

Bloodborne Pathogen Exposure Control Plan

Monticello School District

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June 20th, 2014
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PURPOSE

This document serves as the written procedures Bloodborne Pathogens Exposure Control Plan (ECP) for the Monticello School District. These guidelines provide policy and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious material (OPIM) during the course of work.

This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. The purpose of this ECP includes:

- Eliminating or minimizing occupational exposure of employees to blood or certain other body fluids.
- Complying with OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030.

ADMINISTRATIVE DUTIES

District Administrator Allen Brokopp is responsible for developing and maintaining the program with the assistance of MacNeil Environmental, Inc. Employees may review a copy of the plan during normal working hours. The main copy of the plan is located in the District Office in the MacNeil Environmental Binders. It is also included as an appendix to the Monticello School District Health Procedures Manual.

The District Administrator is responsible for maintaining any records related to the Exposure Control Plan.

If after reading this program, you have questions or find that improvements can be made, please contact the District Administrator or School Nurse. We encourage all suggestions because we are committed to the success of our written ECP. We strive for clear understanding, safe behavior, and involvement from every level of the district.

EXPOSURE DETERMINATION

We have determined which employees may incur occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to have the potential for exposure even if they wear personal protective equipment).

Job Classifications

This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational bloodborne pathogen exposure, regardless of frequency. At this facility the job classifications that could have this exposure in the course of fulfilling their job requirement are listed on Attachment 1 of this plan.

Of course, all district personnel may have some chance of exposure during emergency situations. It is our policy, however, that all employees who are not identified in this plan are discouraged from administering the elements of this plan. Instead, the procedure is to contact one of the employees identified in this plan for further action, specifically the School Nurse or an alternate in his/her absence. In emergency situations, however, where a breakdown occurs in this system, and an employee is exposed to blood or another OPIM, actions shall be taken in accordance with this plan.

NOTE- The district has an emergency response team, which has members who are certified in CPR/AED that can also be called in case of an emergency. (See Attachment 8.)

Should a non-exposure classified District employee come in contact with blood or OPIM on an incidental basis, the employee will be offered the HBV vaccination and a medical evaluation at the time of the exposure. District employees who are not identified by this ECP are encouraged to receive the HBV vaccination through their medical provider or at the County Health Department.

COMPLIANCE STRATEGIES

This plan includes a schedule and method of implementation for the various requirements of the standard.

Universal Precautions

Universal precautions developed by the Centers for Disease Control and Prevention (CDC) will be observed at this facility to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual. Under circumstances in which differentiation among fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.

Engineering and Work Practice Controls

Engineering and work practice controls will be used to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, employees are required to wear personal protective equipment (PPE). At this facility the following engineering controls are used:

- Placing sharp items (e.g., needles, scalpels, etc.) in puncture-resistant, leak proof, labeled containers.
- Performing procedures so that splashing, spraying, splattering, and producing drops of blood or OPIM is minimized.
- Removing soiled PPE as soon as possible.
- Cleaning and disinfecting all equipment and work surfaces potentially contaminated with blood or OPIM. A disinfectant cleaner appropriate for cleaning of blood or OPIM (i.e., a fresh solution of 10 parts water to 1 part bleach solution; quat-type disinfectant that is classified as a hospital grade tuberculocidal) can be obtained through the Custodial Department. *The bleach/water solution must be used immediately after mixing and disposed of after cleaning is through.*
- Thorough hand washing with soap and water immediately after providing care or provision of antiseptic towelettes or hand cleanser where hand washing facilities are not available.
- Prohibition of eating, drinking, smoking, applying cosmetics, handling contact lenses, and so on in work areas such as science, art, tech ed, and health rooms where exposure to infectious materials may occur.
- Use of leak-proof, labeled containers for contaminated disposable waste or laundry.

Hand Washing Facilities

Hand washing facilities are readily available to employees who have exposure to blood or OPIM. Sinks for washing hands after occupational exposure are near locations where exposure to bloodborne pathogens could occur.

When circumstances require hand washing and facilities are not available, either an antiseptic cleanser and paper towels or antiseptic towelettes are provide by the District and are located in multiple locations throughout school district facilities as indicated in Attachment 2. The District provides red bags which are in all-in-one universal precautions kits. Employees must then wash their hands

with soap and water for a minimum of 10 seconds as soon as possible. Employees must also wash their hands and any other contaminated skin with soap and water immediately after removing personal protective gloves, or other personal protective equipment. If the employees' skin or mucous membranes become contaminated with blood or OPIM, then those areas are washed or flushed with water as soon as feasible following contact.

Handling Contaminated Needles and Other Sharps

The procedure for handling contaminated sharps is:

- Contaminated sharps are discarded immediately or as soon as possible in containers that are closeable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. A list of locations where sharps containers are maintained in our District can be found in Attachment 2 of this plan. The School Nurse provides the containers.
- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., health rooms, custodial closets, etc.)
- The containers are kept upright throughout use and replaced routinely and not allowed to be overfilled.
- When moving containers of contaminated sharps from the area of use, the containers are closed immediately before removal or replacement to prevent spills or protrusion of contents during handling, storage, transport, or shipping.
- The containers are placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color coded to identify its contents.
- Reusable containers shall not be opened, emptied, or cleaned manually or handled in any other manner, which would expose employees to the risk of percutaneous injury (*i.e., reaching by hand into the container where these sharps have been placed*).
- The custodial staff and School Nurse are responsible for management and disposal of sharps.

Work Area Restrictions

In work areas, such as the school office, health room and science rooms, where there is a reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerator/freezer located in the biology lab where lab material may be kept.

Contaminated Equipment

The Client requires that equipment which has become contaminated with blood or OPIM must be decontaminated before servicing or shipping as necessary unless the decontamination of the equipment is not feasible. The custodial department is responsible for the proper decontamination of equipment.

Personal Protective Equipment

All personal protective equipment (PPE) used at this facility is provided without cost to employees by the District and located throughout the district facilities (See Attachment 2). PPE is chosen based on the anticipated exposure to blood or OPIM. Attachment 1 lists those job classifications considered most at risk for occupational exposure to blood or OPIM. The protective equipment is considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

The District makes sure that appropriate PPE in the appropriate sizes is readily accessible at the work site and is issued without cost to employees. **Universal precautions kits are located throughout the district (see Attachment 2 for list).**

Each universal precautions kit will be inspected annually (in August). The custodial staff conducts these inspections with a list provided by the District Administrator. All inspections documented and placed in the MacNeil Environmental Binders. If supply refills are needed sooner contact the School Nurse or District Administrator as soon as possible.

Employees must remove all garments, which are penetrated by blood immediately or as soon as possible before leaving the work area

and notify the School Nurse or District Administrator for proper disposal. When PPE is removed, employee will place it in a designated container for disposal, storage, washing, and decontamination. The custodial staff will then remove the waste from the designated containers.

Gloves

Employees must wear nitrile gloves when they anticipate hand contact with blood, OPIM, non-intact skin, and mucous membranes, and when handling or touching contaminated items or surfaces.

Nitrile gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Eye and Face Shields

Employees must wear masks in combination with eye protective devices, such as goggles or glasses with solid side shield, or chin length face shields, whenever splashes, splatters, or droplets of blood or OPIM may be generated and reasonably anticipated to contaminate eye, nose, or mouth. Goggles are stored in the chemistry and biology room.

Other PPE

PPE selections and such as the use of head nets, gowns, and foot covering may be necessary to ensure employee safety.

Housekeeping

- The workplace shall be maintained in a clean and sanitary condition. Cleaning of the contaminated area will be based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the District will be done by the custodial department on an “as needed” basis.
- All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

Regulated Waste

When handling regulated wastes, other than contaminated needles and sharps, the Client makes sure it is:

- Placed in containers which are closeable and constructed to contain all contents and prevent fluid leaks during handling, storage, transportation, or shipping.
- Labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

A list of where regulated /biohazard waste containers are located in our District can be found in Attachment 2 of this plan. The Custodial staff monitors and takes care of regulated/biohazard waste containers, consulting with the School Nurse if necessary.

Note: Disposal of all regulated waste is in accordance with applicable United States, state and local regulations.

Handling Contaminated Laundry

Laundry contaminated with blood or OPIM is handled as little as possible. Such laundry is placed in an appropriately marked color-coded red bag at the location where it was used. Such laundry is not sorted or rinsed in the area of use. It is placed in a red bag and then discarded.

NOTE: If a teacher's clothing were to be contaminated with blood or OPIM they would be sent home to put on clean clothing.

The District follows universal precautions in handling all laundry; therefore; our facility does not color code or label laundry, which is contaminated with blood or other potentially infectious materials. Coaches for football and basketball take care of laundering the uniforms that are collected and they are washed together.

INFORMATION AND TRAINING

The Client ensures that bloodborne pathogen trainers are knowledgeable in the required subject matter. We make sure that employees are informed of the District's policies and procedures regarding bloodborne pathogens and OPIM during new employee orientation. Those employees in job classifications listed in Attachment 1 receive in enhanced training as is appropriate to safely and responsibly carry out their job duties. All employees are reminded and updated at least annually of the importance of protecting themselves against bloodborne pathogens.

Training is tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- The standards and its contents.
- The epidemiology and symptoms of bloodborne diseases such as but not limited to HIV, HBV, HCV, Syphilis, etc.
- The modes of transmission of bloodborne pathogens.
- The District's Bloodborne Pathogens ECP, and a method for obtaining a copy.
- The recognition of tasks that may involve exposure.
- The use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- The types, uses, location, removal, handling, decontamination, and disposal of PPEs.
- The basis of selection of PPEs.
- The Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- The appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- The procedures to follow if an exposure incident occurs including the method of reporting and medical follow-up.
- The evaluation and follow-up required after an employee exposure incident.
- The signs, labels, and color-coding systems.
- Specific clean up procedures when dealing with blood or OPIM (See Attachment 6).

Additional training is provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

Hazard Communication

Biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM. The universal biohazard symbol is used. The label is fluorescent orange or orange-red. Red bags or containers may be substituted for labels.

RECORDKEEPING

Training Records

Training records will be maintained for a minimum of three years from the date of training. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training;
- The names and job titles of all persons attending the training sessions.

Medical Records

Medical records will be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records will be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- The name and social security number of the employee.
- A copy of the employee's HBV vaccination status, including the dates of vaccination. **The District Administrator is responsible for all employee records pertaining to HBV vaccination and titers tests.**
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Availability

All employee records will be made available upon request to:

- The subject employee upon request for examination and copying;
- Anyone having written consent of the subject employee;
- The Assistant Secretary of Labor for the Occupational Safety and Health Administration;
- The Director of the National Institute for Occupational Safety and Health (NIOSH)
- The Wisconsin Department of Safety and Professional Services.

Transfer of Records

If this workplace is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

HEPATITIS B VACCINATION PROGRAM

The District offers the Hepatitis B vaccine and vaccination series to all employees and post exposure follow-up to employees who have had an exposure incident. The District Administrator is responsible for offering the Hepatitis B vaccination series.

All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
- Provided according to the recommendation of the U.S. Public Health Service.

The Hepatitis B vaccination is made available:

- Within 10 days of initial assignment;
- To all employees who have completed occupational exposure unless a given employee has previously received the complete Hepatitis b vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Post-vaccination testing (HBV titer) will be provided at no cost for new employees at occupational risk who may have exposures from injuries with sharp instruments (i.e., School Nurse, Health Aides), because knowledge of their antibody response will aid in determining appropriate post-exposure prophylaxis. HBV titers will be drawn 1 to 2 months after the third dose of the vaccine. At the District's discretion, the HBV titer may also be provided to employees who do not normally have an exposure to injuries from sharp instruments.

All laboratory tests are conducted by an accredited laboratory at no cost to the employee. Participation in a pre-screening program is not a prerequisite for receiving the Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination will be made available. All employees who decline the Hepatitis B vaccination offered must sign the OSHA required waiver indicating refusal, which can be found in Attachment 4 of this plan.

If a routine booster dose of Hepatitis B vaccines is recommended by the U.S. Public Health Service at a future date, such booster doses will be made available.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents are reported, investigated, and documented (See Attachment 5 of this plan). When the employee is exposed to blood or OPIM, the incident is reported to the School Nurse, District Administrator or School Principal. When an employee is exposed, he or she will receive a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure, and the circumstances under which the exposure-occurred.
- Identification and documentation of the source of the individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the District will establish that the legally required consent cannot be obtained. When the law does not require the source individual's consent, the source individual's blood, if available, will be tested and the results documented.
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious state of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee's blood will be collected as soon as possible and tested after consent is obtained;
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up according to the OSHA standard. All post-exposure follow-up will be performed by a medical provider who is knowledgeable with current post-exposure evaluation, prophylaxis and treatment. Attachment 5 of this plan must be completed after exposure.

The healthcare professional responsible for the employee's Hepatitis vaccination will be provided with the following:

- A copy of 29 CFR 1910.1030 (Federal Bloodborne Pathogen Standard)

- A written description of the exposed employee's duties as they relate to the exposure incident.
- Written documentation of the route of exposure and circumstances under which exposure occurred.
- Results of the source individuals blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

The District will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination must be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure follow-up is limited to the following information:

- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM, which require further evaluation and treatment.

Note: All other findings or diagnosis shall remain confidential and will not be included in the written report.

ECP EVALUATION AND REVIEW

This program and its effectiveness is reviewed and documented every year and updated as needed. The MEI account manager assigned to the District and the School Nurse will complete this review. All provisions required by this standard will be implemented by the District.

Attachment 2

Locations of Universal Precautions Kits and Sharps Containers

Universal Precautions Kits are located in:

- Every custodial closet
- Laundry room in the Lemon Gym
- School Nurse Office

Sharps containers are located in:

- Laundry Room adjacent to the Cafeteria
- School Nurse Office
- District Office

Attachment 3

Hepatitis B Vaccination Record

Monticello School District

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 information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and benefits of being vaccinated, and I understand that the vaccine and vaccination will be offered free of charge.

I, _____, have completed the following inoculations using:

- Recombivax - HB Vaccine
- or
- Enerix -B Vaccine

Inoculation 1 - Date	Given at
Inoculation 2 - Date	Given at
Inoculation 3 - Date	Given at

Attachment 4

MONTICELLO SCHOOL DISTRICT

HEPATITIS B VACCINE DECLINATION

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

SIGN NAME:

DATE:

PRINT NAME:

DATE:

Attachment 5 - Exposure Incident Investigation Form
MONTICELLO SCHOOL DISTRICT

Date of Incident	Time of Incident
Location	Person(s) Involved

Potentially Infectious Materials Involved	
Type	Source
Circumstances (what was occurring at the time of the incident)	
How the incident was caused (accident, equipment malfunction, and so forth; list any tool, machine, or equipment involved)	
Personal protective equipment and engineering controls being used at the time of the incident	
Actions taken (decontamination, clean-up, reporting, and so forth)	
Training of employee	
Recommendations for avoiding repetition of the incident, including any recommended changes to the ECP (Exposure Control Plan)	

Attachment 6

Procedures for Cleaning Blood or Other Potentially Infectious Material

Common blood related spills at Monticello School are limited to same spills that school custodians have to clean up in our hallways and floors—blood drops. Teachers will call a custodian for cleanup. Injuries are generally related to bloody noses and cuts.

Blood on floors and lockers:

1. Fill mop bucket with disinfectant cleaner.
2. When at site put protective gloves on and mop floor where blood has been found, make sure to visually inspect perimeter very closely for drops that might have splattered or drops that might have happened when the person that was injured walked to get help or went to the bathroom.
3. Bring along paper towels to wipe up small spots or bathroom sinks that need to be disinfected. Dispose of paper toweling and nitrile gloves in a bag marked biohazard only if the paper towel or the gloves are completely saturated or dripping blood. Otherwise, dispose of in a regular trash receptacle.
4. Clean out mop bucket and mop with 10 parts water to 1 part bleach. Wear gloves when appropriate.

Plugged Toilet

1. Close off bathroom.
2. Bring protective gear such as nitrile gloves and facemask or eye protection, put on protective gear before you attempt to clear the toilet.
3. Cover toilet with a clear plastic bag and cut a small hole to fit the snake through.
4. Snake toilet to remove debris, and disinfect the bowl and surrounding areas with paper towels. Dispose of paper towels and gloves in garbage if not soaked with blood or other matter. If they are soaked, dispose of them in a bag marked for biohazard.
5. Disinfect and clean the snake with 10 parts water to 1 part bleach while wearing gloves. Dispose of gloves if not soaked into regular garbage receptacle. If gloves are soaked, dispose of in a bag marked for biohazard.

Blood on Wrestling Mat

1. Locate area where blood is and put on nitrile gloves.
2. Use paper toweling and antiseptic wipes to wipe up blood, if paper toweling is not soaked with blood dispose of in regular trash. If toweling is soaked, dispose of in a bag marked for biohazard.

Related injuries such as bloody noses, scrapes and cuts require precautions similar to those used for blood on a wrestling mat. All coaches are trained at the beginning of the year by the School Nurse or our MEI rep. As a part of this training, coaches are advised of the locations of universal precautions kits and procedures to be used in case of exposure to blood or other potentially infectious materials.

Attachment 7

Confidential Written Consent Form for Each Release of Confidential HIV Related Information

Confidential HIV-Related Information is any information that a person had an HIV-related test, has HIV infection, HIV/AIDS-related illness, or has been potentially exposed to HIV. If you sign this form, HIV-related information can be given to the people listed and from the reasons listed below.

Name and address of person whose HIV-related information can be released: 1. 2. 3.
Name and address of person signing form (if other than above)
Relationship to person whose HIV-related information may be released: Name, title or role, and the address of each person who may be given HIV-related information (include names of persons responsible for photocopying and filing confidential information) 1. 2. 3.
(Additional names and addresses can be attached or listed on back.)
Information to be provided: (check as many as apply.) <input type="checkbox"/> Diagnosis <input type="checkbox"/> Medications <input type="checkbox"/> Special Precautions <input type="checkbox"/> Behavior Health or Development Assessments
Specific purpose(s) for release of HIV-related information:
Time during which release of information is authorized: (A specific time must be noted for each single incident of release of HIV-related information. Use a new form for each incident.) From: _____ To: _____

Attachment 8

Emergency Response Team

Carolyn Schwartzlow, School Nurse	Extension 2736
Allen Brokopp, District Administrator	Extension 2799
Lori Brokopp, Physical Education/Health Instructor	Extension 2765
Jean McMannes, District Administrative Assistant	Extension 2700
Paula Ritschard, Para Professional	Extension 2756