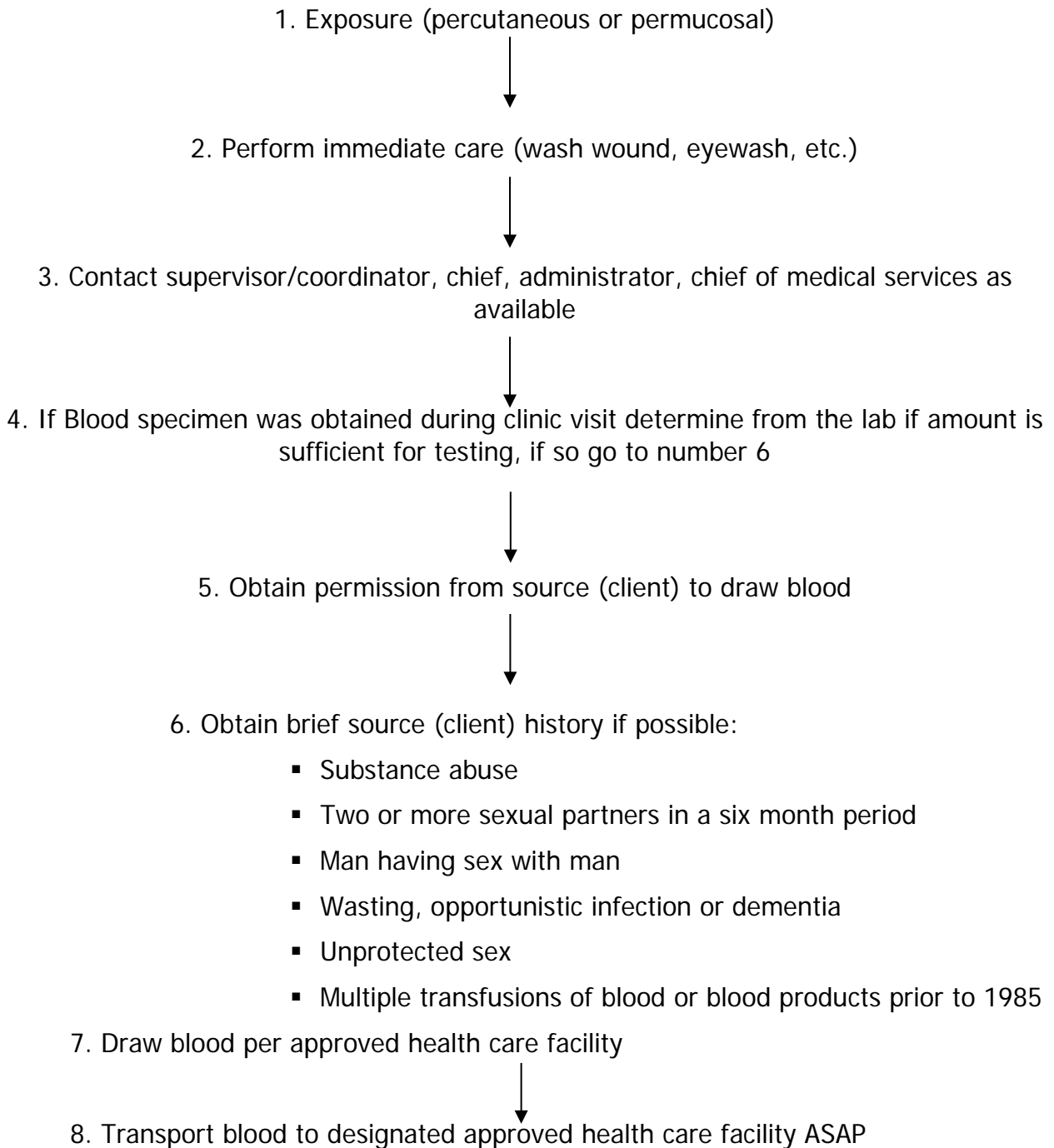
3.0 PROPHYLAXIS TESTING AND COUNSELING

- 3.1 Inform exposed employee of the need to discuss with the approved health care facility their recommendations for the following:
 - 3.1.1 Tetanus prophylaxis - receipt of a tetanus booster if it has been more than 5 years since last tetanus booster dose.
 - 3.1.2 Hepatitis B, vaccine history or prophylaxis
 - 3.1.3 Hepatitis C
 - 3.1.4 Syphilis
 - 3.1.5 HIV

**OAKLAND COUNTY HEALTH DIVISION
CLINICAL PROCEDURES MANUAL**

**EMPLOYEE POST-EXPOSURE XIS FOR BLOOD OR
OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)
DECISION TREE**

POSTEXPOSURE FLOW CHART



OAKLAND COUNTY HEALTH DIVISION CLINICAL PROCEDURES MANUAL

STAFF PROCEDURE FOR ACCIDENTAL NEEDLESTICKS AND PERCUTANEOUS OR PERMUCOSAL EXPOSURES

PURPOSE: To provide immediate treatment for exposed staff in order to reduce the risks of transmission and infection

SCOPE: Staff experiencing an accidental needlestick, percutaneous or permucosal exposure.

PROCEDURE:

1.0 WOUND OR EXPOSED AREA:

- 1.1 Skin
 - Wash affected area thoroughly with soap and water
 - Rinse thoroughly with water
 - Cover wound with clean dressing
- 1.2 Mouth and/or Nose
 - Rinse thoroughly with water
- 1.3 Eye
 - Follow "Procedure for Emergency Eye Wash"

2.0 REPORTING:

- 2.1 Inform immediate supervisor/coordinator at time of exposure. In their absence, contact appropriate chief or administrator
- 2.2 Report to designated approved health care facility or emergency room as directed by supervisor/coordinator, chief or administrator
- 2.3 Initiate "Report of Injury on the Job" incident following direction of supervisor/coordinator
- 2.4 Forward completed and signed incident report within one working day to supervisor/coordinator
- 2.5 Supervisor/coordinator forwards completed and signed incident report to appropriate chief or administrator to be sent to Risk Management.

OAKLAND COUNTY HEALTH DIVISION
CLINICAL PROCEDURES MANUAL

SUPERVISORY GUIDELINES FOR POST EXPOSURE FOLLOW-UP

Source (Client) Log for Employee Injury

CLIENT (SOURCE) NAME	CODE#/DOB i.e., 4902	EMPLOYEE PROF. #, INITIALS	WORK LOCATION	TYPE, BRAND, MFG OF DEVICE	DATE CLIENT (SOURCE) BLOODS DRAWN & RESULTS	TEST FACILITY
		DATE AND DESCRIPTION OF (INJURY) INCIDENT			HIV	
					HEP B	
					HEP C	
					SYPHILIS	
CLIENT (SOURCE) NAME	CODE#/DOB i.e., 4902	EMPLOYEE PROF. #, INITIALS	WORK LOCATION	TYPE, BRAND, MFG OF DEVICE	DATE CLIENT (SOURCE) BLOODS DRAWN & RESULTS	TEST FACILITY
		DATE AND DESCRIPTION OF (INJURY) INCIDENT			HIV	
					HEP B	
					HEP C	
					SYPHILIS	
CLIENT (SOURCE) NAME	CODE#/DOB i.e., 4902	EMPLOYEE PROF. #, INITIALS	WORK LOCATION	TYPE, BRAND, MFG OF DEVICE	DATE CLIENT (SOURCE) BLOODS DRAWN & RESULTS	TEST FACILITY
		DATE AND DESCRIPTION OF (INJURY) INCIDENT			HIV	
					HEP B	
					HEP C	
					SYPHILIS	

OAKLAND COUNTY HEALTH DIVISION CLINICAL PROCEDURES MANUAL

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Chemical Hygiene Plan

(a.k.a. Hazard Communication Plan)

Oakland County Health Division

Revised 07/20/2011

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 supersedes federal regulations in Michigan to ensure that information is transmitted to employees about chemical hazards that they are exposed to. This is accomplished through labels, material safety data sheets, instruction, written information, training and other forms of warning.

1. BASIC RULES & PROCEDURES

The standard requires that the Oakland County Health Division 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 who limit accidents and injuries by 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) 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. Laboratory means a facility where the "laboratory use of hazardous chemical" 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 OCHD to request a material safety data sheet for each chemical that is used in the workplace, except for the following items:

Laboratory uses of hazardous chemicals which 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 they 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 site supervisor (e.g. WIC coordinator, clinic supervisor) 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.
- ▶ The chemical inventory is found in the table of contents in the front section of each service area. The material safety data sheets are in the same book.

3. HOUSEKEEPING, INSPECTIONS & MAINTENANCE

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

- ▶ Housekeeping. Floors should be cleaned regularly. The cleaning schedule per building is with the Chief of Custodial Services at FM & O.
- ▶ Inspections. Formal housekeeping and chemical hygiene inspections are held at least quarterly for units which have frequent personnel changes and semiannually for others; informal inspections are held weekly. (Done by Chief of Custodial Services at FM & O or supervisor)
- ▶ 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 OCHD follows the fire Marshall requirements.
- ▶ Maintenance – As applicable- and documented – for OCHD. Eye wash fountains are inspected once a month. Safety showers (if supplied) are tested routinely. Other safety equipment is also inspected regularly. Restarting of out-of-service equipment is handled by the service supervisor. These records are maintained by: Area supervisor, FM & O keeps the safety records.

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 the OCHD 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. Special safety equipment that is required to handle the hazardous product 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 OCHD

All accidents or near accidents will 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 OCHD.

- ▶ 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.

There should be an alarm system to alert people in all parts of the facility including isolation areas such as cold rooms – if applicable . . . at OCHD.

- ▶ 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 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 within 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 (one chemical and one biological) for the N.O. laboratory are located on top of the lab refrigerator.

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 OCHD.

Routine surveillance – as necessary (per MSDS's). Anyone at OCHD 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 are available during working hours and an emergency room with medical personnel is nearby. The nearest emergency room is located @ Doctors Hospital, Pontiac, MI.

7. PPE SELECTION, PROVISION, USE AND ACCESSIBILITY

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

Personal protective equipment (PPE) is provided to employees of OCHD for the protection of eyes, face, head and extremities, where there is a potential for injury or impairment in the function of the body through absorption, inhalation or physical contact. The PPE for employees has been selected based upon the type of task being performed and the degree of exposure anticipated from the hazard to which the employee has been exposed. Equipment is maintained in accordance with manufacturer 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.

Fire Extinguishers

Are located: in each building as per fire Marshall Requirements.

Emergency Phones

Are located: throughout the buildings.

Safety Showers (If Available)

Are located at: the lab

Fire Alarms

Are located: in each building

Eyewash Fountains (If Available)

Are located at: lab/clinic

Lab Coats, Gowns, Etc.

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 eyewear or masks will be worn as recommended by the manufacturer of a hazardous product.

Gloves

When working with hazardous chemicals, 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

Supervisors will periodically survey PPE to ensure its condition allows for the intended protection of the employee. Employees will immediately notify supervision of any damage or defects that make the PPE incapable of properly protecting them.

Necessary cleaning, laundering or disposal of personal protective equipment is provided by OCHD. Linens are not to be taken home by the employee for laundering.

Repair and/or replacement of personal protective equipment is provided by the employer as needed to maintain its effectiveness.

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

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

- ▶ Accident records must be written with any follow up or corrective actions taken noted.
- ▶ Chemical Hygiene Plan records must document that the facilities and precautions were compatible with current knowledge and regulations.
- ▶ Inventory and usage records for high-risk substances will be kept – if present at OCHD. Records of the amounts of these materials on hand, amounts used, and the names of the workers involved (if an accident occurs) will be maintained.
- ▶ Medical records – OCHD 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 OCHD will assure that such records are kept, transferred, and made available in accordance with 29 CFR 1910.20. All medical records will be retained by OCHD 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 and per CFR 1910.1030 will be maintained for three years from the date on which the training occurred:
Documentation of the training will be maintained in employee personnel files or in a master training file.

- ▶ The dates of the training sessions;
- ▶ The contents or a summary of the training sessions;
- ▶ The name 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.

9. MATERIAL SAFETY DATA SHEETS (MIOSHA Rule 325.70109)

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

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

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

- ▶ It is the responsibility of the Oakland County Health Division 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 a 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 OCHD are located at the information desk in each building. At Oakland Pointe, the MSDS sheets are found in the copier room.

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 product manufacturer at OCHD. Should the MSDS fail to provide adequate instruction, the manufacturer is contacted by telephone for further information on proper disposal of the product.

If the chemical waste has become contaminated with blood or other potentially infectious materials, then it will be disposed of in accordance with the guidelines set forth in the medical waste management plan located at FM & O. The contracted medical waste management plan is 'Stericycle 4672 certification'.

- ▶ Content: The waste disposal program at OCHD 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. OCHD's Waste Disposal Plan follows State Law.

11. EMPLOYEE INFORMATION AND TRAINING

(MIOSHA Rule 325.70113, Part D, No. 10)

The service coordinator will coordinate and maintain records of training conducted for OCHD. The training and education program will be a regular, continuing activity—not simply an annual presentation at OCHD.

- ▶ 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 OCHD will attend a safety class.

In that class, each employee will be given information on:

- ▶ Location and availability of the 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 OCHD's facility.
- ▶ How to lessen or prevent exposure to these chemicals.
- ▶ Signs and symptoms associated with exposure to hazardous chemicals.
- ▶ What OCHD has done to lessen or prevent workers' exposures, such as PPE, work practices, and emergency procedures.
- ▶ 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 MSDS's.
- ▶ Where to locate MSDSs at OCHD and from whom they may obtain copies.

The employee will be informed that:

- ▶ The employer (OCHD) 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 OCHD, the employee may obtain a copy from the Department of Community Health. A sign will be posted with the address and telephone number of the department responsible for such requests.

This Hazard Communication/Chemical Hygiene Plan has been reviewed and approved for use without modification. The facilities and precautions are compatible with current knowledge and regulations at this time:

Review Date/Signature_____

Review Date/Signature_____

Review Date/Signature_____

Review Date/Signature_____

LOCAL HEALTH DEPARTMENT (LHD)
PLAN OF ORGANIZATION

APPROVAL FORM

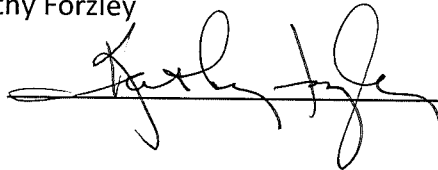
This approval form is to be signed by the health officer and the chairperson of either the board of commissioners or board of health. In the case of a unified form of county government, the director of the department that oversees public health shall sign. Completion of this form is required and submitted to MDCH with the LHD Plan of Organization.

I have reviewed the Plan of Organization for Oakland County Health Division.

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: Kathy Forzley

Health Officer Signature: _____



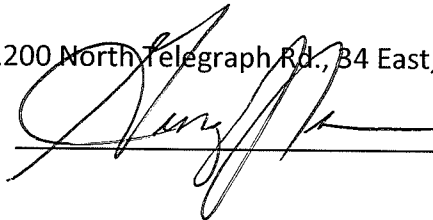
Date: 6/27/14

Director Name: George J. Miller

Department Name: Oakland County Department of Health & Human Services

Mailing Address: 1200 North Telegraph Rd., B4 East, Pontiac, MI 48341

Director Signature: _____



Date: 6/27/14

REPORT (MISC. 13240)

September 19, 2013

BY: Human Resources Committee, John Scott, Chairperson

IN RE: FISCAL YEAR 2014 SALARY RECOMMENDATIONS

To The Finance Committee and Oakland County Board of Commissioners

~~Chairperson, Ladies and Gentlemen:~~

The Human Resources Committee recommends the following actions:

1. Increase the current salary ranges for salary grades 1 - 21 by a 2.0% general salary increase for Fiscal Year 2014, which begins September 21, 2013.
2. Increase the current salary ranges for all remaining classifications not represented by bargaining units by a 2% general salary increase for Fiscal Year 2014, including appointed officials, classes designated as exceptions to salary grades 1 - 21, part-time and hourly classes, students, and summer and seasonal classes but excluding:
 - a. Circuit, Probate and District Court Judges which are currently at the maximum rate allowed
 - b. Oakland County Road Commission members
 - c. Board of Commissioners whose salaries were addressed by Misc. Res. #12232
3. Increase the current salary of the County Executive, Prosecuting Attorney, County Clerk/Register of Deeds, Water Resources Commissioner, Sheriff, and County Treasurer by a 2% general salary increase effective September 21, 2013.
4. Retitle the following classification:

<u>From Classification</u>	<u>Job Code</u>	<u>To Classification</u>
Summer Health Education/Laboratory Assistant	000874	Summer Health Education Assistant

5. Create the following classifications:

	<u>Salary Grade</u>	<u>Comments</u>
Supervisor Technical Projects	14	Water Resources Commissioner
Systems Control Supervisor II	14	Water Resources Commissioner
WRC User Support Leader	13	Water Resources Commissioner
Systems Control Supervisor I	12	Water Resources Commissioner
Recruitment Testing & Systems Specialist	10	Human Resources
Bus Driver	Flat	Parks & Recreation - \$12.50 per hour + \$0.50/hour bonus for transporting the P&R Show Mobile

6. Delete the following classifications:

Administrator P&R Administrative Services	Radiology Supervisor
Family Services Counselor	Senior Tax Description Technician
GIS Data Services Supervisor	User Support Specialist III
Maintenance Planner I	WRC GIS CAD Technician I
Maintenance Planner II	WRC GIS CAD Technician II
Morgue Attendant	

7. Further that no transfer of monies is required to fund these increases since sufficient monies have been budgeted.

Chairperson, on behalf of the Human Resources Committee, I move the acceptance of the foregoing report.

HUMAN RESOURCES COMMITTEE

HUMAN RESOURCES COMMITTEE

Motion carried unanimously on a roll call vote.

COUNTY OF OAKLAND
FISCAL YEAR 2014 BUDGET
GENERAL APPROPRIATIONS ACT

MISCELLANEOUS RESOLUTION #13240

September 19, 2013

BY: Finance Committee, Tom Middleton, Chairperson

IN RE: FISCAL YEAR 2014 GENERAL APPROPRIATIONS ACT AND 2014 COUNTY GENERAL PROPERTY TAX RATES

To the Oakland County Board of Commissioners
Chairperson, Ladies and Gentlemen:

WHEREAS in accordance with the provisions of Public Act 139 of 1973, the Unified Form of County Government Act, and Public Act 621 of 1978 (as amended by P.A. 493 of 2000), the Uniform Budgeting and Accounting Act for Local Government, it is the responsibility of the Oakland County Board of Commissioners to establish and adopt the annual County Budget and work program; and

WHEREAS the Finance Committee received budget requests from all County Departments, and has reviewed in detail the County Executive's Fiscal Year 2014 Budget Recommendation; and

WHEREAS the Finance Committee, after due deliberation, has formulated a Recommended General Appropriations Act balancing total appropriations with available resources at \$799,408,934 for Fiscal Year 2014, a summary of which was included in the Notice of Public Hearing published in newspapers of general circulation; and

WHEREAS the further intent of this resolution is to maintain a budgetary system for the County of Oakland on the same basis of accounting (generally accepted accounting principles) as the actual financial information is maintained; to define the powers and duties of the County's officers in relation to that system; to designate the Chief Administrative Officer and Fiscal Officer; and to provide that the Board of Commissioners and committees thereof, as well as the Fiscal Officer, shall be furnished with information by the departments, boards, commissions and offices relating to their financial needs, revenues and expenditures/expenses, and general affairs; to prescribe a disbursement procedure, to provide for an allotment system; and to provide remedies for refusal or neglect to comply with the requirements of this resolution; and

WHEREAS the Circuit Court Mediation Fund (Miscellaneous Resolution #90177) is used to cover the total cost of Attorney Mediators, with the balance to be used for enhancement of Court operations as requested by the Court and approved by the Board of Commissioners; and

WHEREAS the Board of Commissioners supports the concept of cultural diversity training for Oakland County employees and requires all supervisory, division manager and director level employees to attend cultural diversity training.

NOW THEREFORE BE IT RESOLVED the Oakland County Board of Commissioners does hereby adopt and amend the Fiscal Year 2014 General Appropriations Act recommended by the Finance Committee

FINANCE COMMITTEE VOTE:

Motion carried unanimously on a roll call vote with Quarles absent.

as advertised and placed in the Clerk's Office for public inspection.

BE IT FURTHER RESOLVED that \$64,000 of Cigarette Tax Revenue distributed by the State to ~~Oakland County under the authority of the Health and Safety Fund Act, P.A. 264 of 1987, be divided between~~ the Health Division (12/17 or \$45,000) and the Sheriff's Department (5/17 or \$19,000).

BE IT FURTHER RESOLVED that funds from the Civil Mediation Account (10100-240201) be utilized to cover the total costs incurred in Fiscal Year 2014 for the Civil Mediation Program.

BE IT FURTHER RESOLVED that the following policy be established regarding administration of the Delinquent Tax Revolving Fund:

- 1) The Delinquent Tax Revolving Fund (DTRF) was established in accordance with the provisions of Public Act 206 of 1893 (as amended) for the purpose of paying local taxing units within the County their respective shares of delinquent ad valorem real property taxes, in anticipation of the collection of those taxes by the County Treasurer. This policy statement, which encompasses the precept of self-funding, ensures that utilization of unrestricted DTRF funds does not impair the functional intent or operational success of the DTRF as originally established.
- 2) To that end, at no time shall funds be diverted from the DTRF that would cause the unrestricted balance to fall below a level that would assure a prompt payment of all current and future outstanding General Obligation Limited Tax Notes, as well as assure the continued operation of the DTRF as specified in the preceding paragraph.
- 3) Penalties and investment interest generated by the DTRF may be transferred, in whole or in part, to the General Fund of the County upon majority vote of the Board of Commissioners so long as such transfer(s) meets the provisions of paragraph #2 above.
- 4) Any and all appropriations from unrestricted DTRF funds, excepting penalties and investment interest, shall be limited to one-time expenditures, as opposed to recurring operations.
- 5) Unless otherwise specified, appropriations from the DTRF shall be considered long- or short-term advances (with specific time frames detailed in the authorizing resolution), to be repaid with interest as specified below.
- 6) Any appropriations from unrestricted DTRF funds, excepting penalties and investment interest, not considered advances to be repaid within a time certain shall require a two-thirds majority vote of the Board of Commissioners.
- 7) All appropriations from unrestricted DTRF funds considered to be advances to be repaid within a time certain shall require a majority vote of the Board of Commissioners.
- 8) Terms and conditions of any and all advances from the DTRF shall be specified in the authorizing resolution, including interest obligations detailed as follows:
 - a. Interest on each payment will be based on the average monthly rate paid during the

term of the agreement by the agent of the DTRF for that year's outstanding borrowing, or

- b. ~~In the event no borrowing occurs for the DTRF, principal and interest payments will~~ be made in accordance with the previously established "Loan of County Funds Policy" (Miscellaneous Resolution #89276) which requires Board approval of repayment terms at an interest rate no less than the prevailing six-month Treasury Bill rate and that such rates shall be computed and compounded quarterly.

BE IT FURTHER RESOLVED that \$10,800,000 in DTRF interest earnings will be transferred to the General Fund to support General Fund/General Purpose activities.

BE IT FURTHER RESOLVED that an indirect cost charges will be billed by the General Fund to the DTRF, in accordance with Oakland County's approved Central Services Indirect Cost Allocation Plan.

BE IT FURTHER RESOLVED that \$1,820,000 (or one-half of the \$3,640,000 convention facility tax revenues distributed by the State to Oakland County under the authority of the State Convention Facility Development Act, P.A. 106 of 1985, be earmarked for substance abuse programs.

BE IT FURTHER RESOLVED that the Oakland County Board of Commissioners, in accordance with the requirements of Public Act 214 of 1899, as amended, authorizes that .0004 mills Current Property Tax Levy be designated for the purpose of funding Veterans' Services Soldier Relief.

BE IT FURTHER RESOLVED that each Supervisor of the various townships and Assessing Officers of the several cities of Oakland County are authorized and directed to spread on their respective township of city tax rolls for the year 2014 a County General Property Tax Levy of 4.1900 Mills to be applied to the 2014 Taxable Value of all property located within their respective jurisdictions.

BE IT FURTHER RESOLVED that the Manager - Equalization perform the function of Equalization Director including the examination of the assessment rolls of the several townships and cities within Oakland County to ascertain whether the real and personal property in the respective townships and cities has been equally and uniformly assessed at 50% of true cash value and to make recommendation to that fact to the County Board of Commissioners.

BE IT FURTHER RESOLVED that:

1. The County Executive is hereby designated the Chief Administrative Officer of the County of Oakland and, further, that the Director of Management and Budget shall perform the duties of the Fiscal Officer as specified in this resolution.
2. The Fiscal Officer shall provide an orientation session and written instructions for preparing department budget requests. These instructions shall include information that the Fiscal Officer determines to be useful and necessary to assure that the budgetary estimates of the agencies are prepared in a consistent manner and the needs of the Board of Commissioners and Committees are met.
3. Any offices, departments, commissions and boards of the County of Oakland financed in whole or in

part by the County of Oakland shall transmit to the Fiscal Officer their estimates of the amounts of money required for each activity in their respective agencies, as well as their estimate of revenues ~~that will be generated from charges for services. They shall also submit any other information~~ deemed relevant by the Fiscal Officer and/or the Board of Commissioners and committees thereof.

4. The Fiscal Officer shall prescribe forms to be used by the offices, departments, commissions and boards of the County of Oakland in submitting their budget estimates and shall prescribe the rules and regulations the Fiscal Officer deems necessary for the guidance of officials in preparing such budget estimates. The Fiscal Officer may require that the estimates be calculated on the basis of various assumptions regarding level of service. The Fiscal Officer may also require a statement for any proposed expenditure and a justification of the services financed.
5. The Fiscal Officer shall prepare estimates of revenue for each budgeted fund, classified to show in detail the amount expected to be received from each source. Estimates of expenditures and revenues shall also be classified by character, object, function and activity consistent with the accounting system classification.
6. The Fiscal Officer shall review the agency estimates with a representative from each agency of the County of Oakland that has submitted such estimates. The purpose of the review shall be to clarify the estimates, ensure the accuracy, and to determine their adherence to the policies previously enumerated by the Fiscal Officer and the Board of Commissioners or committees thereof as herein required.
7. The Fiscal Officer shall consolidate the estimates received from the various agencies together with the amounts of expected revenues and shall make recommendations relating to those estimates which shall assure that the total of estimated expenditures including an accrued deficit does not exceed the total of expected revenues including an unappropriated surplus.
8. The recommended budget shall include at least the following:
 - (a) Expenditure data for the most recently completed fiscal year and estimated expenditures, or amended budget, for the current fiscal year,
 - (b) An estimate of the expenditure amounts required to conduct, the government of Oakland County, including its budgetary centers,
 - (c) Revenue data for the most recently completed fiscal year and estimated revenues, or amended budget, for the current fiscal year,
 - (d) An estimate of revenues, by source, to be raised or received by Oakland County in the ensuing fiscal years,
 - (e) The amount of surplus or deficit from prior fiscal years, together with an estimate of the amount of surplus or deficit expected in the current fiscal year,
 - (f) An estimate of the amount needed for deficiency, contingent or emergency purposes and the amounts needed to pay and discharge the principal and interest of the debt

of Oakland County due in the ensuing fiscal years,

- (g) The amount of proposed capital outlay expenditures, except those financed by ~~enterprise, capital projects, or internal service funds, including the estimated total~~ costs and proposed method of financing of each capital construction project and the projected additional annual operating cost and the method of financing the operating costs of each capital construction project for three (3) years beyond the fiscal year covered by the budget,
- (h) An informational summary of projected revenues and expenditures/expenses of any capital projects, internal service, and enterprise funds,
- (i) A comparison of the revenue and expenditure amounts in the recommended budget to the most recently approved budget-adopted by the Board of Commissioners with appropriate explanation of the variances,
- (j) Any other data relating to fiscal conditions that the Fiscal Officer or the Board of Commissioners or committees thereof consider to be useful in evaluating the financial needs of the County.

9. Not less than ninety (90) days before the next succeeding fiscal year, the County Executive shall transmit the recommended budget to the County Board of Commissioners. The recommended budget shall be accompanied by:

- (a) A proposed general appropriations measure, consistent with the budget, which shall set forth the anticipated revenue and requested expenditure/expense authority in such form and in such detail deemed appropriate by the Board of Commissioners or committees thereof. No appropriations measure shall be submitted to the Board of Commissioners in, which estimated total expenditures/expenses, including an accrued deficit, exceed estimated total revenues, including an available surplus.
- (b) A budget message which shall explain the reasons for increases or decreases in budgeted items compared with the current fiscal year, the policy of the County Executive as it relates to important budgetary items, and any other information that the County Executive determines to be useful to the Board of Commissioners in its consideration of proposed appropriations.
- (c) A comparison of the recommended budget to the most recently approved current year budget, together with an analysis and explanation of the variances there from, such variances being divided to show the portion attributable to the current year budget amendments and the portion resulting from the recommended budget.

10. The County Board of Commissioners, or any committee thereof, may direct the County Executive and/or other elected officials to submit any additional information it deems relevant in its consideration of the budget and proposed appropriations measure. The Board of Commissioners or

the committees thereof may conduct budgetary reviews with the Fiscal Officer, and/or County departments and divisions or agencies, etc., for the purpose of clarification or justification of proposed budgetary items.

11. The County Board of Commissioners may revise, alter, or substitute for the proposed general appropriations measure in any way, except that it may not change it in a way that would cause total appropriations, including an accrued deficit, to exceed total estimated revenues, including an unappropriated surplus. An accrued deficit shall be the first item to be resolved in the general appropriations measure.
12. The County Board of Commissioners shall fix the time and place of a public hearing to be held on the budget and proposed appropriations measure. The Clerk/Register shall then have published, in a newspaper of general circulation within the County of Oakland, notice of the hearing and an indication of the place at which the budget and proposed appropriations measure may be inspected by the public. This notice must be published at least seven days before the date of the hearing.
13. No later than September 30, the Board of Commissioners shall pass a general appropriations measure providing the authority to make expenditures and incur obligations on behalf of the County of Oakland. The supporting budgetary data to the general appropriations measure shall include at least the following:
 - (a) Expenditure data for the most recently completed fiscal year,
 - (b) The expenditures budget as originally adopted by the Board of Commissioners for the current fiscal year,
 - (c) The amended current year appropriations,
 - (d) An estimate of the expenditure amounts required to conduct the government of Oakland County, including its budgetary centers,
 - (e) Revenue data for the most recently completed fiscal year and estimated revenues, or amended budget, for the current fiscal year,
 - (f) Budgeted revenue estimates as originally adopted by the Board of Commissioners for the current fiscal year,
 - (g) The amended current year Budgeted revenues,
 - (h) An estimate of revenues, by source, to be raised or received by Oakland County in the ensuing fiscal year,
 - (i) The amount of surplus or deficit from prior fiscal years, together with an estimate of the amount of surplus or deficit expected in the current fiscal year,
 - (j) An estimate of the amount needed for deficiency, contingent on emergency purposes, and the amounts needed to pay and to discharge the principal and interest of the debt of Oakland County due in the ensuing fiscal year,
 - (k) The amount of proposed capital outlay expenditures, except those financed by

enterprise, capital project, or internal service funds, including the estimated total costs and proposed method of financing of each capital construction project and the ~~projected additional annual operating cost and the method of financing the~~ operating costs of each capital construction project for three (3) years beyond the fiscal year covered by the budget,

- (l) An informational summary of projected revenues and expenditures/expenses of capital projects, internal service, and enterprise funds,
- (m) Any other data relating to fiscal conditions that the Board of Commissioners considers to be useful in considering the financial needs of the County,
- (n) Printed copies of the Board of Commissioners Adopted Budget, Financial Plan or any facsimile thereof shall contain all of the above data unless otherwise approved by the Board of Commissioners,

14. The Board of Commissioners may authorize transfers between appropriation items by the County Executive or Fiscal Officer within limits stated in the appropriations measure. In no case, however, may such limits exceed those provided for in paragraph #22 and #23 of this resolution.
15. A deviation from the original general appropriations measure shall not be made without first amending the general appropriations measure through action by the Board of Commissioners, except within those limits provided for in paragraph #16 of this resolution.
16. Appropriations accumulated at the following three summary levels of expenditure within each County Department will be deemed maximum authorization to incur expenditures: Personnel Expenditures, Operating Expenditures, and Internal Support Expenditures. The County Executive or the Fiscal Officer shall exercise supervision and control of all budgeted expenditures within these limits, holding expenditures below individual line-item appropriations or allowing overruns in individual line-items providing that at no time shall the net expenditures exceed the total appropriation for Personnel and Operating Expenses, respectively, for each department as originally authorized or amended by the Board of Commissioners. Further, Personnel Expenses are authorized only for positions specifically authorized pursuant to this Act as adopted and amended by Board of Commissioner resolution, and appropriated overtime, holiday overtime, on-call pay, shift premium summer help, emergency salaries, and any adjustments required by collective bargaining agreements. The Fiscal Officer shall submit to the Finance Committee a quarterly listing of new governmental funded appropriations and internal service fund line items created administratively which were not properly classifiable. Line-item detail, division, unit or cost center detail and allotments, which provide a monthly calendarization of annual appropriations, as deemed necessary by the Fiscal Officer shall be maintained and utilized as an administrative tool for management information and cost control. The Fiscal Officer shall not approve any expenditure beyond that necessary to accomplish stated program or work objectives authorized in the general appropriation measure as

originally approved unless amended, in which case the amendment takes precedence.

17. In order to amend the General Appropriations Act the amendment must specifically identify the ~~fund, department, division, unit, program and account affected by the amendment.~~ Additionally, if the amendment increases an appropriation, the source of funding for that additional appropriation, whether an increase in revenue or an offsetting decrease in expenditure, must be presented as part of the amendment.
18. The Fiscal Officer shall maintain, for all budgeted funds, appropriation ledger accounts in which are to be recorded such expenditure encumbrances and obligations for the future payment of appropriated funds as the Fiscal Officer may approve.
19. Each purchase order, voucher or contract of Oakland County shall specify the funds and appropriation designated by number assigned in the accounting system classification from which it is payable and shall be paid from no other fund or appropriation. The necessary amount of the appropriation from such account shall be transferred pursuant to the provisions of this resolution to the appropriate general appropriation account and the expenditure then charged thereto.
20. No obligation shall be incurred against, and no payment shall be made from, any appropriation account unless there is a sufficient unencumbered balance in the appropriation and sufficient funds are or will be available to meet the obligation. All capital projects funded from the Capital Improvement Fund shall require approval of the Board of Commissioners on recommendation of the appropriate liaison committee (Planning and Building Committee) prior to initiation of the project. Any obligation incurred or payment authorized in violation of this resolution shall be void and any payment so made illegal except those otherwise ordered by court judgment or decree.
21. The Fiscal Officer, after the end of each quarter, shall transmit to the Board of Commissioners a report depicting the financial condition of budgeted operations, including, but not limited to:
 - (a) A forecast of actual revenues by major source compared with budgeted revenues accompanied by an explanation of any significant variances,
 - (b) A forecast of actual expenditures and encumbrances by department compared with authorized appropriations accompanied by an explanation of any significant variances, and
 - (c) A forecast of actual expenditures, encumbrances and transfers from each of the several non-departmental appropriations accounts compared with authorized appropriations accompanied by an explanation of any significant variances.
22. Direct expenditure and/or transfers of any unencumbered balance or any portion thereof in any appropriation for transfer account to any other appropriations account may not be made without amendment of the general appropriation measure as provided for in this resolution, except that transfers within and between budgeted funds and departments may be made by the Fiscal Officer in the following instances:

- (a) Transfers may be made from the non-departmental overtime account and fringe benefit adjustment account to the appropriate departmental budget as specific ~~overtime requests are reviewed and approved by the Fiscal Services Division.~~ Additionally, overtime appropriations may be transferred between divisions within a department at the request of the Department Head, if authorized by the Fiscal Officer or his/her designee.
- (b) Transfers may be made from the non-departmental appropriation accounts for Maintenance Department Charges and Miscellaneous Capital Outlay to the appropriate departmental budget as specific requests for these items are reviewed and approved by the Fiscal Officer or his/her designee.
- (c) Transfers may be made from the non-departmental appropriation accounts Emergency Salaries and Summer Help as specific requests for these items are reviewed and approved by the Human Resources Department.
- (d) Transfers may be made from salary and fringe benefit savings, resulting from use of Merit System Administrative Leave without Pay provisions, from departmental budgets to a non-departmental Administrative Leave account. Quarterly reports identifying such transfers and detailing the status of the non-departmental Administrative Leave account shall be provided to the appropriate Board committees.
- (e) Fringe benefit rates shall be established annually in the budget process to charge all General Fund/General Purpose, Special Revenue and Proprietary funds for actual employer fringe benefit costs. Such rates shall be sufficient to meet all fringe benefit costs including sick leave and annual leave accumulations, tuition reimbursement, employee training, retirees' medical, required debt service on the Intermediate Retiree Medical Benefit Trust established pursuant to M.R. 07147, and retirement administration. All funds collected for Retirement, Tuition Reimbursement, Social Security (FICA), Medical for active and retired employees, Disability, Dental, Optical, and Life and Accident Insurance shall be transferred to the Employee Fringe Benefit Fund as established by Miscellaneous Resolution #81-312. Sufficient funds shall be maintained in the Employee Fringe Benefit Fund liability account for sick leave and annual leave to cover the accumulated liability at an amount equal to 50% of the sick leave accumulation and 100% of the annual leave accumulation, including applicable Social Security (FICA) taxes thereon. All funds collected by Workers' Compensation and Unemployment Compensation shall be transferred to the Fringe Benefit Fund as established by Miscellaneous Resolution #81-012 and modified by Miscellaneous Resolution #96-024.

- (f) The transfer of funds to the Capital Improvement Fund and Building Fund shall not be made prior to September 30, without approval from the Finance Committee of the Board of Commissioners.
- (g) Transfers (advances) may be made as necessary from the Drain Revolving Fund to Drain Construction Funds and Drain Maintenance Funds as short term advances for costs incurred such as preliminary engineering fees and ongoing maintenance costs. Costs incurred by Drain Maintenance Funds and Drain Construction Funds will be repaid by the Drain Fund through assessments. Specific requests will be reviewed and approved by the Fiscal Officer or his/her designee.
- (h) A transfer of any or all of the appropriation allocated under the Non-Departmental account for Legislative Expense (#10100-9090101-196030-731080) shall not be made to any departmental budget without adoption of an Oakland County Board of Commissioners resolution.

23. The Board of Commissioners may make supplemental appropriations by amending this general appropriations measure as provided by this resolution, provided that revenues in excess of those anticipated in the original general appropriations measure become available due to:

- (a) An unobligated surplus from prior years becoming available;
- (b) Current year revenue exceeding original estimate in amounts sufficient enough to finance increased appropriations. The Board of Commissioners may make a supplemental appropriation by increasing the dollar amount of an appropriation item in the original general appropriations measure or by adding additional items. At the same time the estimated amount from the source of revenue to which the increase in revenue may be attributed shall be increased, or other source and amount added in a sum sufficient to equal the supplemental expenditure amount. In no case may such appropriations cause total estimated expenditures, including an accrued deficit, to exceed total estimated revenues, including an unappropriated surplus.

24. Whenever it appears to the County Executive or the Board of Commissioners that actual and probable revenues in any fund will be less than the estimated revenues upon which appropriations from such fund were based, the County Executive shall present to the Board of Commissioners recommendations which, if adopted, will prevent expenditures from exceeding available revenues for the current fiscal year. Such recommendations shall include proposals for reducing appropriations, increasing revenues, or both. After receiving the recommendations of the County Executive for bringing appropriations into balance with estimated revenues, the Board of Commissioners shall amend the general appropriations measure to reduce appropriations or shall approve such measures necessary to provide revenues sufficient to equal appropriations, or both.

25. All appropriations are annual and the unexpended portion shall lapse at year-end. Encumbrances and appropriations carried forward shall be recorded as an assigned fund balance, and the ~~subsequent year's budget amended to provide authority to complete these transactions~~. Appropriations shall not be carried forward for more than six (6) months into the budget year following the year in which they were originally appropriated. A status report on Appropriations Carried Forward, as required by Miscellaneous Resolution #93-156, will be incorporated as an integral part of the ensuing year's Second Quarter Financial Forecast for the purposes of determining their continuation for the remainder of the year. The recommended year-end budget amendment shall be supported with a statement of revenues and expenditures and operating surplus or deficit which shall contain the following data: (1) budget as adopted; (2) budget amendments; (3) budget as adjusted; (4) revenues and expenditures, operating surplus or deficit; (5) accrued revenue and expenditures; (6) transfers; (7) total revenues and expenditures and transfers, operating surplus or deficit, including accruals and transfers; (8) encumbrances; (9) appropriations carried forward; (10) total revenues and appropriations utilized, operating surplus or deficit, including encumbrances and appropriations carried forward; (11) balance of revenues not collected, unencumbered appropriation balance, operating surplus or deficit; (12) detail of adjustments to designated and undesignated fund balance, detail of adjustment to reserves and/or any other utilization of surplus; (13) final surplus or deficit or undesignated fund balance carried forward to the subsequent year's budget.
26. A member of the Board of Commissioners, the County Executive, any elected officer, the Fiscal Officer, any other administrative officer or employee of Oakland County shall not: (1) create a debt, incur a financial obligation on behalf of the County against an appropriation account in excess of the amount authorized, (2) apply or divert money of the County for purposes inconsistent with those specified in this general appropriations measure as approved and amended by the Board of Commissioners, nor (3) forgive a debt or write off an account receivable without appropriate authorization of the Board of Commissioners, as described in Miscellaneous Resolution #93-135 (Bad Debt Write-Off Policy) and Miscellaneous Resolution #12-048 (Short Sale Policy). Specifically, application of the foregoing Bad Debt Write-Off Policy shall be invoked for all amounts in excess of \$1,000; transactions of a lesser amount shall be considered within the administrative authority of the Fiscal Officer or his/her designee. Application of the foregoing Short Sale policy may be invoked to allow the County to consider less than the balance owed on an Oakland County home improvement loan in a proposed sale of property, unless prohibited by Federal Regulations, as determined by the Manager of the Oakland County Community and Home Improvement Division or his/her designee. Furthermore, the Fiscal Services Division must submit to the Board of Commissioners, as part of the quarterly financial report, a listing of all bad debt write offs (including short sales) occurring during the preceding three months. In addition, transactions relating to Inmate Prisoner Billings which are billed in excess of ability to pay, as determined by the Fiscal Services Division, are hereby authorized

to be adjusted in accordance with Public Act 212 of 1994 with the resultant amount of the write-off subsequently reported to the Board of Commissioners as part of the Quarterly Financial Report. Also, ~~within the administrative authority of the Fiscal Officer and with the general approval of the Court,~~ Circuit Court and Probate Court financial orders for \$2,500 or less may be reduced and amended by the Fiscal Services Division based on an individual's ability to pay. Waiver of fees in excess of \$2,500 shall require the approval of the Court. Except as otherwise stated in the General Appropriations Act, funds shall not be expended without specific appropriation or other appropriate action by the Board of Commissioners from reserved, designated or undesignated fund equity; from balance sheet accounts for the purchase of fixed assets not cited in paragraph 26 of the General Appropriations Act, non-routine prepaid items or non-routine obligations related to a specific appropriation; or from funds not budgeted.

27. All Internal Service Fund budgets that have depreciable assets shall have a capital budget with detail supporting the amount of annual depreciation therein included, as well as a fiscal plan for replacing, upgrading or disposing of those assets.
28. The budgetary system shall be maintained on the same basis of accounting (generally accepted accounting principles) as the actual financial information is maintained.
29. Any violation of the general appropriations measure by the County Executive, the Fiscal Officer, any administrative officer, employee or member of the Board of Commissioners detected through application of generally accepted accounting procedures utilized by Oakland County or disclosed in an audit of the financial records and accounts of the County shall be filed with the State Treasurer and reported by the State Treasurer to the Attorney General. Pursuant to Public Act 621 of 1978, the Uniform Budgeting Act, the Attorney General shall review the report and initiate appropriate action against the person or persons in violation. For use and benefit of the County of Oakland, the Attorney General or Prosecuting Attorney may institute a civil and/or criminal action in a court of competent jurisdiction for the recovery of County funds disclosed by an examination to have been illegally expended or collected as a result of malfeasance, and for the recovery of public property disclosed to have been converted or misappropriated.
30. The provisions of this act shall be applied to the General Fund and all Special Revenue and Proprietary Funds of the County, including Enterprise Funds and Internal Service Funds.

BE IT FURTHER RESOLVED that as a condition of appropriation to a Community Mental Health Authority, the Community Mental Health Authority shall submit to an annual performance audit by an entity to be selected by the Board of Commissioners with the parameters of said annual performance audit to be determined by the County's Audit Committee.

FINANCE COMMITTEE


Tom Middleton, Chairperson



Health and Human Services – Health Division

Division Summary

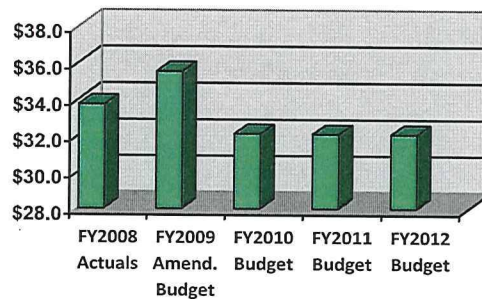
The Health Division protects the public's health through health promotion, disease prevention and protection of the environment. In addition to its traditional public health role, the Health Division is committed to protecting the public through continual review and improvement of its emergency response capabilities, having developed nationally recognized preparedness programs. The Health Division executes all of these responsibilities in an exemplary manner in an environment of continually diminishing resources and increasing requirements from State and Federal authorities.

Division Expenditure (GF/GP)	FY 2011 Actual	FY 2012 Amend. Budget.	FY 2013 Budget	FY 2014 Budget	FY 2015 Budget
Health Division	29,879,987	36,529,110	31,468,947	31,422,724	31,430,457
Total Expenditures	\$29,879,987	\$36,529,110	\$31,468,947	\$31,422,724	\$31,430,457

Division Goals

- Improve the public's health through health promotion, disease prevention and protection of the environment.
- Strengthen public health infrastructure by expanding public health response capabilities, maintaining regional collaboration and advocating about public health issues.

Division Expenditures (\$ in Millions)



Division Expenditures by Category	FY 2011 Actual	FY 2012 Amend. Budget	FY 2013 Budget	FY 2014 Budget	FY 2015 Budget
<u>General Fund / General Purpose</u>					
Salaries	13,546,479	14,110,416	13,874,170	13,799,011	13,799,457
Fringe Benefits	8,534,653	9,901,552	10,029,402	9,985,366	9,985,733
Contractual Services	1,914,005	7,198,726	3,166,152	3,166,152	3,166,152
Non-Departmental	127,405	200,000	191,000	191,000	191,000
Commodities	1,254,194	1,419,842	1,380,033	1,380,033	1,380,033
Internal Services	3,891,383	3,698,575	2,819,550	2,892,522	2,899,442
Transfers Out	611,869	0	8,640	8,640	8,640
Total GF/GP Expenditures	\$29,879,987	\$36,529,110	\$31,468,947	\$31,422,724	\$31,430,457
<u>Other Funds</u>					
Human Service Grants	12,462,359	13,093,204	12,725,919	12,725,919	12,725,919
Total Other Funds	\$12,462,359	\$13,093,204	\$12,725,919	\$12,725,919	\$12,725,919
Total Expenditures	\$42,342,346	\$49,622,314	\$44,194,866	\$44,148,643	\$44,156,376

Division Expenditures by Program	FY 2011 Actual	FY 2012 Amend. Budget	FY 2013 Budget	FY 2014 Budget	FY 2015 Budget
Access to Care	8,825,397	13,571,612	9,253,008	9,250,939	9,247,839
Disease Prevention	8,032,221	7,682,003	7,477,748	7,480,465	7,483,565
Environmental Health	6,852,338	7,509,708	6,975,053	6,975,352	6,975,352
Health Promotion	9,758,120	11,630,326	11,676,855	11,676,008	11,676,008
Operations	3,710	0	0	0	0
Surveillance Assess Support	8,870,561	9,228,665	8,812,202	8,765,879	8,773,612
Total Expenditures	\$42,342,346	\$49,622,314	\$44,194,866	\$44,148,643	\$44,156,376

Personnel by Program	FY 2013 Budget	FY 2014 Budget	FY 2015 Budget
Access to Care	32	32	32
Disease Prevention	73	73	73
Environmental Health	68	68	68
Health Promotion	132	132	132
Surv, Assess, Support	65	65	65
Total Personnel	370	370	370

Health Division Programs

- **Access to Care** - Access to care activities align with the core public health function of assurance. These services link people to needed personal health services and ensure the provision of health care where otherwise unavailable. These services include outreach, advocacy, and the direct care of persons in need of substance abuse treatment and dental services.

Accomplishments

- Nurse on Call (NOC) is staffed by experienced Public Health Nurses who provide callers with reliable, up-to-date information about a variety of health concerns. NOC answers questions regarding immunizations, communicable disease, pregnancy, infant and child health, and nutrition. They also provide referrals to community resources such as health care, prescription medication, emergency and community assistance programs, as well as Health Division programs and services, including community nursing. In 2012, nearly 14,000 clients accessed information through the NOC program.
- The Health Division's Dental Program plays a vital role in improving quality of life and eliminating health disparities by providing needed access to dental care for low income residents who lack dental insurance. A major concern in the dental community is that skipping regular, preventative dental care until a life threatening problem develops prompts unnecessary emergency department visits that consume scarce and valuable hospital resources. The Health Division has contracted with a dental care provider that delivers needed services at 14 locations throughout Oakland County to facilitate convenient low cost and timely access to care.
- The Office of Substance Abuse Services (OSAS) Prior Authorization and Central Evaluation (PACE) program is the first step to substance abuse treatment for low income residents of Oakland County. PACE offers confidential services for persons abusing or dependent on alcohol and/or other drugs. The program assesses individuals for detox services and/or intensive outpatient and residential substance abuse programs, coordinates and funds treatment and continuing care services, and refers individuals to treatment programs. OSAS expanded services available to the community by offering case management and peer services for individuals seeking treatment. Clients are screened by PACE and services are authorized. OSAS continually strives to strengthen treatment system capabilities, managing an extensive treatment system with 24 providers at 34 locations. 5,479 clients received 254,349 units of service from contracted treatment providers.

- **Disease Prevention** - Disease prevention is the primary role of Public Health. The financial impact of preventable illness is tremendous, representing 90% of healthcare costs. Through direct services to our clients and their families, Public Health Nursing Services (PHNS) seeks to enhance their health and well-being. PHNS offers a wide range of personal services that integrate clinic services, health screenings, community outreach, health promotion and education. PHNS nurses counsel clients regarding health issues, visit homes and schools and provide referrals to community resources.

Accomplishments

- Oakland County Health Division works to ensure that children with a health condition or developmental delay from birth to age three reach their full growth potential. Assessment and case management services provided by Public Health Nurses enable families to receive infant growth and development monitoring, intervention activities, and referrals to Early On Family Support Services. Public Health Nurses advocate for families to receive appropriate school services and help guide them through the process. In May 2012, Oakland Schools, Early On-Oakland completed a record audit on children serviced by Community Nursing. OCHD met 100% of the criteria evaluated, including service delivery standards, comprehensive evaluation practices and child transition processes.
- The National Association of Counties (NACo) recognized Oakland County Health Division's Immunization Services in the Women, Infants, and Children (WIC) Program. Population immunity to communicable disease is dependent upon a high immunization coverage rate in the community. OCHD is the county's premier resource to raise immunization rates. In 2012, OCHD provided 34,672 immunizations to 14,558 clinic clients. As one of the largest local providers for the federally-funded Vaccines for Children (VFC) program, the Health Division is also able to increase vaccination rates by providing immunizations to infants and children who are uninsured. In addition, our community received nearly 23,000 flu shots through our outreach and in-house clinic services.
- **Environmental Health** - The Environmental Health Services (EHS) unit works to prevent illness caused by interactions between people and the environment. Environmental factors pertaining to food, land, air, water and shelter may pose risks to human health when not adequately protected from potential contamination. EHS inspects and regulates food service establishments; on-site sewage systems and private water supplies; monitors surface and groundwater; organizes infectious disease prevention programs; and educates people about environmental health issues.

Accomplishments

- Oakland County Health Division's accredited food safety program licenses and inspects more than 4,200 food service establishments, 335 food vending machines, and 106 mobile food operations. In addition, OCHD licenses and inspects food vendors at festivals such as the Woodward Dream Cruise; Arts, Beats and Eats; the Renaissance Festival; and many other local events. In fiscal year 2012, these efforts resulted in over 15,000 food safety inspections.
- The OCHD Food Service Inspection Program implemented the new statewide food code on October 1, 2012. Since 2007, local health departments in Michigan administered the food service program under the authority of the Michigan Food Law and the 2005 FDA Food Code. The most striking change from the previous version is the terms used to cite violations in food service establishments. Other changes in the new code include adding requirements for non-continuous cooking of raw animal foods, and some foods have been redefined as being potentially hazardous, including cut tomatoes and cut leafy greens.
- Oakland County is home to hundreds of beaches and recreational water sources and has more than 100,000 water wells on commercial and residential properties. The Oakland County Health Division ensures water is safe for household and recreational use by providing water quality testing and analysis, inspecting of public swimming pools and a permit program for water well construction. The Environmental Health unit conducted 1,225 pool inspections, issued 1,654 well and 613 septic permits, and reviewed 28,845 water sample results for drinking water wells and public swimming pools.

- **Health Promotion** - Health Promotion enables individuals to increase control over and improve their health. Adopting healthy behaviors can prevent or minimize the potential devastating effects of disease. OCHD's Community Health Promotion & Intervention Services (CHPIS) unit is at the forefront of promoting healthy behaviors. CHPIS provides prevention-focused health information, education and services to community groups, businesses and residents of Oakland County.

Accomplishments

- Oakland County had the lowest rate of reported West Nile Virus (WNV) cases for 2012 among the five largest urban areas in Michigan, which include Kent, Macomb and Wayne counties, and the City of Detroit. Oakland County's rate of reported WNV illnesses was 1.8 per 100,000 people with no reported deaths. An aggressive public education and prevention campaign was credited for the low numbers. Campaign strategies included weekly web-based tips to avoid WNV, updated OCHD WNV educational material, weekly WNV prevention press releases to the media, physicians and hospitals. 33,000 recipients of the subscriber network, OCHD Facebook fans, and WNV prevention podcast listeners also received messages. Additional WNV prevention steps were taken, such as working with a community partner to provide insect repellent at Arts, Beats & Eats; annual training for cities, villages, and townships within the county; and distribution of reimbursement funds for local programs that include prevention efforts such as larvicide.
- Oakland County's Women, Infants and Children (WIC) Supplemental Food Program helps pregnant women, new mothers, infants, and young children up to age five receive healthy foods, nutrition education, breastfeeding support, and referrals to important services. Maintaining a historically high caseload, WIC generates important reductions in health care costs and long-term improvements in the health of women and children, servicing almost 16,000 participants each month. For every dollar spent on WIC, it is estimated that savings of more than \$3.50 in health care costs occurs.
- The Hearing and Vision Program provides state-mandated screening to identify and refer school-age children to treatment for hearing and vision problems that may impede a child's development and academic performance. Screenings were conducted within the county's twenty-eight school districts, pre-schools, childcare centers, and Health Division offices, successfully reaching 97% of the target enrollment for hearing screenings and 96% for vision screenings.
- Oakland County residents can find the most current public health information at www.facebook.com/publichealthOC. OCHD launched the Public Health Oakland Facebook page in August 2012 to make public health information more accessible and provide up-to-the-minute health news, events, emergency updates, prevention tips and links to public health resources. Within the first week of launching the page, OCHD reached over 10,000 people and continually strives to expand communication through social media opportunities.
- **Surveillance, Assessment and Support** - Infectious diseases are the leading cause of death worldwide, and the number of deaths from infectious diseases has increased in the United States. Oakland County Health Division is responsible for protecting the public from these disease threats. OCHD's Medical Services unit is Oakland County's foundation for identifying, monitoring and preventing infectious disease occurrences. The Medical Services team investigates disease outbreaks, conducts public health surveillance, and provides programs to control further spread of disease.

Accomplishments

- OCHD, in partnership with the Michigan Department of Community Health (MDCH), requested the assistance of the Centers for Disease Control and Prevention (CDC) to conduct a Community Assessment for Public Health Emergency Response (CASPER)* to provide an opportunity to develop public health emergency response capacities, which has been done less than a dozen times nationwide before an emergency. On September 10-12, 2012, a total of 17 teams collected surveys. Teams consisted of an Oakland County Health Division staff and a staff from either MDCH or CDC. 517 houses were approached and 192 interviews completed during a total of 11 hours. Results will be used for future emergency preparedness planning.



Health Division Programs

*CASPER is an epidemiologic technique designed to provide quick and low cost household-based information about an affected community's needs after a disaster in a simple format for decision-makers. It provides a quantitative post-disaster assessment, and, once trained, local and state public health staff can use CASPER as a tool to provide essential data necessary to carry out an effective and efficient response.

- An important role of Public Health is to provide local personal health services that reduce the spread of infectious disease, such as HIV, and result in improved health outcomes for an entire community. Oakland County Health Division provides quality clinical care at no or low-cost. Services are provided by highly qualified and experienced Public Health Nurses and Laboratory Technologists. The Health Division's laboratory supports these efforts through rapid analyses and accurate results for nearly 100,000 tests performed annually. Confidential services are offered on a walk-in basis such as pregnancy testing; sexually transmitted infections (STI) testing, diagnosis and treatment; and counseling, testing and referrals for HIV prevention and control. Oakland County Health Division's clinical programs aim to increase awareness and empower individuals to protect themselves and the community through knowledge, understanding, and risk-reduction education. OCHD serviced 12,223 clients for STD's, administered 11,443 HIV tests and provided 1,243 pregnancy tests.
- OCHD's Tuberculosis Program is a front-line defense against Tuberculosis. TB remains the second leading killer of adults in the world. The disease is still prevalent in Oakland County, but rates continue to remain below the national average due to aggressive TB skin testing and treatment. The Health Division is also essential in identifying and treating Latent Tuberculosis Infections (LTBI). LTBI affects people who test positive for TB, but have a normal chest x-ray and are not infectious to other people. Ten percent of people with LTBI develop TB later in life if they do not receive treatment. In 2012, OCHD administered 11,500 TB skin tests, and identified and began treatment for 19 active TB cases and 64 latent TB infections.

OAKLAND COUNTY, MICHIGAN
FY2014 AND FY2015 AND FY2016 County Executive Budget Recommendation

Department:	Health and Human Services	Organization:	10602 - Health Division	Fund:	GF_GP - General Fund / General Purpose	FY2014 AND FY2015 AND FY2016 County Executive Budget Recommendation					
						FY 2012 Actual	FY 2013 Adopted Budget	FY 2013 Amended Budget	FY 2014 Amended Plan	FY 2015 Amended Plan	FY 2014 County Exec. Recommended

Revenues		FY 2012 Actual	FY 2013 Adopted Budget	FY 2013 Amended Budget	FY 2014 Amended Plan	FY 2015 Amended Plan	FY 2014 County Exec. Recommended	FY 2015 County Exec. Recommended	FY 2016 County Exec. Recommended
Federal Grants									
610313	Federal Operating Grants	231,980	21,728	50,334	21,728	21,728	50,334	10,334	10,334
		231,980	21,728	50,334	21,728	21,728	50,334	10,334	10,334
State Grants									
615571	State Operating Grants	1,125,032	1,135,767	1,138,538	1,135,767	1,135,767	2,345,929	2,325,714	2,325,714
615675	Health State Subsidy	3,239,719	3,239,719	3,239,719	3,239,719	3,239,719	2,021,547	2,021,547	2,021,547
		4,364,751	4,375,486	4,378,257	4,375,486	4,375,486	4,367,476	4,347,261	4,347,261
Charges for Services									
630014	Administration Fees	24,071	107,351	107,351	107,754	108,160	223,961	264,367	264,367
630135	Bac-T Test	36,167	41,142	41,142	41,142	41,142	45,000	45,000	45,000
630154	Bodies Disinfect or Reinter	460	500	500	500	500	500	500	500
630175	Campground License Fees	1,766	2,000	2,000	2,000	2,000	2,000	2,000	2,000
630259	Class Fees	23,263	19,100	19,100	19,100	19,100	59,650	59,650	59,650
630273	Clinic Charges	131,174	244,000	244,000	244,000	244,000	250,000	250,000	250,000
630371	Copier Charges	3	0	0	0	0	0	0	0
630511	Dental Service Fees Outside	40,066	0	0	0	0	0	0	0
630518	Dental Services Fees	11,415	6,000	6,000	6,000	6,000	8,000	8,000	8,000
630525	Diff Between Chg and Init Pay	(18,407)	(60,000)	(60,000)	(60,000)	(60,000)	(25,000)	(25,000)	(25,000)
630574	Duplicate Record Fees	760	1,587	1,587	1,587	1,587	600	600	600
630595	Education Fees	41,613	65,000	65,000	65,000	65,000	0	0	0
630742	Flu 3rd Party	60,405	170,000	170,000	170,000	170,000	100,000	100,000	100,000
630749	Flu Vaccine Fees	159,187	305,000	305,000	305,000	305,000	145,000	145,000	145,000
630770	Food Plan Reviews	50,590	35,716	35,716	35,716	35,716	45,000	45,000	45,000
630777	Food Service Licenses	1,147,997	1,090,000	1,090,000	1,090,000	1,090,000	1,090,000	1,090,000	1,090,000
630882	Hepatitis Vaccine	62,867	101,297	101,297	101,297	101,297	63,000	63,000	63,000
630898	HPV Vaccine	13,516	12,000	12,000	12,000	12,000	13,000	13,000	13,000
630917	Immunizations	219,444	179,700	179,700	179,700	179,700	225,000	225,000	225,000
630966	Inspection Fees	218,954	112,453	112,453	112,453	112,453	168,000	168,000	168,000
631022	Laboratory Charges	33,808	21,000	21,000	21,000	21,000	21,000	21,000	21,000
631092	Licensed Fac Inspect 3rd Party	16,410	13,000	13,000	13,000	13,000	16,000	16,000	16,000
631099	Licensed Facility Inspections	23,640	40,000	40,000	40,000	40,000	23,000	23,000	23,000
631106	Licenses	21,350	10,250	10,250	10,250	10,250	16,000	16,000	16,000
631171	MCV4 Vaccine	18,126	42,400	42,400	42,400	42,400	35,000	35,000	35,000
631204	Medical Records	0	100	100	100	100	100	100	100
631253	Miscellaneous	2,454	8,900	8,900	8,900	8,900	0	0	0
631400	On Site Sewerage Permits	149,150	90,000	103,623	90,000	90,000	0	0	0
631459	Partial Chem Test	8,237	10,090	10,090	10,090	10,090	10,090	10,090	10,090
631505	Permits	12,663	8,000	8,000	8,000	8,000	278,400	278,400	278,400
631547	Plan Review Fees	15,165	7,000	7,000	7,000	7,000	7,000	7,000	7,000
631561	Pneumo Vax	4,848	5,025	5,025	5,025	5,025	5,025	5,025	5,025

OAKLAND COUNTY, MICHIGAN
FY2014 AND FY2015 AND FY2016 County Executive Budget Recommendation

Department: Health and Human Services
 Organization: 10602 - Health Division
 Fund: GF_GP - General Fund / General Purpose

Account Number/Description	FY 2012 Actual	FY 2013		FY 2014 Amended Plan	FY 2015 Amended Plan	FY 2014 County Exec. Recommended	FY 2015 County Exec. Recommended	FY 2016 County Exec. Recommended
		Adopted Budget	Amended Budget					
Pneumo Vax 3rd Party	7,941	6,000	6,000	6,000	6,000	15,000	15,000	15,000
Rabies Vaccine Fees	11,788	33,900	33,900	33,900	33,900	12,000	12,000	12,000
Radon Testing	10,850	16,000	16,000	16,000	16,000	16,000	16,000	16,000
Reimb 3rd Party	0	20,000	20,000	20,000	20,000	0	0	0
Reimb Contracts	317	0	0	0	0	0	0	0
Reimb Postage	0	443	443	443	443	0	0	0
Reimb Salaries	86,923	78,000	78,000	78,000	78,000	78,000	78,000	78,000
Reimb Tele Communications Ext	267	0	0	0	0	0	0	0
Sanitary Code Appeals Fee	4,900	3,800	3,800	3,800	3,800	2,100	2,100	2,100
Subdivision Control Plats	0	700	700	700	700	500	500	500
TB Tests	17,529	36,900	36,900	36,900	36,900	20,000	20,000	20,000
Tdap Vaccine Fees	34,204	30,000	30,000	30,000	30,000	50,000	50,000	50,000
Temporary Licenses	50	50	50	50	50	0	0	0
Water Sample Tests	3,174	2,500	2,500	2,500	2,500	3,000	3,000	3,000
Wells	138,892	105,000	105,000	105,000	105,000	0	0	0
X Rays	24,289	0	0	0	0	0	0	0
	2,872,285	3,021,904	3,035,527	3,022,307	3,022,713	3,021,926	3,062,332	3,062,332
Contributions								
650301 Donations	10	0	0	0	0	0	0	0
	10	0	0	0	0	0	0	0
Other Revenues								
670114 Cash Overages	183	0	0	0	0	0	0	0
670228 County Auction	3,453	0	0	0	0	0	0	0
670513 Prior Years Revenue	119,463	0	0	0	0	0	0	0
670570 Refund Prior Years Expenditure	5,839	0	0	0	0	0	0	0
	128,938	0	0	0	0	0	0	0
Revenue								
Grand Total Revenues	7,597,963	7,419,118	7,464,118	7,419,521	7,419,927	7,439,736	7,419,927	7,419,927
	7,597,963	7,419,118	7,464,118	7,419,521	7,419,927	7,439,736	7,419,927	7,419,927

Expenditures		Personnel	
Salaries			
702010 Salaries Regular	10,700,094	13,697,754	13,818,985
702030 Holiday	438,639	0	0
702050 Annual Leave	753,812	0	0
702080 Sick Leave	231,427	0	0
702100 Retroactive	5,811	0	0
702120 Jury Duty	1,030	0	0
702130 Shift Premium	0	0	0
702140 Other Miscellaneous Salaries	0	75,600	0
702190 Workers Compensation Pay	3,895	0	0
702200 Death Leave	12,480	0	0
702360 Short Term Disability	93,186	0	0
		13,679,497	13,818,985

OAKLAND COUNTY, MICHIGAN
FY2014 AND FY2015 AND FY2016 County Executive Budget Recommendation

Department:	Health and Human Services		FY2014 AND FY2015 AND FY2016 County Executive Budget Recommendation							
	Organization:	10602 - Health Division	FY 2012 Actual	FY 2013 Adopted Budget	FY 2013 Amended Budget	FY 2014 Amended Plan	FY 2015 Amended Plan	FY 2014 County Exec. Recommended	FY 2015 County Exec. Recommended	FY 2016 County Exec. Recommended
Fund:	GF_GP - General Fund / General Purpose									
712020	Overtime	73,586	119,960	119,960	119,960	119,960	119,960	119,960	119,960	119,960
712040	Holiday Overtime	772	0	0	0	0	0	0	0	0
712090	On Call	5,714	0	0	0	0	0	0	0	0
		12,320,446	13,874,170	13,893,314	13,799,011	13,799,457	13,938,945	13,938,945	13,938,945	13,938,945
Fringe Benefits										
722740	Fringe Benefits	0	44,400	44,400	0	0	0	0	0	0
722750	Workers Compensation	241,815	274,287	274,287	274,292	274,298	276,785	276,785	276,785	276,785
722760	Group Life	39,939	39,946	39,946	39,947	39,949	40,340	40,340	40,340	40,340
722770	Retirement	4,349,738	4,836,350	4,836,350	4,836,517	4,836,685	4,707,935	4,707,935	4,707,935	4,707,935
722780	Hospitalization	2,597,789	3,297,840	3,297,840	3,297,980	3,298,121	3,223,000	3,223,000	3,223,000	3,223,000
722790	Social Security	875,664	1,001,152	1,001,152	1,001,186	1,001,220	1,009,548	1,009,548	1,009,548	1,009,548
722800	Dental	182,035	221,948	221,948	221,956	221,963	217,328	217,328	217,328	217,328
722810	Disability	90,517	187,423	187,423	187,436	187,436	189,304	189,304	189,304	189,304
722820	Unemployment Insurance	45,240	50,566	50,566	50,568	50,569	44,170	44,170	44,170	44,170
722850	Optical	15,394	22,108	22,108	22,110	22,110	21,968	21,968	21,968	21,968
722900	Fringe Benefit Adjustments	0	53,382	65,527	53,382	53,382	51,583	51,583	51,583	51,583
		8,438,133	10,029,402	10,041,547	9,985,366	9,985,733	9,781,961	9,781,961	9,781,961	9,781,961
		20,758,578	23,903,572	23,934,861	23,784,377	23,785,190	23,720,906	23,720,906	23,720,906	23,720,906

Personnel		FY 2012 Actual	FY 2013 Adopted Budget	FY 2013 Amended Budget	FY 2014 Amended Plan	FY 2015 Amended Plan	FY 2014 County Exec. Recommended	FY 2015 County Exec. Recommended	FY 2016 County Exec. Recommended
Operating Expenses									
Contractual Services									
730037	Adj Prior Years Exp	1,753	0	0	0	0	0	0	0
730044	Adj Prior Years Revenue	139,731	0	0	0	0	0	0	0
730072	Advertising	295	5,000	5,000	5,000	5,000	5,000	5,000	5,000
730114	Auction Expense	83	0	0	0	0	0	0	0
730240	Cash Shortage	101	0	0	0	0	0	0	0
730324	Communications	0	400	400	400	400	400	400	400
730373	Contracted Services	158,449	127,384	127,384	127,384	127,384	192,384	192,384	192,384
730555	Education Programs	13,348	42,000	42,000	42,000	42,000	42,000	42,000	42,000
730611	Employees Medical Exams	0	22,430	22,430	22,430	22,430	20,000	20,000	20,000
730646	Equipment Maintenance	17,183	19,776	21,060	19,776	19,776	24,776	24,776	24,776
730660	Equipment Repair	95	0	0	0	0	0	0	0
730709	Fees - Per Diems	2,349	2,000	2,000	2,000	2,000	2,700	2,700	2,700
730716	Fees Civil Service	4,800	7,200	7,200	7,200	7,200	4,800	4,800	4,800
730772	Freight and Express	2,987	4,000	4,000	4,000	4,000	6,000	6,000	6,000
730926	Indirect Costs	15,544	0	0	0	0	0	0	0
730982	Interpreter Fees	15,345	20,000	20,000	20,000	20,000	17,000	17,000	17,000
731031	Laboratory Fees	1,203	2,000	2,000	2,000	2,000	2,000	2,000	2,000
731059	Laundry and Cleaning	2,584	7,800	7,800	7,800	7,800	6,000	6,000	6,000
731115	Licenses and Permits	9,549	12,982	12,982	12,982	12,982	16,600	16,600	16,600
731213	Membership Dues	12,215	20,000	20,000	20,000	20,000	24,195	24,195	24,195
731339	Periodicals Books Publ Sub	2,164	0	0	0	0	0	0	0
731346	Personal Mileage	334,918	338,716	338,716	338,716	338,716	338,716	338,716	338,716
731388	Printing	46,069	76,286	76,286	76,286	76,286	60,500	60,500	60,500
731437	Prof Svc-Auditing Svc	903	0	0	0	0	0	0	0

OAKLAND COUNTY, MICHIGAN
FY2014 AND FY2015 AND FY2016 County Executive Budget Recommendation

Department:	Health and Human Services									
Organization:	10602 - Health Division									
Fund:	GF_GP - General Fund / General Purpose									

Account Number/Description	FY 2012 Actual	FY 2013		FY 2014 Amended Plan	FY 2015 Amended Plan	FY 2014 County Exec. Recommended	FY 2015 County Exec. Recommended	FY 2016 County Exec. Recommended
		Adopted Budget	Amended Budget					
731458 Professional Services	340,577	590,000	590,000	590,000	590,000	580,000	580,000	580,000
731682 Satellite Centers	1,759,527	1,820,000	1,820,000	1,820,000	1,820,000	1,820,000	1,820,000	1,820,000
731892 TB Cases Outside	241	20,178	20,178	20,178	20,178	20,178	20,178	20,178
731941 Training	1,652	4,100	4,100	4,100	4,100	4,200	4,200	4,200
731997 Transportation of Clients	133	2,400	2,400	2,400	2,400	1,000	1,000	1,000
732018 Travel and Conference	10,567	20,000	20,000	20,000	20,000	20,000	20,000	20,000
732165 Workshops and Meeting	1,171	1,500	1,500	1,500	1,500	1,500	1,500	1,500
	2,895,535	3,166,152	3,167,436	3,166,152	3,166,152	3,209,949	3,209,949	3,209,949
Non-Departmental								
740184 West Nile Virus	138,741	191,000	191,000	191,000	191,000	191,000	191,000	191,000
	138,741	191,000	191,000	191,000	191,000	191,000	191,000	191,000
Commodities								
750049 Computer Supplies	2,149	0	0	0	0	0	0	0
750112 Drugs	40,857	66,600	66,600	66,600	66,600	66,600	66,600	66,600
750154 Expendable Equipment	5,546	0	0	0	0	0	0	0
750168 FA Proprietary Equipment Exp	0	26,750	26,750	26,750	26,750	26,750	26,750	26,750
750170 Other Expendable Equipment	5,127	1,000	1,000	1,000	1,000	5,000	5,000	5,000
750182 Film and Processing	0	217	217	217	217	0	0	0
750245 Incentives	2,892	0	0	0	0	0	0	0
750280 Laboratory Supplies	153,127	278,331	278,331	278,331	278,331	263,331	263,331	263,331
750294 Material and Supplies	268	0	0	0	0	0	0	0
750301 Medical Supplies	43,932	102,947	106,312	102,947	102,947	73,975	73,975	73,975
750392 Metered Postage	40,467	40,285	40,285	40,285	40,285	40,285	40,285	40,285
750399 Office Supplies	82,459	78,068	78,068	78,068	78,068	81,568	81,568	81,568
750427 Photographic Supplies	0	1,000	1,000	1,000	1,000	1,000	1,000	1,000
750448 Postage-Standard Mailing	88	3,420	3,420	3,420	3,420	3,400	3,400	3,400
750539 Testing Materials	2,580	10,480	10,480	10,480	10,480	7,430	7,430	7,430
750567 Training-Educational Supplies	52,532	57,789	57,789	57,789	57,789	52,100	52,100	52,100
750581 Uniforms	0	1,846	1,846	1,846	1,846	1,846	1,846	1,846
750588 Vaccines	661,224	700,000	700,000	700,000	700,000	708,651	708,651	708,651
750595 X-Ray Supplies	4,129	11,300	11,300	11,300	11,300	4,300	4,300	4,300
	1,097,377	1,380,033	1,383,398	1,380,033	1,380,033	1,336,236	1,336,236	1,336,236
Operating Expenses	4,131,653	4,737,185	4,741,834	4,737,185	4,737,185	4,737,185	4,737,185	4,737,185
Internal Support								
Internal Services								
770631 Bldg Space Cost Allocation	1,001,428	1,224,528	1,224,528	1,293,322	1,300,242	1,159,876	1,166,214	1,171,065
770667 Convenience Copier	15,703	17,684	17,684	17,684	17,684	18,489	18,489	18,489
772618 Equipment Rental	30,836	57,667	57,667	57,667	57,667	57,030	57,030	57,030
773630 Info Tech Development	786,504	0	283,081	0	0	0	0	0
774636 Info Tech Operations	1,163,541	1,168,147	1,168,147	1,172,325	1,172,325	1,252,394	1,252,394	1,252,394
774677 Insurance Fund	27,941	27,338	27,338	27,338	27,338	27,338	27,338	27,338
775754 Maintenance Department Charges	79,886	0	51,536	0	0	0	0	0
776659 Motor Pool Fuel Charges	8,162	8,700	8,700	8,700	8,700	6,430	6,430	8,200

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776661 Motor Pool	36,069	37,110	37,110	37,110	37,110	27,313	27,313	27,313
777560 Radio Communications	9,140	9,140	9,140	9,140	9,140	9,140	9,140	9,140
778675 Telephone Communications	240,306	269,236	269,236	269,236	269,236	236,956	236,956	236,956
	3,399,518	2,819,550	3,154,167	2,892,522	2,899,442	2,794,966	2,801,304	2,807,925
Internal Support	3,399,518	2,819,550	3,154,167	2,892,522	2,899,442	2,794,966	2,801,304	2,807,925
<u>Transfers/Other Sources (Uses)</u>								
788001 Transfers Out	0	8,640	8,640	8,640	8,640	8,640	8,640	8,640
	0	8,640	8,640	8,640	8,640	8,640	8,640	8,640
Transfers/Other Sources (Uses)	0	8,640	8,640	8,640	8,640	8,640	8,640	8,640
Grand Total Expenditures	28,289,749	31,468,947	31,839,502	31,422,724	31,430,457	31,261,697	31,268,035	31,274,656

Oakland County Health Division
Services Directory



Experienced Public Health Nurses provide callers with reliable, up-to-date information about a variety of health concerns.

- Answers questions regarding immunizations, communicable diseases, pregnancy, infant and child health, nutrition and more
- Referrals to community resources such as health care, prescription medication, emergency and community assistance programs
- Information and referrals to Health Division programs and services

Nurse-On-Call
800-848-5533
noc@oakgov.com



Nurse On Call (NOC)

Disease Prevention Services

Dental Program

For eligible, low income Oakland County residents without dental insurance.

Financial application required.

- Routine preventive care
- Basic/routine dental procedures
- Dentures and partial dentures
- Patient education

248-858-1306

Toll Free 888-350-0900 Ext 81306

Sexually Transmitted Infection Program

- Walk-in testing and diagnosis
- Treatment
- Counseling/education

248-858-1302 Pontiac

248-424-7049 Southfield

HIV/AIDS Prevention & Control Services

- Free rapid HIV testing with same day results
- Confidential HIV counseling
- Outreach testing (based on availability)
- Referrals/resources regarding HIV/AIDS
- Community presentations regarding HIV prevention

248-858-5416

Tuberculosis Control

- Testing, treatment and counseling

248-858-1302 Pontiac

248-424-7046 Southfield

Immunizations

- Babies and preschoolers
- School age children
- Teens/adults
- Flu (seasonal)

248-858-1305 Pontiac

248-424-7046 Southfield



Disease Prevention Services

Family Support Services

Children's Special Health Care Services

Assists families with children who have a qualifying chronic health problem or disability. Children must be 20 years old or younger.

- Payment assistance for special medical care
- Helps arrange for supplies and equipment
- Referrals to community resources

248-858-0056

Infant-Toddler Developmental Assessments

An early intervention program for children birth to age three with a developmental delay or an established health condition.

- Case management, education and referrals
- Infant-Toddler growth and development assessments
- Individualized Family Service Plan

248-858-1406

Nurse Family Partnership (NFP)

Assists pregnant women to have a healthy pregnancy and baby.

- Home visits
- Parenting and infant/child safety education
- Referrals

Participation guidelines:

- Live in the City of Pontiac
- Be pregnant with a first baby
- Must join before the 28th week of pregnancy

248-858-1406

Nurturing Parent Program

A parenting education program tailored to each family's needs. Parents and children participate in program activities together.

- 16 weekly home visits with a Public Health Nurse
- Growth and development screening and monitoring
- Health education
- Referrals

Toll Free 800-848-5533

WIC (Women, Infants & Children Supplemental Food Program)

For eligible, low-income pregnant and breast-feeding women, new mothers, infants, and children under five.

- Benefits for healthy food
- Nutrition education and counseling
- Breastfeeding support and resources
- Referrals to community services

248-858-1272

Toll Free 888-350-0900

Ext 81272



Family Support Services

Health Promotion Services

Community Nursing Services

- Home visits to high-risk pregnant women during pregnancy and after delivery
- Guidance and education about a variety of health topics
- Information and services for families with young children
- Referrals

Toll Free 800-848-5533

Health Education

Resource information, presentations, and health promotion programs available about various health topics including: substance abuse, wellness, disease prevention, child passenger safety, tobacco cessation and more.

248-858-4670

Hearing & Vision

- No cost vision screening for preschool and school age children
- No cost hearing screening for preschool and school age children
- Referrals to other resources

248-424-7070

Nutrition Services

- Home and community visits for individuals with nutritional needs
- Nutrition counseling for high-risk pregnant women and infants, overweight and obese children, and children and adults with chronic disease
- Food, nutrition and breastfeeding information and referrals

248-858-1403

Toll Free 888-350-0900 Ext 81403



Office of Substance Abuse Services (OSAS)

- Prevention and treatment programs
- Education & information about substance abuse issues
- Investigates complaints about substance abuse treatment providers

248-858-0001

PACE (Prior Authorization and Central Evaluation Program)

Confidential substance abuse treatment services for persons with alcohol and/or other drug needs.

- Financial assistance for Medicaid, under-insured and uninsured Oakland County residents
- Assesses and refers individuals for intensive outpatient treatment, methadone, and residential substance abuse programs

248-858-5200

Public Health Emergency Preparedness

Prepares for emergencies such as natural disasters, disease outbreaks, and/or chemical spills.

- Develops and exercises public health emergency plans
- Educates citizens and businesses about emergencies and planning needs

248-858-1318

Health Promotion Services

Environmental Health Services

248-858-1312 Pontiac

248-424-7191 Southfield

Food Safety Program

- License, inspect, and perform plan reviews:
 - Restaurants
 - Festival food booths
 - Vending machines
 - Mobile food units
 - School kitchens
- Investigate foodborne illness complaints and outbreaks
- Provide food safety education:
 - Food Service Managers' Certification Course (fee charged)
 - Basic Food Safety Class (no fee)

Water Programs

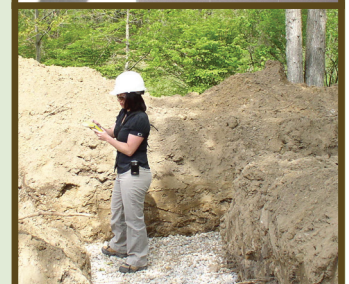
- Monitor and sample groundwater in contamination areas
- Issue private, public (Type II and III), and geothermal well permits
- Inspect well installations and conduct water sampling
- Sanitary surveys of non-community public water supplies
- Test drinking water, public swimming pools, and public beach water
- Review private water sample test results and provide consultation
- Inspect public swimming pools and spas

Shelter and Prevention Programs

- Inspect and issue licenses for Body Art establishments
- Train and issue permits to Body Art Practitioners
- Provide testing and consultation for lead, mercury and radon concerns in residential housing
- Indoor air quality information (lead, radon, asbestos, etc.) and consultation
- Pest control information and consultation
- Inspect licensed day care centers, adult foster homes, group homes, and public campgrounds
- Plan reviews for daycare and childcare facilities

Land Programs

- Evaluate soil and issue permits for on-site sewage disposal systems
- Review engineering proposals for commercial and residential on-site sewage disposal system installation
- Evaluate proposed land developments utilizing on-site sewage disposal and water wells
- Inspect and monitor licensed septage hauler vehicles and receiving facilities
- GIS mapping of water wells and on-site sewage disposal systems



Environmental Health Services

Oakland County Health Division

North Oakland Health Center

Pontiac | County Service Center
1200 North Telegraph Road
Pontiac Michigan 48341
General Information 248-858-1280

South Oakland Health Center

Southfield
27725 Greenfield Road
Southfield Michigan 48076
General Information 248-424-7000

L Brooks Patterson, Oakland County Executive

George J Miller, Director, Health & Human Services

Kathy Forzley, Manager/Health Officer

L. Brooks Patterson
Oakland County Executive



The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.

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STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

November 26, 2008

George J. Miller, M.A., Director
Department of Health and Human Services
1200 N. Telegraph Rd., Bldg. 34E
Pontiac, MI 48341

Dear Mr. Miller:

I am in receipt of your letter dated September 18, 2008 concerning the appointment of Kathy Forzley as the Health Officer for Oakland County Health Division. After reviewing Mrs. Forzley's resume and credentials, I am happy to approve her appointment as being in compliance with the Administrative Rules for Administrative Health Officers.

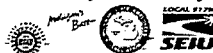
I wish Kathy all the best in her new role and know that she will do a wonderful job for the people of Oakland County.

If you have any questions, you can reach me or Betsy Pash, Director, Bureau of Local Health and Administrative Services at (517) 335-8024.

Sincerely,

A handwritten signature in cursive script that reads "Jean Chabut".

Jean Chabut
Deputy Director





STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

May 17, 2013

Kathleen Forzley, R.S., M.P.A.
Manager/Health Officer
Oakland County Health Division
1200 N. Telegraph Rd.
Pontiac, Michigan 48341-0432

Dear Ms. Forzley:

I am in receipt of your correspondence requesting approval to appoint Dr. Pamela Hackert as the Medical Director for the Oakland County Health Division (OCHD) effective May 20, 2013.

Based on the documentation in our files, Dr. Hackert meets the rule requirements under the Michigan Public Health Code to be fully recognized by the Michigan Department of Community Health as the Medical Director for the OCHD. This appointment is approved.

As requested, Dr. Thomas Petinga can provide backup coverage as long as Dr. Hackert or another qualified public health physician is available for consultation.

We commend you on the rapid recruitment and placement of such a highly qualified individual and appreciate your timely correspondence to us on the matter. If anything changes regarding the above, please contact Local Health Services at (517) 335-8928. Again, congratulations on the appointment of Dr. Hackert.

Sincerely,

Melanie Brim, MHA
Senior Deputy Director
Public Health Administration

cc: Local Health Services
Konrad Edwards