

Resolution No. 33-11

Resolution to Amend Certain Safety Policies
Policy 501.B – *Blood Borne Pathogens*
Policy 501.G – *County Emergency Plan - Jails*
Policy 501.H – *Hazard Communications Program*

TO THE HONORABLE MEMBERS OF THE POLK COUNTY BOARD OF SUPERVISORS:

1. WHEREAS, the Polk County Board of Supervisors has implemented a comprehensive safety program for the purpose of preventing accidents and injuries to county employees and the public; and
2. WHEREAS, several safety program policies require amendment to bring said policies up-to-date and are have been reviewed by Polk County Safety Committee,
3. NOW, THEREFORE, BE IT RESOLVED that the Polk County Board of Supervisors amends the safety program policies, attached hereto and incorporated herein, specifically as follows:

Policy 501.B – *Blood Borne Pathogens*
Policy 501.G – *County Emergency Plan - Jails*
Policy 501.H – *Hazard Communications Program*

Funding Amount and Source: Not Applicable
Date Finance Committee Advised: Not Applicable
Finance Committee Recommendation: Not Applicable
Effective Date: Upon Passage
Date Submitted to County Board: June 21, 2011

Submitted and Sponsored By:

Russell E. Howard 5/9/11
Patricia Schmidt
[Signature]
James D. Edgell
[Signature]

Review By County Administrator:

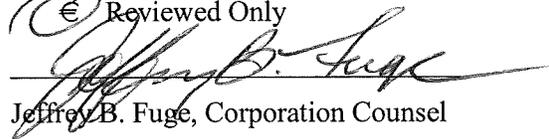
- Recommended
 Not Recommended
 Reviewed Only

[Signature]
Dana Frey, County Administrator

Resolution No. 33 -11: Resolution to Amend Certain Safety Policies
Policy 501.B –*Blood Borne Pathogens*; Policy 501.G – *County Emergency Plan – Jails*; and
Policy 501.H – *Hazard Communications Program*
Page 2

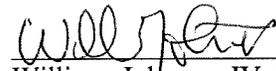
Review By Corporation Counsel:

- Approved as to Form
- Recommended
- Not Recommended
- Reviewed Only



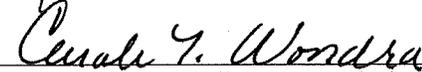
Jeffrey B. Fuge, Corporation Counsel

At its regular business meeting on June 21, 2011, the Polk County Board of Supervisors adopted the above-entitled ordinance, Resolution No. 33 -11; Resolution to Amend Certain Safety Policies, by a simple majority vote of ___ in favor and ___ against. *voice vote*



William Johnson, IV, County Board Chair

Dated: 06.24.2011

Attest: 

Carole Wondra, Polk County Clerk

Dated: 6-24-11

Polk County Wisconsin

BLOODBORNE PATHOGENS POLICY

Policy 501.B

Effective Date: 03-16-99

Revision Date: 6-20-2011

Purpose

The purpose of this policy is to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens and to assure that no employee will suffer material health or functional impairment due to exposure to hazardous agents while in the course of their employment with Polk County. Work practice controls and engineering controls will be utilized whenever feasible to further reduce the potential for occupational exposure to bloodborne pathogens and other potentially infectious materials.

Definitions

- A. Occupational Exposure is any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or any other potentially infectious materials that may result from the performance of an employee's duties.
- B. Exposure Incident means a *specific* eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other infectious materials that results from the performance of an employee's duties.
- C. Other potentially infectious (OPIM) materials include:
 - 1. Any fluid or solid that is visibly contaminated with blood.
 - 2. All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
 - 3. Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures.

Exposure Determination

Each Department of Polk County is responsible for determining which job classifications have occupational risk for bloodborne pathogens and shall file a list of those classifications with the Employee Relations Director and Department.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this plan and the employee's department plan.

Employee Education and Training

All employees with occupational exposure will be trained by an individual who has been designated by the Department of Employee Relations for that purpose. New employees shall receive orientation with regard to this policy at the time of initial work assignment (within 10 working days) and at least annually thereafter. Training shall include:

1. Information about the hazards associated with blood and other potentially infectious materials and the protective measures to be taken to minimize the risk of occupational exposure.
2. Information about the methods of transmission, the Exposure Control Plan, and the use of Engineering Controls, Work Practices, and Personal Protective Equipment.
3. Information about the appropriate actions to be taken in an emergency involving exposure to blood and other potentially infectious material.
4. Reasons why Hepatitis B vaccination and post-exposure evaluation and follow-up are important.
5. Educational materials that are appropriate to the employee's vocabulary, educational level, and language.
 - a. Time will be allowed for questions and review of materials as needed.
 - b. The trainer will be knowledgeable in the subject matter covered.

Work Practice Controls

It is the intent of this policy to reduce the likelihood of exposure through the alteration of the manner in which tasks are performed. Employees are encouraged to bandage or administer their own first aid whenever possible. In addition, Polk County will utilize the following work practice controls:

1. Universal Precautions: an approach to infection control whereby all human blood and body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
2. Hand washing Procedure. (Attachment A)
3. Procedures for sharps handling
4. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses are prohibited in areas where there is reasonable likelihood of occupational exposure.
5. Polk County will provide appropriate personal protective equipment and it will be readily accessible at the work site or issued to employees as appropriate.
 - a. The following measures shall be utilized by personnel as indicated:
 - (1) Protective Gloves. The use of gloves is indicated for procedures where body fluids are handled and particularly important in the following circumstances:
 - (a) If the worker receives a cut or abraded skin, the person dressing or assisting will wear protective gloves to bandage the cut.
 - (b) During all cleaning of body fluids and decontaminating procedures.
 - (c) While providing any direct first aid incidents; gloves are not intended for day-to-day occupational use.
 - (2) Leather Heavy Duty or Cloth Gloves will be worn where appropriate to reduce the exposure to sharp or abrasive materials.
 - (3) Gowns. The use of gowns, aprons, or lab coats is required when splashes to skin or clothing with body fluids are likely to occur. Gowns shall be made of, or lined with, fluid-proof or fluid-

resistant material and shall protect all areas of exposed skin. Gowns will be available for any situation requiring first aid response.

(4) Masks and Eye Protectors. The use of masks and protective eye wear or face shields is required when contamination of mucosal membranes, eyes, mouth or nose with body fluids such as splashes or aerosolization of such a material, is likely to occur.

(5) HBV Vaccination

(a) HBV Vaccinations are the most important part of HBV infection control because gloves and other Personal protective Equipment do not prevent puncture wounds or unanticipated exposures.

(b) HBV Vaccinations shall be made available to all employees who have occupational exposure after they have received training and within 10 working days of initial assignment.

(c) If an employee had previous HBV Vaccination, or if antibody testing reveals immunity, the HBV Vaccination is not necessary. The employee will provide dates of immunization and/or antibody testing. (Attachment B)

(d) If an employee initially declines, then eventually wants HBV Vaccination, the County shall provide it at that time.

(e) Employees who decline to accept the Hepatitis B Vaccination offered by the county will sign the Hepatitis B Vaccine Declination Form. (Attachment C)

(6) Post exposure evaluation and follow-up:

An employee will notify his supervisor of an exposure incident immediately and complete the Exposure Incident Report. (Attachment D)

(a) Following a report of an Exposure Incident, the County shall make available a confidential medical evaluation within 24 hours, which will include:
-documentation of route of exposure and circumstances
-HIV/HBV/HCV status of source individual

- Serological testing of blood ASAP
- Post-exposure vaccine and/or antiviral medications (if indicated)
- Medical evaluation of reported illnesses
- Counseling

- (b) The treating physician is to be provided with a copy of the bloodborne pathogens policy and a description of the employee's duties and occupational exposure.
- (c) The County shall obtain and provide the exposed employee with a copy of the physician's written opinion within 15 working days of the completion of the evaluation.
- (d) The physician's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- That the employee has been informed of the results of the evaluation.
- That the employee has been told about any medical conditions resulting from the exposure to blood or other potentially infectious materials which require further evaluation and treatment.
- ALL OTHER FINDINGS AND DIAGNOSES ARE TO REMAIN CONFIDENTIAL.

Engineering Controls

It is the intent of this policy to reduce employee exposure in the workplace by either removing the hazard or isolating the worker from exposure. To achieve this goal, the following engineering controls will be adopted by the County:

1. Regulated Waste Disposal
 - a. Disposal of all Regulated Waste shall be in accordance with applicable Federal, State and local regulation.
2. Housekeeping Procedures
 - a. Departments shall ensure the work site is maintained in a clean and sanitary condition. (Hospital grade virucide or 1:10 bleach to water solution.) If a bleach solution is made, it shall be changed

daily.

- b. All equipment, environmental surfaces and work surfaces shall be decontaminated ASAP after contact with blood or other potentially infectious materials.
- c. All bins, pails, cans, plastic liners, and similar receptacles intended for reuse which have a likelihood for becoming contaminated with potentially infectious materials shall be inspected and decontaminated on a routine basis or cleaned as soon as visibly soiled.
- d. Broken glass, which may be contaminated shall not be picked up directly with the hands. The employee must use mechanical means.
- e. Large amount of potentially infectious liquids or blood will be treated with absorbent compounds to convert them to a solid or semi-solid format for most effective and safe cleanup.

Record Keeping

The County will establish and maintain accurate record for each employee with an occupational exposure incident. Information to be included in this record shall be:

- a. Name of employee and Social Security Number
- b. Copy of employee's HBV Vaccination records
- c. Copy of all medical testing and findings
- d. Copy of physician's written opinion

The County will maintain these records for the duration of employment plus 30 years. The County will ensure confidentiality of all records in accordance with existing state, federal, and local statutes, rules, policies, and ordinances.

Employee Medical Records will be made available on request to the subject employee, to OSHA, or to anyone having written consent of the subject employee for examination and copying. Employee Training Records shall be provided upon request for examination and copying to employees, to employee representatives, and to OSHA. Training Records shall include:

- a. Names and job titles of all persons attending the training
- b. The contents or summary of the training session.

- c. The name and qualifications of the person
- d. The dates of the initial training and any follow-up training
 - (1) Employer shall maintain these records for three (3) years from the date on which the training occurred.

ATTACHMENT A

HAND WASHING POLICY

- A. Proper hand washing practices are the single most important activity that can be implemented to prevent the spread of infection.
 1. Hand washing procedure
 - a. Wet hands under running water
 - b. Using mechanically dispensable soap, apply friction by rubbing hands together well, paying special attention to nails and other crevices. Do this for 30 seconds
 - c. Rinse with running water
 - d. Dry hands with single service disposable paper towel
 - e. Turn faucet off with paper towel and then discard (this is for hand operated faucets)
 2. Hand washing will be done before breaks and lunch. Any other time that constitutes it.
 3. Employees without access to running water on demand shall provided and shall modify the procedure listed in (1) above and use a water-less germicidal agent as provided by the County.

ATTACHMENT B

Employee Report of Hepatitis B Vaccine/Immunity
Polk County

This form is to be completed by employees who are at occupational exposure to blood or other potentially infectious materials to report receipt of Hepatitis B vaccine and/or proof of immunity. This information is confidential and will be retained in the employee's personnel file. It will be released only with the employee's consent or to a medical provider providing a medical evaluation and care to the employee after an exposure incident.

Employee Name: _____ Employee Number: _____

Department: _____ Birth date: _____

Initial series of vaccine and/or antibody testing

A. Hepatitis Vaccine: (may attach WIR record if appropriate)

Date : 1. _____ Agency/Clinic: _____

2. _____ Agency/Clinic: _____

3. _____ Agency/Clinic: _____

B. Antibody/Immune Titer: (attach record if appropriate)

Date: _____ Agency/Clinic: _____

Result: _____

Second series of vaccine and/or repeat antibody testing

A. Hepatitis Vaccine: (may attach WIR record if appropriate)

Date : 1. _____ Agency/Clinic: _____

2. _____ Agency/Clinic: _____

3. _____ Agency/Clinic: _____

B. Antibody/Immune Titer: (attach record if appropriate)

Date: _____ Agency/Clinic: _____

Result: _____

Employee Signature: _____ Date: _____

ATTACHMENT C

POLK COUNTY HEALTH DEPARTMENT

Hepatitis B Vaccine Declination Form

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 vaccine series at no charge to me.

Employee Signature

Date

Print Name

Witness Signature and Position

I:/HepB/Vaccine Declination Form

ATTACHMENT D

Polk County Bloodborne Pathogen Exposure Incident and Evaluation Report.

This report should be completed ASAP by the employee and submitted to his supervisor. A copy should be made available to the evaluating medical provider along with the employees Hepatitis B vaccine and/or antibody titer record.

Employee: _____ **Employee Number:** _____
Employee Job Title: _____ **Incident Date:** _____ **Incident Time:** _____ **Incident Location:** _____

Incident: (include relevant job duties, procedures being performed at the time of the incident)

Body fluids exposed to: _____
Body part exposed: Skin (where) _____ **Mouth** _____
Eye _____ **Other** _____
Puncture wound/cut? ___ yes ___ no **If yes, with what?** _____
Was personal protective equipment was being used? ___ Yes ___ No **If yes, check PPE being used.**

- Eye protection
- Face protection
- Gown
- Gloves, what type: _____
- Other: _____
- Did the PPE Fail? ___ Yes ___ No **If yes, explain:** _____

Engineering and work place controls in use at time of incident:

- Sharps containers
- Sharps disposal
- Hand washing procedures
- Clean-up/decontamination procedures
- Other: _____

Source Individual: _____

Supervisor: _____

Employee Signature: _____ **Date:** _____

Evaluation of incident for Remedial Action

To be completed by supervisor, safety officer or other employee designated by the department head with input of the exposed employee.

Remedial action(s) that may reduce the likelihood of similar incidents in the future:

Evaluator: _____ **Date:** _____

Evaluator: _____ **Date:** _____

Remedial Action: _____

Date Instituted: _____ **By Whom:** _____

Remedial Action: _____

Date Instituted: _____ **By Whom:** _____

Remedial Action: _____

Date Instituted: _____ **By Whom:** _____

Remedial Action: _____

Date Instituted: _____ **By Whom:** _____

Remedial Action: _____

Date Instituted: _____ **By Whom:** _____

Polk County Wisconsin

**COUNTY EMERGENCY PLANS
JAIL**

Policy: 501.G

Effective Date: 09-18-01

Current Revision Date: 6-20-2010

PURPOSE

The purpose of this plan is to establish procedures for the rapid and orderly evacuation of County personnel, detained individuals, and the public from the jail in the event of an emergency. This plan is designed to enhance the effectiveness of the response to an emergency.

EVACUATION CONDITIONS

Conditions, which seriously threaten the safety of personnel and require the evacuation of the facility, may occur within the jail or from a situation outside of the building. Such instances may include, but are not limited to, fire, severe weather, and bomb threat.

ALARM

Any individual discovering a situation, which presents a threat to individuals within the jail, will alarm verbally to other individuals in the immediate area.

AUTHORITY TO ORDER AN EVACUATION

The authority to order an evacuation, either complete or partial has been assigned to The Person in Charge, who for purposes of this policy is designated to be the County Sheriff. In the event the County Sheriff is not present, the chain of authority shall follow the normal line of authority, which exists during day-to-day operations.

COMPLETE EVACUATION

A complete evacuation requires that ALL individuals leave the jail. A complete evacuation shall be performed when conditions seriously threaten the safety of personnel, detained individuals, and the public.

1. Inmates will be chaperoned by the Corrections Officers and other authorized personnel of the Sheriff's Department out of the building using the nearest exit to the nearest parking lot away from the building. At no time will the inmates be unsupervised. The Corrections Officers are responsible for the head count of detained individuals.
2. All remaining personnel will gather at the nearest parking lot away from the building and remain there for a head count. The most senior supervisor present is responsible for the head count of the employees.
3. In the event that someone is unaccounted for, The Person in Charge will direct efforts to locate such individuals.
4. Employees, inmates and detained individuals will remain in the designated area until The Person in Charge gives an ALL CLEAR.

PARTIAL EVACUATION

A partial evacuation requires the evacuation of SOME individuals in selected areas within the jail. A partial evacuation may be called when it is necessary to clear a given area, but the level of risk to the entire jail area is such that individuals can be safely assembled in other areas.

1. If a partial evacuation has been ordered, The Person in Charge will designate the new location for inmates within the Jail. The Corrections Officers are responsible for the safe transfer of inmates in a partial evacuation.
2. Employees will not evacuate the Jail, but remain in the area designated by The Person in Charge. The most senior supervisor will perform head counts of inmates and personnel.
3. In the event that someone is unaccounted for, The Person in Charge will direct efforts to locate such individual.
4. Employees will remain in the designated area until the Person In Charge gives an ALL CLEAR.

EVACUATION OF NON-EMPLOYEES

The Person in Charge will provide assistance to the public and those with disabilities to evacuate in a safe and orderly fashion. The public will be directed to the nearest exit and away from the building in the nearest parking lot.

FIRE EVACUATION PLAN

Any employee who discovers a fire shall follow this procedure:

1. Promptly utilize the Scott air tank
2. If the Scott air tank is not available, leave the area away from open flames
3. Notify Dispatch giving the following information:
 - A. Location of the fire
 - B. Size of the fire and type, if known
4. Attempt to put out the fire using suppression equipment only if the fire is small and confined.
5. Ready inmates for evacuation when evacuation order is given by The Person in Charge.
6. Chain a manageable amount of inmates together, preparing to remove them from their cells, to relocate via the nearest exit, away from the building to the nearest parking lot.

FIRE DEPARTMENT:

The Person in Charge will meet the Fire Department and act as a guide, giving pertinent information to them. Upon arrival, the Fire Department is completely in charge of the facilities.

TORNADO PLAN

In the event of a tornado, the following PARTIAL evacuation procedure will be used.

1. An announcement will be received on the National Weather Services State computer system that we are under a Tornado Warning.
2. Dispatch will then announce over the Voice Activated Receiver and the intercom system: "There is a tornado warning for our area. We will now enact the tornado plan."
3. The employees of the jail will be notified by the Dispatch Center.
4. The Corrections Officers are responsible to direct efforts to move inmates into the appropriate cells. At no time will detained individuals be unsupervised.
5. Employees and the public will go to designated safe areas, which are the Dispatch Center and the hallway outside the Dispatch Center.
6. The Corrections Officers will perform a head count of all inmates. The most senior supervisor will conduct a head count of the employees.
7. The Person in Charge will assist those individuals with disabilities in evacuating to the safe area.
8. The Person in Charge will direct efforts in locating those individuals identified from the head count as missing.
9. Until The Person in Charge has given the ALL CLEAR, no one is allowed to return to normal duties, or leave the safe area.
10. If time does not permit the relocation of inmates, then they will be instructed to take cover under the bed located in each cell.

CLEARING AN EVACUATION:

No person shall return to an area that has been evacuated until The Person in Charge has indicated it is safe to do so. No individual will leave designated areas during the course of an evacuation, unless, authority has been given by The Person in Charge.

**Polk County Wisconsin
HAZARD COMMUNICATION PROGRAM**

Policy 501.H

Effective Date: 5/21/02

Current Revision Date: 6-20-11

Polk County is committed to provide all employees a hazard free work place and an environment, which allows employees, to improve the health and safety of their work area.

The Hazard Communication Program places emphasis on identifying and communicating the presence of physical hazards and hazardous substances in the products and work procedures at Polk County.

This Hazard Communication Program has been designed to ensure that:

1. Hazard substances present in the work place are identified and labeled.
2. Employees have ready access to information on the hazards of these substances.
3. Employees are given information on how to prevent injury or illness due to chemical exposure.
4. Employees are given information of whom to report any injury or illness due to chemical exposure; accidental injuries (slips, trips, falls, burns, etc.) and/or natural illness (colds, flu, etc.), which prevent the employee from completing his/her assigned work tasks/shift.
5. Each Department will designate (or appoint a Hazard Communication Program designee..

This program will be available to all employees on the intranet and in each policy manual in each department and given to all new employees during department orientation.

HAZARD DETERMINATION

Manufacturers, importers and distributors will be relied upon to perform the appropriate hazard determination for the substance they produce or sell.

HAZARDOUS SUBSTANCE INVENTORY

Each department will compile an inventory of all hazardous substances and maintain the inventory in accordance with program standards. . The inventory will include the manufacturer, product name and use. It will be updated as new substances are purchased or brought onto County property.

CONTAINER LABELING

The Hazard Communication Program designee in each department will verify that all containers received for use within the department will:

1. Be clearly labeled as to contents
2. Note the appropriate hazard warning
3. Note the name and address of the manufacturer

This designee will also update labels when new information is received and review the labels

quarterly for proper and legible labeling.

All supervisors in all work areas will ensure that any secondary containers are labeled with a Hazardous Material Identification System (HMIS) label with the following information:

1. Product name
2. Appropriate hazard warnings

MATERIAL SAFETY DATA SHEETS (MSDS)

1. An MSDS will be available on all hazardous substances to which there is potential or actual exposure and kept in the work area where it is used in an easily accessible area.
2. No product will be allowed upon the property before an MSDS has been received and reviewed.
3. Any employee ordering hazardous substances will request the MSDS with the order, assure receiving such, and forward to the Hazard Communication designee. The Hazard Communication designee will place the original in the MSDS manual kept in each department, after adding the information to the inventory list.
4. The Hazard Communication designee will update the master list yearly.
5. The employees will then be notified of a new hazardous substance in their work area by posting the MSDS and highlighting the Trade Name, Hazardous Chemical, MSDS number and Emergency Telephone number.

NEW EMPLOYEE ORIENTATION AND TRAINING

1. Employee Relations will assure that an explanation of the program is part of the new employee orientation.
2. Before starting work with hazardous substances, each employee will attend a Hazard Communication Training Session presented by the Hazard Communication designee, where they will receive information on:
 - A. Work areas where hazardous products or substances are used.
 - B. Proper handling and storage of these hazardous products or substances.
 - C. Proper usage of Personal Protective Equipment and the procedure for handling spills.
 - D. How to read and interpret an MSDS and where to find the MSDS Manual in their department.
 - E. Physical and health hazards of hazardous substances in their work area.
 - F. Work practices that may result in exposure.
 - G. How to prevent or reduce exposure.
 - H. Procedures to follow if exposure occurs.
 - I. Whom to report any injury or illness due to chemical exposure; accidental injuries (slips, trips, falls, burns, etc.) and/or natural illness (colds, flue, etc.), which prevent the employee from completing his/her assigned work tasks/shift.

HAZARDOUS NON-ROUTINE TASKS

Each Hazard Communication designee is responsible for identifying and listing non-routine hazardous tasks and conducting training on the specific hazards of the job and any hazardous chemicals that they may be exposed to during the performance of a non-routine task and the protective measures to be taken.

A non-routine task is defined as one that is performed, but not as part of the usual work routines.

INFORMING CONTRACTORS OR NON-EMPLOYEES

Each Hazard Communication designee shall provide outside contractors the following information:

1. A copy of the Hazard Communication Program and information for any hazardous chemicals to which they may be exposed as a result of working for Polk County.

The Hazard Communication designee shall obtain and disseminate any information about hazardous substances and/or physical hazards the contractor is bringing on County property.

EMPLOYEE RESPONSE

When an employee is not following safety and health rules when working with a hazardous substance, disciplinary action may be taken according to the disciplinary policy.

If an employee refuses to work with a product on which information has been given, the employee will be assigned another task, not using the product identified as a concern.

RECORD KEEPING

Each Hazard Communication designee will maintain a file of written documentation related to the Hazardous Communication Program including: training records, requests for MSDS's, inventories and audits related to chemical and physical hazards in the work place. Employee Relations will maintain the personnel files.

STATE OF WISCONSIN)
) SS
COUNTY OF POLK)

I, Carole T. Wondra, Clerk for Polk County, do hereby certify that the attached is a true and correct copy of Resolution No. 33-11 that was adopted by the Polk County Board of Supervisors on June 21, 2011.

Carole T. Wondra 6-24-11
Carole T. Wondra Date
Polk County Clerk

STATE OF WISCONSIN)
COUNTY OF POLK)

I Carole T. Wondra, County Clerk for Polk County, do hereby certify that the foregoing minutes are a true and correct copy of the County Board Proceedings of the Polk County Board of Supervisor's Session held on June 24, 2011.

Carole T. Wondra 6-24-11
Carole T. Wondra
Polk County Clerk