

NOTICE: This form is authorized by s.NR526.15, Wis. Adm. Code. Completion of this form is mandatory unless the facility is exempt under both ss.NR 526.14(2) and 526.16(2). Wis Adm. Code. Failure to submit a completed report to the Department of Natural Resources is punishable by a forfeiture of not less than \$10 nor more than \$5000 [s.299.97, Wis. Stats.]. Personally identifiable information on this form will be used for administering the Infectious Waste Program and is not intended to be used for any other purpose. DO NOT SEND THE \$55 FILING FEE NOW. You will be billed later.

445179460

Part I - Facility Information

Name of Infectious Waste Generator: Planned Parenthood of Wisconsin
 Facility Identification No. (FID): 1356515936 Report Year: 2009
 Generator Location **DO EXEMPTION STATUS BOX FIRST** → Exemption Status Read instructions carefully

Street Address of Generator: 3800 North Callette Street
 City: Appleton State: WI Zip Code: 54912
 County: Outagamie

Check if exempt from Part II. You may be required to report under Part III.
 Check if exempt from Part III. You may be required to report under Part II.
 Check if exempt from Parts II and III. Go to Part IV, sign and date the report, and send back to DNR.
 Should DNR send you an annual report next year?
 Yes No If not, why not? _____

Owner: Planned Parenthood of Wisconsin

Part II - Off-Site Treatment Report

Generator Type - Check all that apply
 170 Hospital
 171 Nursing Home
 172 Physician office or clinic
 173 Dental office or clinic
 174 Veterinary office or clinic
 175 Clinical laboratory (freestanding)
 176 Dialysis clinic (freestanding)
 177 Other - Specify: _____
 If you checked more than one, which one generated the most infectious waste? _____

To be submitted by all infectious waste generators unless exempt. Cross out any incorrect information and update it.
 First off-site treatment facility name, from manifests: Stericycle
 Treatment facility address: 14035 Leetsville Rd
 City: Shrewport State: WI Zip Code: 53177
 First Treatment facility DNR Facility Identification Number (FID): 252138260

Infectious Waste Type - Check all that apply
 W421 Sharps
 W422 Human tissue
 W423 Bulk blood and body fluids from humans
 W424 Microbiological laboratory waste
 W425 Tissue, bulk blood or body fluids from animals carrying zoonotic infectious agents

Second off-site treatment facility name, from manifests: _____
 Treatment facility address: _____
 City: _____ State: _____ Zip Code: _____
 Second Treatment facility DNR Facility Identification Number (FID): _____

Infectious Waste On-site Activities - Total weights in reporting year. Please round up to nearest pound.
 A. Infectious waste generated on-site: 556.5 lbs.
 B. Accepted from other Wisconsin generators: _____ lbs.
 C. Accepted from out-of-state generators: _____ lbs.
 D. Treated on-site: _____ lbs.
 E. Transported off-site for treatment: 556 lbs.

Report any additional treatment facilities on an attachment.
 Manifest summary
 H. Total amount of infectious waste manifested: 556.5 lbs.
 I. Amount of waste accounted for by return manifests: 556.5 lbs.
 J. Total number of manifests not yet returned to generator: 0

FOR DNR USE ONLY - LEAVE BLANK

Date Stamp - Date form was received: _____ Items missing or incomplete: _____ Follow-up done (date, action, initials): _____



-line 0 + original DONE

Needs FID Needs folder
 Verify exemption Verified on: _____
 Exempt
 Non-exempt, complete
 Non-exempt, incomplete
 Logged in _____ by _____ Follow-up needed: call E-Mail letter

IW data complete, ready to enter
 Log updated: 8-20-2010 by sgj
 SHWIMS data entered: _____ by _____
 IW data entered: _____ by _____

MEDICAL WASTE MANAGEMENT PROGRAM

PPWI's Medical Waste Reduction Plan

It is Planned Parenthood of Wisconsin's goal to reduce all waste generated from health care provision and business operations. All centers and departments are to assess their waste and limit as possible. Recycling bins are to be used appropriately. For PPWI's 3 abortion centers a Medical Waste Reduction Plan is required with the intent to reduce medical waste whenever possible.

A.Center Managers will review their Stericycle reports quarterly to ensure there is no increase weight in their monthly medical waste. If there is an increase noted Center Managers must:

- 1) Assess recent procedure changes that may have increase waste.
- 2) Assess change in staffing pattern and review who may be "red bagging" excessive amounts.
- 3) Create Improvement Plans to decrease amount of medical waste which should include:
 - i. Assessing medical waste. If it is necessary to identify if non-infectious wastes have been added to the "red bag", you may do so by opening the "red bag" according to the Wisconsin State law (section NR 526.07 (3)). But this must be done wearing appropriate PPE and using tools instead of hands to sort.
 - ii. Additional Staff Training.
 - iii. Ongoing monitoring of Stericycle monthly until target weight is maintained. Target weight is determined by looking at the lowest 3 months of medical waste weight.
- 4) Create a Medical Waste workgroup to review medical waste and ensure only those items necessary to be "red bagged" are.
 - i. Workgroup members – Clinical/OSHA Trainer, one Center Manager, two surgical assistants, one RN and one Regional Director with representation from all three abortion centers
 - ii. Meet monthly to establish policy, center medical waste audit, site specific goals, best practices and looking at alternatives to disposable items
 - iii. Train staff of policy during center staff meeting
 - iv. Meet semi-annually thereafter to ensure ongoing compliance
- 5) The Center Managers are required to ensure the policy and plan developed by the Medical Waste Workgroup are met. Progress reports to the Department of Natural Resources will be completed by the Vice President of Patient Services as required.