

# EPC Desk Reference

Things an EPC Needs to Know and  
Cannot Possibly Remember

**Revised 10-14-2025**

This document was developed as a resource for new local health department (LHD) emergency preparedness coordinators (EPC) and emergency preparedness staff to provide a ready reference to the varied programs, systems, resources, requirements, etc. that make up the public health emergency preparedness (PHEP) program in Michigan.

# The EPC Desk Reference

## Introduction

This desk reference was developed with the new local health department emergency preparedness coordinator (EPC) and emergency preparedness staff in mind; however, veteran EPCs might also find it useful.

Each section will cover a different topic and provide a general overview of the topic.

This desk reference will be reviewed annually and updated as needed.

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## Basics

### PHEP Responsibilities

The Michigan Public Health Code (PA 368 of 1978, as amended, MCL 333.1101 et seq.) sets out the mission, responsibilities, and authorities of the local health department. It also states that every county must have a health department unless they are combining with other counties to create a district health department.

### *Mission*

The overall mission of the local health department as defined in the Public Health Code is to:

- Endeavor to prevent disease, prolong life, and promote the public health through organized programs.
- The mission is carried out through programs that prevent and control environmental health hazards.
- Prevent and control diseases.
- Prevent and control health problems of particularly vulnerable population groups.
- Develop health care facilities and health services delivery systems; and
- Regulate health care facilities and health services delivery systems to the extent provided by law. (MCL 333.2431(1))

### *Authorities*

Section 2433(2) lays out the general authorities of a local health department:

- Implement and enforce laws for which responsibility is vested in the local health department.
- Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.
- Make investigations and inquiries as to:
  - The causes of disease and especially of epidemics.
  - the causes of morbidity and mortality,
  - the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.
- Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.
- Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.
- Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.

- LHDs must demonstrate that the required services as set forth in the Public Health Code meet the objectives of Section 2473(2).

To carry out its mission, the local health department has been given very broad authority in the Public Health Code. In the section discussed on the previous page it states, “Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law... This section does not limit the powers or duties of a local health officer otherwise vested by law.” In Section 2446, the Code expands on Section 2433(2)(c) by stating that to assure compliance with “laws enforced by a local health department, the local health department may inspect, investigate, or authorize an inspection or investigation to be made of, any matter, thing, premise, place, person, record, vehicle, incident, or event.”

This is the legal authority for what the local health department does every day. There is more in Part 24 related to local health departments.

The local health officer also has authority to issue emergency orders when deemed necessary to control an epidemic, contain an environmental hazard (abate a nuisance), etc.

## Resources

- <https://www.legislature.mi.gov/>
  - [MCL - Act 368 of 1978](#)
    - MCL – Section 333.2413
    - MCL – Section 333.2415
    - MCL – Section 333.2433(1)
    - MCL – Section 333.2433(2)
    - MCL – Section 333.2433(2)(a – g)
    - MCL – Section 333.2433(3)
    - MCL – Section 333.2446

## Role of the Emergency Preparedness Coordinator (EPC)

All forty-five local health departments in Michigan receive funding from the public health emergency preparedness (PHEP) cooperative agreement from the Centers for Disease Control and Prevention (CDC) through the Michigan Department of Health and Human Services (MDHHS). States are the recipients of this funding and local health departments are considered sub-recipients.

One requirement of this funding that Michigan has maintained since 2003 is that each local health department must maintain the position of EPC. The EPC is responsible for assuring

the requirements of the PHEP cooperative agreement are met and that the PHEP funds received by the local health department are spent appropriately.

The EPC can be described as a planner, trainer, coordinator, project manager, and subject matter expert. Though the EPC might be a one-person department/office in the health department, the EPC cannot accomplish their mission alone.

**Primary Public Health Emergency Preparedness activities responsibilities:**

- Planning and collaboration partner
- Organizing activities (exercises and training)
- Responding to events
- Recovery (post-emergency functions)

**In addition, this position:**

- Coordinates community partnerships
- Acts as a community educator through the development and delivery of emergency response presentations

The EPC is the primary point of contact between the local health department and the Division of Emergency Preparedness and Response within MDHHS.

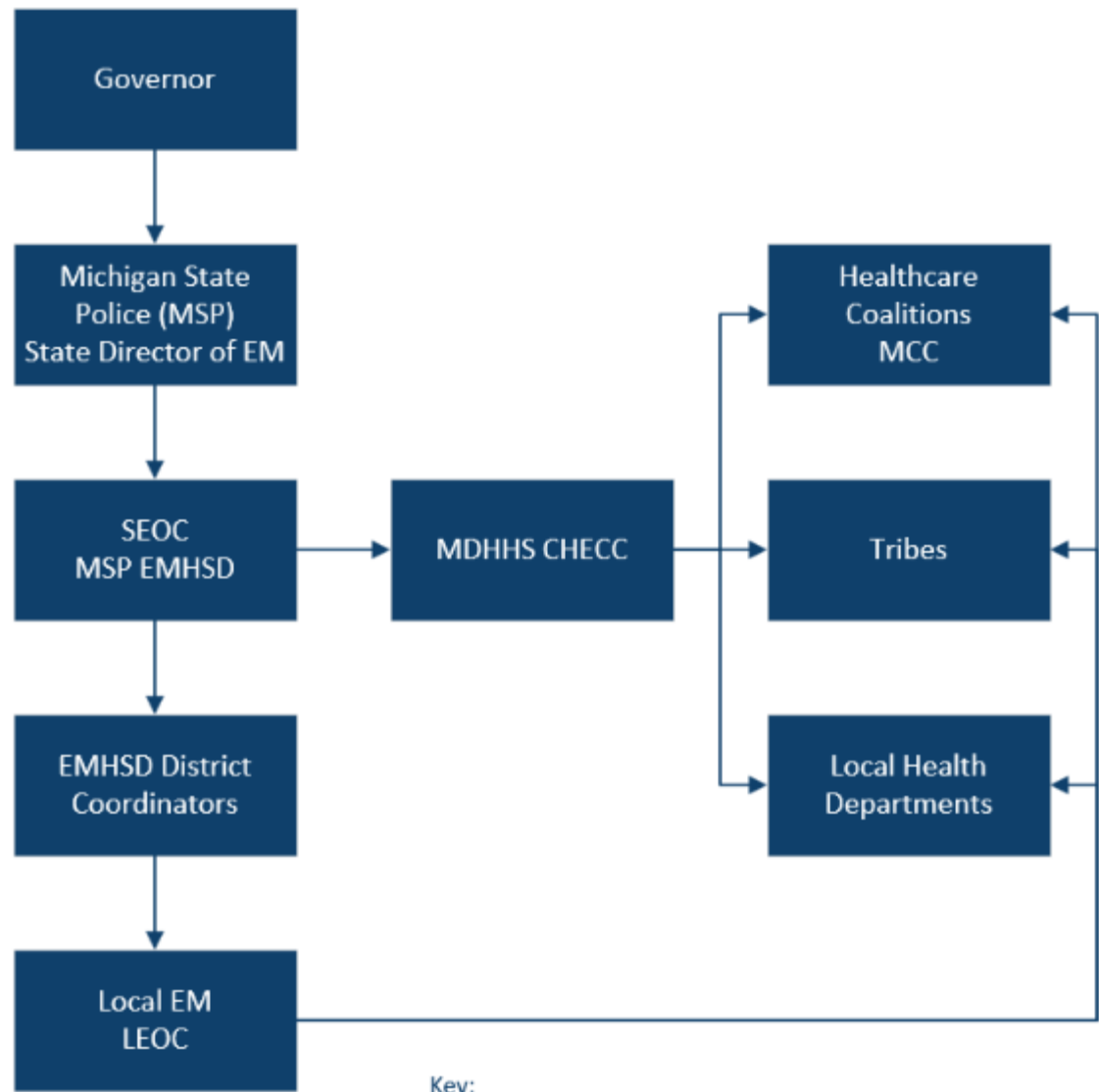
***Resources***

- NACCHO Toolbox for emergency preparedness:  
<http://toolbox.naccho.org/pages/index.html>  
(You must create an account with NACCHO to access these resources)
- [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#)
- [Local EPC's Contact Information](#)



# Michigan’s Emergency Management Structure

National Incident Management System (NIMS) and Incident Command System (ICS)



Key:  
CHECC – Community Health Emergency Coordination Center  
EM – Emergency Manager  
EMHSD – Emergency Management and Homeland Security Division  
LEOC – Local Emergency Operations Center  
MCC – Medical Coordination Center  
SEOC – State Emergency Operations Center

The diagram on the previous page shows the emergency management system in Michigan.

At the local level, the emergency manager is responsible for the county's emergency operations plan (EOP), including all annexes and appendices. Each LHD emergency operations plan should align with their county emergency operations plan. For multi-county district health departments, there should be an alignment with each county's EOP.

Note from the diagram above that the LHD is connected to the county emergency operations center (EOC) and to the MDHHS emergency coordination center (known as the CHECC). This dual line of communication allows for a more effective response to a public health-related emergency (e.g., infectious disease outbreak).

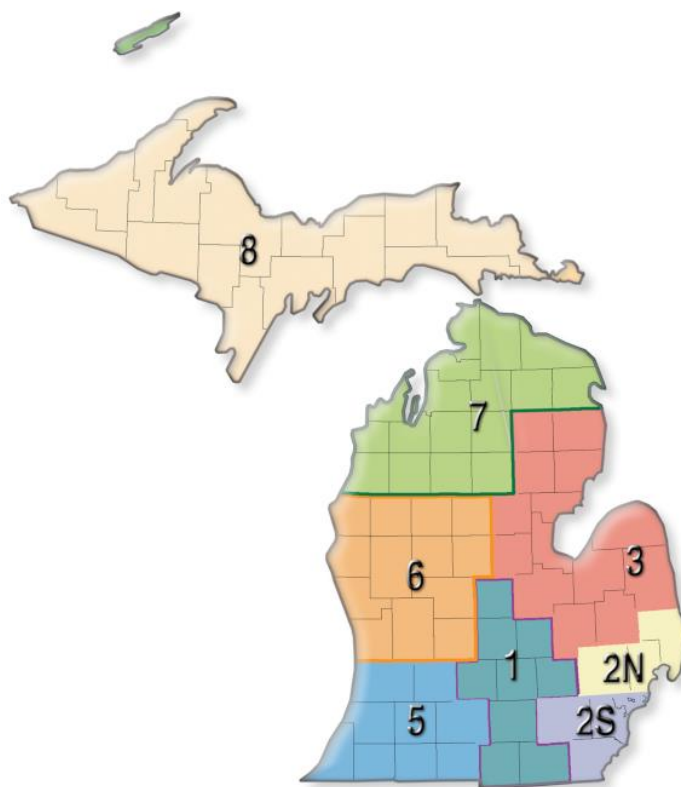
The diagram on the previous page is based on the Michigan Emergency Management Plan (MEMP). This plan governs the State of Michigan's response to emergencies and is maintained by the Michigan State Police, Emergency Management Homeland Security Division. This plan uses the National Incident Management System and the Incident Command System (ICS). ICS is a flexible and scalable system that allows different organizations on different levels (local, state, federal) to work together using a common management structure. In the simplest terms, ICS is a management-by-objective system. It can be used for the smallest emergencies to the largest disasters.

## **Resources**

- [Michigan Emergency Management Act - Public Act 390 of 1976](#)
- [Michigan Emergency Management Plan \(MEMP\)](#)
- [National Incident Management System](#)
- Log into [MI-TRAIN](#) to find ICS courses

## Michigan's Regional Structure

There are eight preparedness regions in Michigan that correspond with the eight emergency management districts used by the Michigan State Police – Emergency Management Homeland Security Division (MSP-EMHSD). These preparedness regions each have a regional healthcare coalition and a regional medical coordination center staffed by the healthcare coalition. A regional epidemiologist is available in each region to assist in epidemiologic and surveillance activities for bioterrorism, traditional communicable diseases and other emerging threats. The regional epidemiologist is the liaison between the local health department and MDHHS Communicable Disease Division. Regionally, EPCs work together on projects impacting the entire region, they share ideas and work together to enhance preparedness across the region.



The Cities Readiness Initiative (CRI) is comprised of the CDC identified CRI jurisdictions (the **City of Detroit** and the Counties of **Lapeer, Livingston, Macomb, Oakland, St. Clair** and **Wayne**). In addition, the counties of **Monroe** and **Washtenaw** (Region 2 South) are invited and encouraged (but not required) to participate in CRI activities, as well as the MDHHS Strategic National Stockpile (SNS) Coordinator and/or additional roles from various MDHHS programs and Healthcare Coalition representatives for regions 2 North and 2 South. CRI collaborates on work plan deliverables and has specific requirements based on their status as a CRI jurisdiction.

### Resources

- [Michigan Emergency Management Districts](#)
- [Local Emergency Management Coordinators](#)
- [Regional Epidemiologists](#)
- [Regional Healthcare Coalitions Contact Information](#)

## CHECC - MDHHS Emergency Coordination Center

The Community Health Emergency Coordination Center (CHECC) is a centralized location from which MDHHS can provide both inter-agency and intra-agency coordination and executive level decision-making in support of emergency response and recovery operations. The CHECC does not coordinate on-scene response efforts; rather it provides the following functions:

- Support public health and health care response at the local, regional and state levels.
- The collection, evaluation and dissemination of public health related information and information.
- The analysis of impacts to local and regional partners; and
- Coordination and oversight of select MDHHS resources.

The CHECC supports the MDHHS emergency management coordinators in the State Emergency Operations Center (SEOC).

The CHECC has several levels of activation depending upon the nature of the incident.

During routine operations, DEPR maintains a 24/7 duty officer. The duty officer serves as the after-hours contact for DEPR. LHDs should contact their regional POC or PHEP leadership anytime there is a need during business hours and the Duty officer outside of business hours.

- The email address is the best means of communication when an LHD is conveying situational awareness of an incident to which the LHD is responding but has no need of any assistance from MDHHS. Email can also be used to ask for important information when an immediate response is not needed.
- The cell phone number is the best means of communication when the LHD has an immediate need for information or resources from MDHHS. The duty officer phone is always answered. Always contact the duty officer by phone after hours if an answer is needed to ensure timely response.

### Resources

- *Duty Officer email: [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov)*
- *Duty Officer phone: 517-819-0391*

## Division of Emergency Preparedness and Response (DEPR)

The Division of Emergency Preparedness and Response (DEPR) is part of the Bureau of Emergency Preparedness, EMS, and Systems of Care in the MDHHS. DEPR is the entity within MDHHS that is responsible for managing the two federal cooperative agreements for public health and healthcare preparedness: the Public Health Emergency Preparedness (PHEP) and the Hospital Preparedness Program (HPP). These sources of funding are the primary means of preparedness funding for MDHHS, local health departments, regional healthcare coalitions, and tribal health partners.

The primary contact for EPCs at DEPR is the regional point of contacts. There are a few specialized topics where there is a subject matter expert at DEPR beyond the regional point of contact. These are:

### ***Specialized Topic Area Contacts***

#### Medical Countermeasures/SNS:

- April Walton  
<mailto:waltona4@michigan.gov>  
Cell: 517-582-1476
- Jeannie Byrne  
[ByrneJ2@michigan.gov](mailto:ByrneJ2@michigan.gov)  
Cell: (517) 275-1234

#### Cities Readiness Initiative:

- Jeannie Byrne  
[ByrneJ2@michigan.gov](mailto:ByrneJ2@michigan.gov)  
Cell: (517) 275-1234

#### MI TRAIN:

- Kerry Chamberlain  
[Chamberlaink2@michigan.gov](mailto:Chamberlaink2@michigan.gov)  
Cell: 517-294-1459

#### MIHAN:

- Denise Fleming  
[Flemingd7@michigan.gov](mailto:Flemingd7@michigan.gov)  
Cell: 517-449-8500

#### MI Volunteer Registry:

- Stephanie Steele  
[steeles@michigan.gov](mailto:steeles@michigan.gov)  
Cell: 517-282-3789
- Elizabeth Shepard  
[sheparde@michigan.gov](mailto:sheparde@michigan.gov)  
Cell: 517-243-8253

#### Finance:

- Janis Tipton  
[DHHS-DEPR-Finance@michigan.gov](mailto:DHHS-DEPR-Finance@michigan.gov)  
Cell: 517-388-4312

#### Records Retention:

- Jim Koval  
[kovalj@michigan.gov](mailto:kovalj@michigan.gov)  
Cell: 517-749-1321

#### Exercises:

- Larry Zimmerman  
[Zimmermanl1@michigan.gov](mailto:Zimmermanl1@michigan.gov)  
Cell: 517-420-6216

## ***DEPR Regional Points of Contact***

### Region 1:

- Denise Fleming  
[Flemingd7@michigan.gov](mailto:Flemingd7@michigan.gov)  
Cell: (517) 449-8500

### Region 2 North & 2 South:

- Jeannie Byrne  
[ByrneJ2@michigan.gov](mailto:ByrneJ2@michigan.gov)  
Cell: (517) 275-1234

### Region 3:

- Jim Koval  
[kovalj@michigan.gov](mailto:kovalj@michigan.gov)  
Cell: 517-749-1321

### Region 5:

- April Walton  
[waltona4@michigan.gov](mailto:waltona4@michigan.gov)  
Cell: 517-582-1476

### Region 6:

- Jessica Gould  
[gouldj@michigan.gov](mailto:gouldj@michigan.gov)  
Cell: 517-930-6919

### Region 7:

- Jeannie Byrne  
[ByrneJ2@michigan.gov](mailto:ByrneJ2@michigan.gov)  
Cell: (517) 275-1234

### Region 8:

- Kerry Chamberlain  
[chamberlaink2@michigan.gov](mailto:chamberlaink2@michigan.gov)  
Cell: (734) 262-0958

### Tribes:

- Terra Riddle  
[riddlet1@michigan.gov](mailto:riddlet1@michigan.gov)  
Cell: 517-897-6744

### **Coordinator of Regional Points of Contact:**

- Katie Dunkle-Reynolds  
[dunklek@michigan.gov](mailto:dunklek@michigan.gov)  
Cell: 517-930-6919

### **PHEP Section Manager:**

- Jessica Gould  
[gouldj@michigan.gov](mailto:gouldj@michigan.gov)  
Cell: 517-285-0687

## Guidance Documents, Deliverables, and Deadlines

Guidance documents for the PHEP program at the local health department come from both the federal government and MDHHS.

At the federal level, there are two guidance documents for PHEP: The Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, 2019, and the annual funding guidance from CDC.

DEPR uses these two guidance documents along with past work plans as the basis for the current PHEP Sub-Awardee Work Plan as well as Attachment III of the MDHHS Comprehensive Agreement. The work plan is created at the beginning of the five-year cooperative agreement period with annual updates before the start of each new budget period.

The work plan outlines the requirements that LHDs must meet as part of the PHEP cooperative agreement. The work plan addresses the required activities for the cooperative agreement period.

### **Workplan Submission Guidance**

- Work plan deliverables upload to:  
[Preparedness Collaboration Site - Home](#) (contact your Point of Contact for access)

### **Resources**

- [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, 2018](#)
- [CDC PHEP Cooperative Agreement guidance documents](#)
- See the Document Library on the Michigan Health Alert Network → Local Health → EPC General → PHEP 2024-2029 for guidance documents, including Attachment III.
  - Important Terms and Conditions
  - Evidence-Based Benchmarks
  - Administrative Items
  - Audit Requirements

## Training Requirements and Recommendations for the EPC

The EPC is considered the subject matter expert in public health emergency preparedness and response. Achieving that takes time and training. Time is needed to gain experience; training provides the foundation upon which experience builds.

Federal law requires all entities receiving federal preparedness funds to demonstrate compliance with the National Incident Management System (NIMS). One of the primary

ways this is demonstrated is through the tracking of incident command system (ICS) training.

The following courses are required for the EPC to meet NIMS training compliance:

- IS-100.c – [Introduction to the Incident Command System](#)
- IS-200.c – [Basic ICS for Initial Response](#)
- IS-700.a – [Introduction to NIMS](#)
- IS-800.c – [National Response Framework – Introduction](#)
- ICS-300 – [Intermediate ICS for Expanding Incidents](#)
- ICS-400 – [Advanced ICS: Command and General Staff – Complex Incidents](#)

The following courses are optional for SNS:

- ASPR SNS Overview -- [MI-TRAIN Course ID 1122168](#)
- MGT-319 -- [MCM: POD, Planning and Response](#)
- AWR-314 -- [MCM Awareness for PH Emergencies](#)
- SNS Rick Communications for an SNS Response -- [MI-TRAIN Course ID 1102843](#)
- Developing an MCM Response Plan -- [MI-TRAIN Course ID 1100851](#)
- AWR-160 -- [WMD/Terrorism Awareness for Emergency Responders](#)

### ***Optional Self-Paced and In-Class Trainings***

- IS-29.a – [Public Information Officer Awareness Course](#)
- L-105 – [Public Information Basics](#)
- IS-120 – [Introduction to Exercises](#)
- IS-130 – [How to Be an Exercise Evaluator](#)
- IS-906 – [Workplace Security Awareness](#)
- IS-1300 -- [Continuity of Operations \(COOP\) - FEMA \(IS-1300\)](#)
- AWR 314 - Medical [Countermeasures](#) Awareness for Public Health Emergencies
- [Public Health 101 Online Training](#)
- [IS-13 – EMI Conduct and Behavior](#) – required if taking onsite courses at FEMA's Emergency Management Institute
- MICIMS End User Training (contact your [local emergency manager](#))
- Homeland Security Exercise and Evaluation Program (HSEEP) Course ([classroom](#) or [webinar](#))

A new local health department EPC [training plan](#) has been developed in MI-TRAIN to ensure these courses are easy to find and complete. Contact your RPOC if you cannot find the training plan.

Additional recommended courses (not in the training plan) include:



- [The Professional Emergency Manager Program](#)
- IS-520: [COOP for Pandemic Influenza - FEMA](#)
- [IMATS](#)
- MIHAN - [Contact the MIHAN Coordinator](#)
- MI Volunteer Registry - [Contact the MVR Technician](#)
- [Introduction to Crisis Emergency Risk Communication \(CERC\)](#)

The Federal Emergency Management Agency (FEMA) [Center for Domestic Preparedness](#) (CDP) offers a variety of training courses for emergency response personnel, including public health. All courses into which the EPC is accepted will be paid for by FEMA, as reimbursement. There is no cost to the health department or the EPC. CDP offers three courses DEPR recommends:

- Introduction to SNS Operations
- Strategic National Stockpile Preparedness (SNS PER 310)
- POD Essentials: Train-the-Trainer” (PODET MGT-442-1)

Certificates should be uploaded to your MI-TRAIN transcript. [Here is a quick sheet on how to add them.](#)

## **Resources**

- [National Disaster & Emergency Management University List of Independent Study Courses](#)
- [MI-TRAIN EPC Training Plan](#)

## **Important Relationships**

The EPC must establish and maintain strong professional relationships with a variety of partners both within the health department and in the wider community. These relationships are the backbone for accomplishing the mission, which is to ensure the health department can effectively prepare for, respond to, and recover from a variety of emergency situations. These individuals and organizations include:

### **Local Partners**

- County/city emergency management
- Local Emergency Planning Committee (LEPC)
- Healthcare Coalition (HCC)
  - Home health, Long Term Care (LTC), mental/behavior health work groups
  - Hospitals

- Nursing homes/assisted living facilities (LTC, SNF, Small group homes and others)
- Psychiatric/mental/behavioral health and social services providers
- State and County medical societies
- Laboratories
- Neighboring public health and tribal jurisdictions
- Medical Control Authority (MCA)
  - Emergency Medical Services (EMS)
- Fire departments
- Academic institutions
  - Schools of public health, nursing, dentistry
- Law enforcement
- Local pharmacies
- Private sector businesses
- Nuclear power plants (where applicable)
- Other pertinent agencies/organizations, community organizations

### ***State Partners***

- [Regional Epidemiologists](#)
- [MDHHS Division of Local Health Services](#)
- [MDHHS Environmental Health Bureau \(EHB\)](#)
  - [Emergency and Time Critical Operations Information](#)
  - [Chemical Planning and Response Section](#)
  - [Biomonitoring, Epidemiology and Response Section](#)
  - [Community Education and Outreach Section](#)
- [Michigan Department of Agriculture and Rural Development \(MDARD\)](#)
- [Department of Environment, Great Lake, and Energy \(EGLE\)](#)

### ***Humanitarian/non-governmental/ volunteer organizations***

- Community Emergency Response Teams (CERTs)
- Medical Reserve Corps (MRC)

### ***Special Populations/Vulnerable Population Considerations***

- Find the liaisons to these populations in your community, to include:
  - Children
  - Elderly
  - Asset limited, income constrained, employed (ALICE)
  - Dialysis patients
  - Disabled persons
    - [Emergency Preparedness and Disability Inclusion | CDC](#)
  - Homebound persons

- Patients dependent on home health care services
- Institutionalized persons
- Incarcerated persons
- Substance Abuse facilities
- Those with limited English proficiency
- Transient populations (tourists, migrant workers, the homeless, carnival/fair workers, etc.)
  - [About the Farmworker Outreach Services Division](#)

These relationships will also help the EPC in building the Community Preparedness and Community Recovery capabilities.

### ***Internal LHD Relationships***

The EPC will find they must interact with several program areas within the health department. Communicable disease, environmental health, and immunizations are three program areas where the EPC will work with regularly. Fostering strong working relationships with the people in charge of these programs will enhance the EPC's success.

# Legal Foundations for Public Health Emergency Response

## Acknowledgement and Disclaimer

*The material in this section comes from a presentation developed by the Midstates Office of the Network for Public Health Law. The information in this section is for educational purposes only and does not constitute legal advice.*

## Organization of Public Health in Michigan

The Michigan Constitution of 1963 Section 51 provides:

[Const. 1963, Art. IV, § 51, Eff. Jan. 1, 1964](#)

“The public health and general welfare of the people of the state are hereby declared to be matters of primary public concern. The legislature shall pass suitable laws for the protection and promotion of the public health.”

The Legislature passed “suitable laws” when it passed the Public Health Code in 1978. The Legislature stated the intent and the structure of the Public Health Code:

[Public Act \(PA\) 368 of 1978, as amended, MCL 333.1101, et seq.](#)  
[MCL 333.1111](#)

“Section 1111 Intent and construction of code.

(1) This code is intended to be consistent with applicable federal and state law and shall be construed, when necessary, to achieve that consistency.

(2) This code shall be liberally construed for the protection of the health, safety, and welfare of the people of this state.”

The Public Health Code (the Code) provides parallel authorities and responsibilities for both state and local health departments. The Code also outlines the general duties of both state and local health departments as:

[MCL 333.2221](#)  
[MCL 333.2433](#)

- Promote and safeguard the public health
- Prolong life
- Prevent and control environmental health hazards
- Prevent and control the spread of disease
- Provide expertise and education regarding

The laws give specific authorities and actions that a health officer may take in emergency situations.

## Systems and Resources for Public Health Emergency Response

There are several internet-based systems as well as deployable assets available to LHDs for both normal operations as well as emergency response. New EPCs learn what these systems are during their orientation process. A one-time listing and description of those systems will not provide the EPC with a working knowledge of these systems. This section of the EPC Desk Reference will list these state level systems and provide a basic description of each system.

### Michigan Health Alert Network (MIHAN)

The Michigan Health Alert Network (MIHAN) is an internet-based alerting system that allows users on the system to convey important information to partners at the local, regional, and state levels. This information can range from situational awareness to incident response.

In addition to messaging, the MIHAN contains a document library used to share information with the local health departments.

#### Resources

- Michigan Health Alert Network - <https://michiganhan.org/>

#### Contact

- [State MIHAN Coordinator](#)

### MI-TRAIN

Michigan TRAIN (MI-TRAIN) is the Michigan affiliate of TRAIN, a national learning network that provides thousands of quality training opportunities to more than 2 million professionals who protect and improve the public's health.

Powered by the Public Health Foundation (PHF), the [TRAIN Learning Network](#) brings together agencies and organizations in the public health, healthcare, and preparedness sectors to disseminate, track, and share trainings for the health and preparedness workforce on a centralized training platform.

MI-TRAIN is a robust learning management tool that can be used by agencies to create training plans for their staff that will monitor staff progress toward completing the training needed.

MI-TRAIN can also be used to host trainings and for conference registrations prior to the event and for printing out rosters for on-site registration tables.

## Resources

- MI TRAIN - <https://train.org/mi-train/welcome>

## Contact

- [State MI-TRAIN Coordinator](#)

## Michigan Critical Incident Management System (MI CIMS)

The Michigan Critical Incident Management System (MI CIMS) is operated and maintained by the Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD) for the by its staff, state and local emergency management partners, and other authorized users. The MI CIMS is expected to be used for the purpose of managing, documenting or monitoring emergency responses and planned events.

Access and initial training on MI CIMS are coordinated through the county emergency manager. In addition to the EPC, each health department is expected to have two additional staff trained on the use of MI CIMS.

## Resources

- MI CIMS - <https://micims.webeocasp.com/micims/default.aspx>

## Contact

- State Contact - [Local emergency manager](#)

## Michigan Volunteer Registry (MVR)

The Michigan Volunteer Registry (MVR) is a system for the registration of individuals who volunteer to provide services during a public health or medical emergency, disaster, training, or exercise.

The objectives of this system are to:

- Identify a qualified and competent volunteer force
- Enable efficient and effective emergency or disaster operations
- Allow sharing of volunteers across state lines
- Establish clear protections for volunteers, hospitals and others

The MVR is an electronic database that enables authorities to perform a state and national background check and verify a volunteer's professional licenses, credentials, accreditations, and hospital privileges. The MVR is the State of Michigan's contribution toward a national response system authorized by the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (42 USC § 247d-7b).

The MVR seeks Michigan residents and individuals who work in Michigan with all skill levels and experiences. When registering to volunteer, applicants are asked to select any affiliated volunteer organizations that may interest them. If they do not have one in mind, they are asked to choose their current county of residence. The following organizations are affiliated with the MVR:

- Community Emergency Response Team (CERT)
- County governments (including local health departments)
- Medical Reserve Corps
- Fire Corps
- Michigan Mortuary Response Team (MI-MORT)
- Michigan Transportable Emergency Surge Assistance (MI-TESA)
- National Ski Patrol (NSP)
- Neighborhood Watch Program (NWP)
- Tribal Response Teams
- Volunteers in the Police Service (VIPS)

### ***Worker's Compensation***

Michigan's Workers' Compensation Act (2012 PA 83, MCL 418.161(1)(o)), provides that an individual registered with the state of Michigan verification system described in 42 USC 247d-7b shall be considered an employee of the state of Michigan when engaged in the performance of duties or services as a registrant, or when training to provide those duties or services, except if another employer provides coverage for that individual specifically for duties and services arising from registration with this state.

**Important:** This coverage is only applicable to **volunteer activity** sanctioned by and deployed through an authorized administrator on the MVR.

### ***Liability***

Volunteers may be protected from civil liability through a number of laws. However, they do not protect against harm caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed.

The Public Health Code provides immunity from liability for certain groups of people:

- Health Department – The director or an employee or representative of the state health department or a local health department is not personally liable for damages sustained in the performance of departmental functions, except for wanton and willful misconduct (MCL 333.2228 and 333.2465).
- Immunization Program – When the state health department approves a mass immunization program; health personnel employed by a governmental entity, or a volunteer authorized to participate by the director or a local health officer, cannot be

held liable except for gross negligence or willful and wanton misconduct (MCL 333.9203).

- Emergency Medical Services Personnel – Immunity from liability is provided except for gross negligence or willful misconduct (MCL 333.20965).

## Resources

- MI Volunteer Registry - <https://mivolunteerregistry.org>

## Contact

- State Contact - Stephanie Steele - [steeles7@michigan.gov](mailto:steeles7@michigan.gov)

## Strategic National Stockpile (SNS)

The Center for the Strategic National Stockpile (SNS) is part of the federal medical response infrastructure. The SNS consists of lifesaving pharmaceuticals, antitoxins, antidotes, vaccines and other medical supplies and equipment that states can request in the event of a public health emergency, such as pandemic influenza, emerging infectious disease and/or chemical, biological, radiological and nuclear incidents.

The SNS stores and maintains large quantities of medical countermeasures (MCMs) in strategic locations around the nation. The SNS can support state/local jurisdictions overwhelmed by an incident with a response time of 12 hours or less.

The SNS inventory does not cover every threat or include every potential MCM. When no MCMs are readily stockpiled, the SNS leverages its purchasing power and works with commercial partners to rapidly acquire needed products. In addition, some MCMs may be used to respond to other threats.

In the State of Michigan, the requesting process will begin at the local level when officials identify a potential or actual situation that could threaten the health of the community and it is clear that local public health and/or medical resources have been exhausted (or it is anticipated that available resources will be exhausted) and additional resources are needed.

This following illustrates the process for an initial SNS request from a local health department or a hospital/treatment center.

LHD → Local EOC → District EM Coordinator → State EOC → CHECC → Governor → ASPR/CDC

Hospital/Treatment Center → MCC → Local EOC → District EM Coordinator → State EOC → CHECC → Governor → ASPR/CDC

## Resources

- ASPR SNS - [Strategic National Stockpile | SNS | HHS/ASPR](#)



- [SNS Planning Resources](#)

### **Contact**

- State Contacts:  
April Walton - [waltona4@michigan.gov](mailto:waltona4@michigan.gov)  
Jeanie Byrne - [byrnej2@michigan.gov](mailto:byrnej2@michigan.gov)  
[MDHHS-BEPESOC-MCM@michigan.gov](mailto:MDHHS-BEPESOC-MCM@michigan.gov)

## **MEDDRUN & CHEMPACK**

These assets are pre-deployed across the state for use in response to a major mass casualty incident or chemical attack involving nerve agent (NA) or organophosphate exposures. MEDDRUN is a state-owned and managed resource; while CHEMPACK is a federally owned and state-managed resource.

MEDDRUN is comprised of MedPacks pre-deployed to EMS agencies throughout the state to reach patients within one hour of request of the asset. Each MEDDRUN MedPack has the materiel to treat up to 50 patients. Up to three MedPacks can be deployed upon immediate request.

CHEMPACK is also pre-deployed to strategic locations around the state. This resource is positioned in hospital pharmacies and EMS agencies due to the security requirements of the CHEMPACK containers. CHEMPACK treats between 450 and 1,000 patients. This resource can be deployed within one to three hours.

### **Resources**

- [MEDDRUN/CHEMPACK](#)
- [MEDDRUN One Pager](#)
- [CHEMPACK One Pager](#)

### **Contact**

- State Contact:  
April Walton - [waltona4@michigan.gov](mailto:waltona4@michigan.gov)
- To activate MEDDRUN and/or CHEMPACK, call:  
Primary Communications Agency: 877-633-7786  
Backup Communications Agency: 616-391-5330

## **Michigan Mortuary Response Team (MI-MORT)**

MI-MORT is a collaborative venture between the Michigan Department of Health and Human Services and the Michigan Funeral Directors Association to develop a state level mass fatality response resource that could be utilized when a federal response is not warranted or available.

The mission of MI-MORT is to assist local Medical Examiners with disaster recovery and victim identification in mass fatality incidents with the ultimate goal of returning the deceased to loved ones.

The rapid and accurate identification of mass fatality victims is of critical importance to any disaster mitigation operation.

The investigative and identification process in a mass fatality incident is a multidisciplinary endeavor requiring multiple forensic and medical specialists to come together rapidly, often under adverse conditions.

MI-MORT professionals demonstrate dignity, respect and compassion throughout the antemortem and postmortem identification process. For more information, visit [www.mimort.org](http://www.mimort.org).

### **Resources**

- <https://mimort.org/>
- [Fatality Management Resources](#)

### **Contact**

- [MI-MORT Planner/Subject Matter Expert](#)
- [MI-MORT Exercise](#)

## **Michigan Transportable Emergency Surge Assistance (MI-TESA) Medical Unit**

The Michigan Transportable Emergency Surge Assistance (MI-TESA) Medical Unit is a state resource consisting of a 40-bed mobile field hospital that is stored and maintained by the [Region 2 South Healthcare Coalition](#). The MI-TESA Medical Unit expands surge capacity, re-establishes emergency triage, and treatment in an area where the healthcare infrastructure has been disrupted. The unit may be deployed anywhere within the state.

MI-TESA consists of tents for patient care, as well as medical supplies and equipment. MI-TESA is deployable within 24-48 hours and [requested through the CHECC](#).

### **Resources**

- [MI-TESA](#)

## Contact

- [MI-TESA Subject Matter Expert](#)

## Planning Process and Activity Writing

The planning process and activity writing are two of the most challenging topics for new EPCs. Both involve the ability to view your LHD preparedness program holistically and keep plans updated and programs moving forward.

Since the preparedness program is over 20 years old, many programs are well established, so there is no need to start from scratch.

## The Emergency Operations Plan (EOP)

“The emergency operations plan details what the facility or agency will do during a disaster (incident command implementation, command center location and activities, specific plans by department, etc.).” (USHHS, n.d.)

The Federal Emergency Management Agency (FEMA) puts it this way:

Although local governments may not organize their response or EOC operations exactly the same way that state, Tribal Nation, territorial or insular area governments organize theirs, local EOPs should take such differences into account to enable local government interoperability with state, Tribal Nation, territorial or insular area government plans. Local functions focus on actions necessary to save lives and alleviate suffering immediately following a disaster. Local jurisdictions should work with their state, Tribal Nation, territorial or insular area partners to identify and address potential gaps and clearly delineate roles, responsibilities and structures (FEMA, 2025)

An EOP is not a place to store all your planning documents, nor is it something that is meant to be put on a shelf and never seen again. The EOP should strive to be operational. This means it contains instructions for what staff and partners should be doing during an emergency. When the EOP is operational, someone could pick up the plan and use it right away.

An EOP usually contains the following elements:

- EOP Base Plan (Where the narrative is. This contains the legal authorities that emergency preparedness works under during an emergency.)
- Annexes (More specific operationalized sections.)

Standard annexes in an EOP may vary, but could include:

- Continuity of Operations Plan (COOP)
- Administrative Preparedness (this may be written into the base EOP)

- Mass Fatality / Fatality Management
- Medical Surge / Mass Care / Sheltering
- Responder Health and Safety
- Disaster Behavioral Health
- Pandemic Response Plan
- Crisis and Emergency Risk Communication (CERC)
- Volunteer management
- Medical countermeasures (MCM) and Strategic National Stockpile (SNS)
- Radiation / Nuclear
- Environmental
- Recovery

The EOP should be:

- Reviewed and updated regularly
- Exercised regularly
- Address the entire community/jurisdiction
- Contain annexes that highlight more specific protocols for certain types of emergencies.

DEPR does not mandate any format for local health department emergency plans. That is a local decision. Take advantage of templates and checklists that already exist. Other EPCs within the region or state may be willing to share plans which can be a basis for updating a plan. DEPR will provide checklists for some required plans. There is no need to start from scratch.

Also, the EPC is not expected to be the sole writer of the EOP and annexes. The job of the EPC is to coordinate the subject matter experts who will provide the content for developing and updating local plans.

The EOP and other emergency response plans must be reviewed and updated on a regular basis, as well as after exercises and incident response. Planning teams should establish a process to review and revise plans on a recurring basis. Some jurisdictions have found it useful to review and revise portions of their EOPs every month, while others accomplish their reviews annually. When plans are reviewed is a local decision. Keep in mind, the important thing is that a regular review of these plans takes place.

When you review the EOP, consider:

- Does this make sense?
- Could someone pick this up off the shelf and understand it?
- Is this an operational plan?

- Are Job Action Guides or their equivalent contained within?

Once the plans are updated, they should be followed by training, exercising, and evaluating.

## Resources

- [Developing and Maintaining Emergency Operations Plans](#)
- [Crisis and Emergency Risk Communication Checklist \(CDC\)](#)
- [NACCHO Plan Templates](#)
- [State SharePoint site](#)

## Records Retention

Public records are managed by record retention schedules. These documents determine how long a record should be kept and when it can be destroyed. These schedules have the force of law and are like administrative rules. Records retention schedules constitute the only legal way for an agency to destroy old records.

Note: Public records are non-confidential documents and information generated by government bodies.

There are four records retention schedules that relate to local health departments:

- General Schedule (GS) 1 – Nonrecord Material Defined
- GS7 – Local Health Departments
- GS26 – Local Government Human Resources
- GS31 – Local Government Financial Records

GS7 is the schedule specific to local health departments, and it contains the records series for the PHEP program.

All records produced by state and local government agencies must be maintained in accordance with appropriate records retention schedules (PA 431 of 1984 as amended by PA 504 of 1988). Records include but are not limited to electronic and paper correspondence, personnel records, policies, sign-in sheets, financial reports, meeting minutes, training materials, emergency response plans, after action reports, etc.

### ***Please note:***

*It is the responsibility of each health department to be aware of applicable records retention schedules and to ensure records are maintained appropriately and in accordance with State law.*

## Resources

- [Click here for a list of all records retention schedules for local governments](#)

- [GS1 – Nonrecord Material](#)
- [GS7 – Local Health Departments](#)
- [GS26 – Local Government Human Resources](#)
- [GS31 – Local Government Financial Records](#)

## **Contact**

- [Records Management Subject Matter Expert](#)

## **Accreditation/Certification**

### **Project Public Health Ready (PPHR)**

<https://www.naccho.org/programs/public-health-preparedness/pphr>

The PPHR home page describes Project Public Health as a criteria-based training and recognition program that assesses local health department capacity and capability to plan for, respond to, and recover from public health emergencies. PPHR aims to protect the public's health and strengthen the public health infrastructure by equipping local health departments with sustainable tools to plan, train, and exercise using a continuous quality improvement model.

Contact Jeannie Byrne if you are interested in pursuing PPHR - [byrnej2@michigan.gov](mailto:byrnej2@michigan.gov).

### **PHAB**

<https://phaboard.org/accreditation-recognition/>

Accreditation and recognition provide a means for health departments to build capacity in key public health areas. PHAB offers two programs for health departments to be recognized for meeting national public health standards.

Accreditation and Pathways Recognition support performance improvement efforts and can be part of a health department's transformation journey. Each is built on evidence-based standards that allow health departments to demonstrate performance and accountability to communities, policymakers, and other stakeholders. PHAB can help interested applicants determine which program is right for them. For more information, go to the PHAB website.

### **Michigan Local Public Health Accreditation Program**

[accreditation.localhealth.net](https://accreditation.localhealth.net) – Michigan Local Public Health Accreditation Program

The Michigan Local Public Health Accreditation Program, which is overseen by MDHHS, reviews Michigan's 45 local health departments on their ability to meet standards developed by state and local public health professionals. The goals of the Local Public

Health Accreditation Program are to assist in continuous quality improvement, assure the application of a uniform set of standards that define public health, provide for a process by which the state can ensure local level capacity to address core functions, and provide a mechanism for accountability.

The program is a collaborative effort between the Michigan Public Health Institute; the Michigan Department of Agriculture and Rural Development, the MDHHS, and the Michigan Department of Environment, Great Lakes, and Energy; along with the Michigan Association for Local Public Health, and Michigan's 45 local public health departments. MDHHS provides oversight and funding for the Michigan Local Public Health Accreditation Program.

The ongoing commitment and collaboration of the above agencies enhances Michigan's Accreditation Program, improves the quality of local programs and services, and shapes the future of public health in Michigan.