

GENERAL INSTRUCTIONS

1. **Submit a separate form for each property** where infectious waste was generated. For blank forms, call (608) 266-2111 or download from the DNR website at <http://dnr.wi.gov/org/aw/wm/publications/>.
2. **Fill out the exemption status section first**, after first reading the "Exemption Status" instructions, below. If you are exempt from filing both reports, legally you are not obligated to file the form or notify DNR of your exempt status. However:
 - if we sent you a preprinted form or if you have filed an infectious waste annual report in the past, please answer the question on the form about whether DNR should send you a report next year; sign and date the form; copy it and send it back to us (see below for address). This will inform us of your exempt status and avert a call later about your "missing" form. You do not owe a filing fee. See also the box on page 2 of these instructions.
 - if you have never reported about infectious waste before, don't send anything to DNR; but you must keep records to verify your exempt status (see box on page 2 of these instructions).
3. **Fill in all blanks**, except the gray ones, which are for DNR use only.
4. **Correct any erroneous pre-printed information**. Cross it out so we can see what it was. Don't use correction fluid.
5. **Write identifying information on any attachments**: the generator's name, address, FID number and reporting year.
6. **Copy the signed form and attachments** for your records. Then **staple the attachments and original** together.
7. **Submit the original and attachments to DNR by March 1st of each year**, for the preceding calendar year. Send to:
Medical Waste Coordinator
WDNR Waste and Materials Management Program
P.O. Box 7921
Madison, WI 53707-7921
8. **DO NOT SEND ANY MONEY WITH THE REPORT**. DNR will bill you for the filing fee later by sending the invoice to the contact person you specify. You may notify us of contact changes on the form (under Part IV), or by contacting the DNR Medical Waste Coordinator.
9. **If you have questions**, please contact the Medical Waste Coordinator by writing to the address above, calling (608)266-2111, sending e-mail to medical.waste@wisconsin.gov or sending a fax to (608) 267-2768.

EXEMPTION STATUS

The Infectious Waste Annual report combines two separate reporting requirements into one to save paperwork. The two reports are: 1) the off-site treatment report (Part II of the form); and, 2) the medical waste reduction progress report (Part III). These two reports have different reporting limits and apply to different generators. You may be required to submit all parts of the report, all but one part, or you may be exempt from reporting altogether. If you are exempt from both Part II and Part III, you are exempt from filing the whole annual report and do not have to pay a filing fee. However, if DNR pre-printed your form, please return it so we don't have to contact you later about it being "missing". **Please read the following questions carefully before checking off the boxes on the form.**

Are you exempt from filing Part II, the Off-site Treatment Report? Ask yourself the following four questions:

- | | | |
|-----|----|---|
| Yes | No | Did you transport or send away for treatment less than 50 pounds (lbs.) of infectious waste in every calendar month of the calendar year? |
| Yes | No | Are you part of a group of infectious waste generators: 1) who are located on the same property; 2) who manage their infectious waste together; and 3) who, as a group, transport less than 50 lbs. per calendar month of untreated waste away from the property in every month of the calendar year? |
| Yes | No | Are you a "home generator", i.e., did you, as an individual, generate the infectious waste at home? |
| Yes | No | Was all of the infectious waste collected at a registered sharps collection station? |

PLEASE NOTE: The amount of waste used to determine this exemption:

- Is not based on an average per month of what was treated elsewhere during the year.
 - Is not based on what was *generated* each month.
 - Is not reduced by any amount of waste recycled after treatment.
 - Is based on what was actually sent away for treatment in any one calendar month according to your records, manifests or shipping papers and estimates of amounts sewerred.
 - Does include both infectious wastes and items which contain or are mixed with infectious waste.
 - Does include infectious wastes from other generators if you combine those wastes with your wastes and report them as if they were your own on Line A of the annual report form.
 - Does not include infectious waste collected at a registered sharps collection station or from other generators if you keep separate records of those wastes and report them on line B of the form.
 - Does not include waste that you treated yourself and report on line D of the form.
- If you can answer "**Yes**" to **any one or more** of the four questions above, you are exempt from filing Part II, the off-site treatment report. Check the exemption box for part II and go to the next question, below.

- If you answered "**No**" to all four questions above, you must complete the off-site treatment report (Part II) and Parts I and IV. Do not check the box. Go to the next question, below.

Are you exempt from filing Part III, the Medical Waste Reduction Progress Report? Ask yourself the following three questions:

- Yes No Are you something other than a clinic, hospital or nursing home? Examples include free-standing laboratories, funeral homes, coroners, blood collection centers and home health agencies.
- Yes No Are you a hospital, clinic or nursing home which **generated** less than 50 lbs. of medical waste per calendar month (that is, in every calendar month of the reporting year), regardless of where the waste was treated?
- Yes No Are you a hospital, clinic or nursing home which generated more than 50 lbs. of medical waste during only one calendar month of a calendar year and which averaged less than 50 lbs. of medical waste per month for the same calendar year?

- If you can answer "**Yes**" to any one or more of the three questions above, you are exempt from filing the progress report on waste reduction. Check the exemption box and skip to the next question, below.
- If you answered "**No**" to all three questions above, file the progress report on waste reduction (Part III) and Parts I and IV. Do not check the box. Go to the next question, below.

Are you exempt from filing an infectious waste annual report form? If you checked both exemption boxes on the form, you are exempt from filing the form. If exempt from filing, check the third box, review the next question and the box for exempt generators (below) and go to "General Instructions" on page 1 for further direction.

Should DNR send you an annual report next year? If you will or may have to file an annual report next year, check "yes". DNR will send next year's form to the contact person you name in Part IV. If you expect you will never have to file in the future, check "no" and state why not. For example, the facility moved or closed, or it consistently both generates and sends less than 50 lbs. per month off-site for treatment. If the facility closed or moved, state the date of the event.

EXEMPT GENERATORS, PLEASE NOTE: Even though you are exempt, you must do the following.

- **Keep records** of the amount of infectious waste you are generating, treating and sending off-site for treatment (see ss. NR 526.12 and .14). Copies of manifests or simple written logs will do. These items will document your exempt status.
- **Keep the records for at least three years.** Hospitals, clinics and nursing homes which might have to prepare waste reduction plans later should keep records for at least five years.
- **If you need to file in the future, contact DNR** for an annual report form.
- If you are a home generator or run a sharps collection station, you don't need to keep any records.
- For more information about how to reduce medical waste, obtain the fact sheet "For Generators of Small Amounts" from DNR or visit DNR's website at <http://dnr.wi.gov/ora/aw/wm/medinf>

PART I -- FACILITY INFORMATION

To be completed by all infectious waste generators, unless exempt from filing the whole report (see "Exemption status", above).

Name of infectious waste generator Generators include hospitals, clinics, nursing homes, institutions, agencies or any business which generates infectious waste. If the name has changed, state the date of change and reason for change under Line P on the back of the form.

Generator's Facility Identification Number (FID) Leave blank. DNR assigns this number. Do NOT insert FEIN or other numbers. If the facility moves, DNR will assign a new FID number.

Reporting year Be sure this is the calendar year for which you are reporting.

Street address, city, state, zip and county Must be the street address of the generator, not a P.O. Box or the address of the corporate owner. Put mailing addresses in Part IV.

Owner Corporate owner. For example: Mayo, Family Health Plan, Aurora, Dean Clinics, Marshfield Clinics.

Type of generator Check ALL that apply. Indicate which one generates the most waste. Please note the following.

- "Clinic" includes single doctor's offices, ambulatory surgery centers and health services serving large corporations or public institutions (schools, colleges, prisons, etc.).
- "Nursing home" includes assisted-living situations, CBRFs and group homes that meet the definition of "nursing home" in s. 50.01(3), Wis. Stats.
- "Other" includes public health agencies, home health agencies, blood collection centers, hospice programs, research institutions, pharmacies, funeral homes, morgues, etc.

Types of infectious waste Check all that apply.

Total weights of infectious waste in the reporting year List total amounts you generated, accepted from other Wisconsin generators, accepted from out-of-state generators, treated yourself and sent away for treatment. If none, write in the number "0". Double check your totals. Lines A+B+C should equal Lines D+E. Round up to the nearest pound.

Line A State the total amount of infectious waste you generated. Include estimates of liquid infectious waste you sent down the municipal sewer. Also include waste from other generators if you did not keep separate records. Do not subtract anything from the total, such as waste that you treated yourself (put on Line D instead) or waste which was recycled

after being disinfected (mention under Line P if you like). Assume that waste sent off-site for treatment in a reporting year was generated in that year, even if held over from a previous year.

NOTE: If you also accept waste from others (for example, if you operate a sharps collection station), you have a choice. You may either report the other generators' wastes on line A as if they were your own or, if you kept records of weights collected, you may report that weight on line B. An advantage of listing others' waste on Line B is that your medical waste generation rate (Line K) will be based only on what you generated (Line A). Whatever you choose to do, be consistent from year to year.

- Line B** State or estimate the amount of waste you accepted from others, if you know it. If the quantity is unknown, we'll assume it's included in Line A.
- Line C** State all waste you accepted from non-Wisconsin generators.
- Line D** State how much waste you treated in-house, based on treatment logs, which are mandatory under s. NR 526.12, Wis. Adm. Code. Also include estimates of infectious liquids sewerred.
- Line E** State how much you sent to another place for treatment. It should equal Line H. Do not include sewerred liquids, which should be listed in Line D.

PART II - OFF-SITE TREATMENT REPORT

To be completed by all infectious waste generators unless exempted from using manifests (see exemption section above).

Off-site treatment facility(ies) List all places where your waste was treated, according to your infectious waste manifests or shipping papers. Do NOT list your waste transporter or the landfill where the treated waste was disposed or the corporate address of the treatment firm. If your waste was treated at more than two facilities, report the others on another sheet of paper. Write the generator's name, address, FID number and reporting year on any attachments.

- Line H** State total weight of infectious waste sent elsewhere for treatment. Line H should equal Line E.
- Line I** State total weight of waste treated off-site, based on the manifests that were returned to you.
- Line J** State the number of manifests (not weight) which have not yet been returned to you.

PART III - MEDICAL WASTE REDUCTION PROGRESS REPORT

To be completed by all hospitals, clinics and nursing homes unless exempt (see "Exemption status," above). For more information about waste reduction planning, obtain the DNR fact sheet "Medical Waste Reduction and the Annual Report" and see ss. NR 526.16-.22, Wis. Adm. Code.

Line K Calculate the medical waste generation rate using ONE of the formulae on the form, which are mandated in s. NR 526.21(1)(c), Wis. Admin. Code. You may use another formula if DNR has approved it in writing for your particular facility or if DNR has approved an alternative formula for a whole class of facilities, such as DNR did for all freestanding dialysis clinics.

To calculate the medical waste generation rate, you need one of the following numbers.

- **Hospitals and nursing homes** use **Patient-days (Line F)**. State the total number for the reporting year. "**Patient-day**" means a period of service between the census-taking hours on two successive calendar days, including in-patient census and out-patient surgical days [s. NR 500.03(167), Wis. Adm. Code, as renumbered in 1996]. Exclude healthy newborns and emergency room visits. Do not report the daily average census. You may either add up the 12 monthly censuses (as reported to DHFS) or add up the daily censuses for the year. If you made a mistake in previous years or if you use an alternative DNR approved formula, please explain that in line P of the form.
- **Clinics**, except dialysis clinics, use **Number of treatment areas (Line G)**. Unless your facility expanded or was remodeled, line G should be constant from year to year. "**Treatment area**" means a room or area in a hospital or clinic the primary use of which is to provide emergency care, diagnosis or radiological treatment; an obstetrics delivery room in a hospital, other than a patient's room; or a room or area in a hospital, clinic or nursing home, identified by the department by rule, in which infectious waste is generated [s. 289.07(7)(c)1.e., Wis. Stats.]. Include the laboratory, if any.
- **Freestanding dialysis clinics** use **Number of dialysis treatments (Line FD)**, the total number for the reporting year.
- **Facilities with a DNR approved formula** should attach a sheet showing their calculations.

- Line L** Give the title of your medical waste reduction policy and date it was adopted. This date must be after 1994.
- Line M** Give the title and date of your current medical waste reduction plan. The date must be within the past five years.
- Line N** List the date(s) of minor revisions here. List major revisions under line M instead.
- Line O** **Summary of the medical waste reduction plan.** Briefly summarize what you will do for the next five years, in a one-two page synopsis of your facility's medical waste reduction plan. Do not send in your entire waste reduction plan or DNR will return it and request a summary. Since the summary describes what you are GOING TO DO in the future, you should not combine Line O with Line P, below.

Date DNR last received a summary The preprinted date is the reporting year for which DNR received a summary, not the date the report was submitted. The date will help you decide when to write a new summary. (If you believe the pre-printed date is wrong, cross it out and enter a different date. DNR will check its files to resolve the date.)

Line O is required with your first annual report and every five years thereafter. Line O is also required:

- whenever the facility expands, significantly changes service, moves or is sold to another entity;
- whenever you find that a previous summary was incomplete; and
- whenever you revise the plan's goals and objectives, if you do this in fewer than five years.

The summary (Line O) should answer these questions:

1. What is your target medical waste generation rate? This should be a number like Line K of the annual report, given in lb./patient-day or lb./treatment area per day or lb./treatment, NOT in lb./mo. or expressed as a percent reduction. Convert any percentages into a measurable rate.
2. How will you prevent the mixing of non-infectious waste with infectious waste?
3. How will you reduce the use of disposable items and evaluate alternatives to disposables? Describe your product review process and what criteria you will apply when evaluating alternatives.
4. How will you maintain an effective program through education, training, monitoring and assessment?
5. What is your timetable for reducing medical waste in your facility?
6. When was your last waste audit? When do you intend to do another audit?

Write a short paragraph to answer each question. Goals and objectives should be specific, measurable, achievable, realistic and time-specific. Don't just say, for example, "We will maintain an effective program through education, training, monitoring and assessment." Instead, describe HOW you will educate the public and train your staff, when and who will train and do the monitoring, when and how often.

Line P, Description of progress. Briefly describe what you did during the reporting year to accomplish your goals and objectives. Answer all the questions below. Attach up to one additional sheet if necessary.

The description of progress (Line P) should answer these questions:

1. How does Line K compare with your target medical waste generation rate? You may refer to charts or graphs if you explain their significance in writing. Please keep attachments to a minimum.
2. If the rate changed, why do you think it went up or down this year? If it's due to increased amounts of non-infectious waste, how will you address this next year?
3. How did you prevent mixing of wastes this past year? Cite examples.
4. How did you reduce the use of disposables this past year? Cite examples.
5. How did you maintain your waste reduction program this year? Who was trained and when? How was monitoring accomplished?
6. What worked? What didn't work and what did you learn? ("Mistakes" are valuable. DNR may be able to refer you to resources to help you, or conversely, your experience might help someone else.)
7. What will you try next? These could include new procedures, alternative products or new directions in waste reduction, such as eliminating mercury, reducing water use, composting food waste, or using "green" cleaners.
8. What has delayed progress?

NOTE: If you have just gotten started, describe when and how you will audit your waste, write your plan and begin implementing it, and then answer as many of the above questions as you are able to.

PART IV - CERTIFICATION

To be completed by all infectious waste generators unless exempt from filing the whole report (See "Exemption status," above).

Contact information

- Designate who DNR should contact with questions and to whom DNR should send future forms and invoices.
- Correct or update any pre-printed information.
- Include your e-mail address and check off how you prefer DNR to contact you.
- Add the generator's mailing address if it differs from the Part I street address and Part IV contact address.

Certification statement and signature The top administrator working in the facility (i.e., clinic director or building manager) must sign and date the form, not a designee and not a corporate officer or CEO of many related facilities.

Group Box Check the box if the form is filed by a group of generators in the same location which manage their wastes together. Attach a sheet with the names of the generators, name of contact person, name of administrator or CEO, his or her title, administrator's signature and date. To save file space, please minimize the number of pages you attach. Use double-sided copies, if possible.



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