Wisconsin Department of Natural Resources

Instructions for Infectious Waste Generators
2024 Infectious Waste Annual Reports
(Form 4400-177, revised 12/2024)

The online annual report form is really two annual reports in one:

- **Off-site Treatment Report** -- Infectious waste generators who send waste off-site for treatment must fill out Section B of the online form, known as the *Off-site Treatment Report*.*

- **Medical Waste Reduction Progress Report** -- Only medical facilities must fill out Section C, the *Medical Waste Reduction Progress Report*. Medical facilities include hospitals, nursing homes, and clinics, such as physician, dental or veterinary offices or clinics and dialysis clinics. Some medical facilities are exempt* from filing the progress report.

*If you have any questions about whether your facility must file either one or both of these annual reports, see the "Exemptions" tab on the Infectious Waste [Annual Report Web Page](#) and review the *[Exemption Worksheet.](#)* Even though s. [NR 526.15](#) may exempt your facility from filing an annual report, we would like you to report your exempt status each year.

Important tips
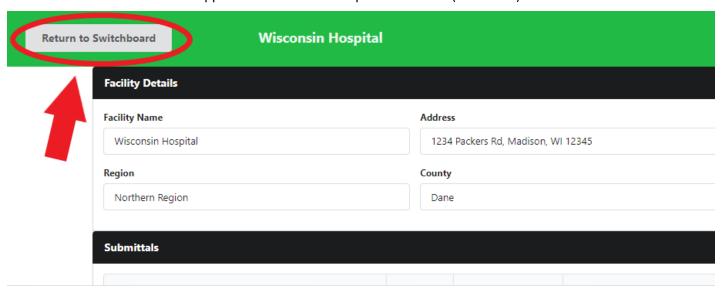Follow these tips to save time while preparing your annual report:

- ***Verify your browser*** The online form will work in browsers such as Chrome, Safari, and Firefox.

- ***Login through the DNR Switchboard*** Always access the online form by going through [DNR Switchboard](#). All contact changes should be emailed to DNRWAFacilityContactRegistry@wisconsin.gov.

- ***Start at the top*** Answer the questions in order and answer every question to ensure the correct fields appear.

- ***Move up and down, not back*** The online report is one LONG screen. Do **NOT** use the browser back arrow or you may lose unsaved work.

- ***Save your work often*** Click the **Save** button at the top of the online form and wait for it to finish. If you are inactive for 20 minutes, the online form will time out and any unsaved changes will be lost. If you don't see a prominent **Save** button, see "Troubleshooting…" under the "Access the Report" tab on the [Infectious Waste Annual Report web page.](#) Save your work before using the "Return" button in the online form title bar (at the top of the online form). "Return" will return you to the Report List screen.

- ***Read the instructions*** Click on the ($\mathbf{i}$) icon in the online form to reach the specific line-by-line instructions below. In the instructions, 2023 is the calendar year for which you are reporting.

Login to the reporting system

To access your annual report:

1. **Locate or create your personal WAMS ID and request access** You must use your own *personal* Web Access Management System (WAMS) ID to enter the reporting system. WAMS IDs do not belong to a business or a position; they are personal, like a driver's license.

   - If you do not have a personal WAMS ID, you must create one and request access. For instructions, visit the [DNR Switchboard](#) and follow the 2-step process of "create a user ID" and "log in" to report for your facility.

- If you have a WAMS ID but have forgotten it, do not create another one. Visit the DNR Switchboard Help webpage for details on account recovery.

- If you already have a WAMS ID and have registered it with DNR Switchboard, go to step 2.

2. **Login to the report** by clicking the blue "Log in" button at the DNR Switchboard. Select "My Facilities & Roles" in the upper right corner of the screen. Select the appropriate facility under "Site Name." Select the blue "Infectious Waste (IW) Annual Report" button to land on the Report List screen.

   ***For those that file reports for multiple facilities:** To navigate to a different facility, click the "Return to Switchboard" button in the upper left corner of the Report List Screen (see below).

Access the report

On the Report List screen, select "edit" for the appropriate year under the "action" column. Wait for your infectious waste annual report to load.

SECTION A: GENERATOR INFORMATION

Generator Type
Select your facility's generator type(s) You must first select all generator types (activities) that apply to this facility location. You must select at least one generator type. If a type does not apply, leave it unchecked.

- *Hospital or surgery center* is defined in s. 50.33(2)(a)-(c), Stats., "Hospital" includes ambulatory surgery centers. (This generator type does not include oral surgery centers)

- *Nursing home* is defined in s. 50.01(3), Stats. "Nursing home" includes any assisted-living situations, CBRFs and group homes that meet the statutory definition in s. 50.01(3).

- *Clinic* is defined in s. 287.07(7)(c)1.a., Stats. "Clinic" includes single doctor's offices, larger clinics and health services serving large corporations or public institutions (schools, colleges, prisons, etc.). Three special types of clinics are listed on the form: **dental clinics** (including oral surgery centers), **veterinary clinics**, and **dialysis clinics**. All other clinics are **physician clinics**.

- *Clinical laboratory* is any laboratory that generates microbiological laboratory waste, which is defined in s. NR 500.03(147), Wis. Adm. Code. "Clinical laboratory" includes both stand-alone laboratories and laboratories

within medical facilities. Stand-alone clinical laboratories are not subject to medical waste reduction planning requirements.

- *Other* is any non-household generator of infectious waste that does not fit in the generator types listed above.
  --"**Other**" includes but is not limited to public health agencies, blood collection centers, in-patient hospice programs, research institutions, funeral homes, morgues, coroner's offices, and home health care providers who remove and manage infectious waste from homes.
  --"**Other**" also includes a manifesting group (two or more infectious waste generators reporting together), when no other generator type applies. For more information about manifesting groups, see *Infectious waste generators, owners and manifesting groups* (DNR publication WA1819) and Appendix 1 of these instructions.

  --"**Other**" does not include sharps collection stations because they are storage facilities, not generator facilities.

If you select more than one generator type, you will see this message: You checked more than one generator type. In the box to the right, select the one that generated the most infectious waste. Open the dropdown box and select the type which generates the most infectious waste. Only the generator types you previously checked will be available to choose in the dropdown box. Note: Only "medical facilities" (defined as hospitals, clinics, and nursing homes, in s. NR 500.03(142), Stats.) complete the Medical Waste Reduction Progress Report (Section C of the online report). If you are not a hospital, clinic or nursing home, Section C will not appear in your online form.

Facility Information for 2024

This part of the form asks for information about your facility's owner, tax ID and facility name. Knowing the owner's Tax ID number makes it possible for two or more owners of infectious waste located at a single facility to submit annual reports for the same calendar year, and it enables DNR to update data for related facilities more easily. See Sidebar or the publication *Infectious waste generators, owners and manifesting groups* (DNR publication WA1819)**.**

IW Owner during 2024

IW Owner's Tax ID Number under which you are filing this 2024 annual report. Enter the 7 or 9 digit Tax ID number (FEIN), without spaces or dashes, of the reporting IW owner. This number is not the same as your FID (facility ID). If you enter the FID as the Tax ID, the report will not validate.

If the Tax ID Number had more than one IW Owner Name associated with it during 2024, please report the last one used that year. Enter the legal name of the IW Owner, exactly as it appeared on the Tax ID Number form during the Reporting Year.

Did the IW Owner generate infectious waste at this location during the entire calendar year of 2024, that is, from January 1 to December 31? If IW Owner for whom you are reporting generated infectious waste during the *whole* year, answer **Yes**. Otherwise, answer **No**. If you answer **No**, you must answer these questions:

During 2024, what was the first date on which this IW Owner generated infectious waste at this location? If this IW Owner continued operations from 2023 into 2024, enter "01/01/2024" (MM/DD/YYYY).

During 2024, what was the last date on which this IW Owner generated infectious waste at this location? If this IW Owner operated through the end of the reporting year, enter "12/31/2024" (MM/DD/YYYY).

Examples:
1) A facility was operating in 2023 and into 2024. On March 15, 2024, it was sold to another party, changed its Tax ID number and/or closed. For Reporting Year 2024, its first date is 01/01/2024 and its last date is 03/15/2024.
2) A facility opened or changed its Tax ID number on July 1, 2024 and continued operating into 2024. For the owner during the last part of the year, its first date is 07/01/2024 and its last date is 12/31/2024.

Facility Name during 2024

Did the name under which your facility conducted business change during 2024? If you answer **Yes**, three questions will appear. You must answer these questions:

> **On what date did the facility's name change? (MM/DD/YYYY)** This date must be during the Reporting Year. If you are unsure of the exact date but know the month, you may enter the month and "01" for the day, MM/01/2024. *Example:* if the name changed during May 2023, enter 05/01/2024.

> **What did the facility name change from?** Enter the name of the facility as it was on the first operating day in the Reporting Year.

> **What did the facility name change to?** Enter the name of the facility as it was on the last operating day in the Reporting Year.

Who is the "Infectious Waste Owner?"

Infectious waste generators are differentiated by both underline location and underline ownership. For purposes of annual reporting, the DNR uses the Tax ID number as the basis for ownership. Terms are defined as follows:

Tax ID Number means the federal employer identification number (EIN) (also known as "FEIN"). Generally, businesses need a new EIN when their ownership or structure has changed. For more information, see the IRS web page "Do you need a new EIN?"

IW Owner* means the party under whose tax ID number a business or institution generates infectious waste as part of its operations.

IW Owner's Name means the legal name of the IW Owner, exactly as it is (or was) shown on its Tax ID during the portion of the calendar year for which that owner is reporting. Changing the owner's *name* is not considered a change in ownership unless the Tax ID number *also* changes.

The IW Owner:
- Is the direct owner (i.e., lowest level owner) which operates a business or institution that generates infectious waste.
- *Is not* a holding company, a joint ownership, a higher level owner, a brand or any other corporate affiliation.
- *Is not* a subcontractor who manages operations on behalf of the business or institution which holds the Tax ID number.
- May be (but is not necessarily) the same as the owner of the *property*.
- Should be well-known to your organization's accounting department. If you don't know, ask them.

When ownership changes (based on a change in the Tax ID number), the DNR will create a separate annual report for the same location during the same year. This is true even if the facility's name and contacts have stayed the same. **Please inform the DNR of any changes in facility name, ownership, or contacts immediately after the change has occurred.** The Primary Contact, in particular, must have a valid and current email address for us to communicate with your facility.

* If you have any questions about ownership, please contact DNRMedicalWaste@wisconsin.gov.

Contact Information

- **Information for all contacts must be changed or updated by sending an email to DNRWAFacilityContactRegistry@wisconsin.gov.**
- **Primary Contact -** the primary person to contact to complete the infectious waste annual report and who will receive instructions on how to get a WAMS ID for access to the annual report.
- **Secondary Contacts -** while there can only be one Primary Contact, we encourage all facilities to have at least one Secondary Contact in case the Primary Contact leaves or is unavailable. Secondary contacts do not display in the annual report form.

Note that:
- Start date is the date this person started being the contact for the annual report, not necessarily the date they started working at the facility.
- All contacts must be a person and cannot be listed as something general such as "facility manager" or "accounts payable.

SECTION B QUALIFIER

Your answers to the "Section B Qualifier" questions will determine whether you are required to complete the Off-Site Treatment Report (Section B). And, if you are part of a manifesting group,* the Section B Qualifier questions will determine who will fill out Section B on behalf of the group.

> * A "manifesting group" is a group of infectious waste generators, all in the same physical location, who, together as a group, send infectious waste offsite to a treatment facility or medical waste incinerator.

If you think you may be part of a manifesting group, review *Infectious waste generators, owners and manifesting groups* (publication WA1819) and Appendix 1 of these instructions.

ANSWER SECTION B QUESTIONS IN ORDER or the report may not behave as described in these instructions.

During 2024, were the infectious waste generators on this property ALL owned by the same IW Owner?

In other words, during the reporting year, did all the generators operate under the same Tax ID number? ("IW Owner" is based on the Tax ID number, as described in the side bar on page 4.) (See *Infectious waste generators, owners and manifesting groups*, DNR publication WA1819.)

> If you answer **Yes** (all are under the same Tax ID number), the DNR considers the property to be a SINGLE infectious waste generator; it is not a 'manifesting group.' The following several questions will not appear in your report.

> If you answer **No**, there was more than one IW Owner generating waste on this property, the next question will appear in your report.

During 2024, did the infectious waste generators on this property (separate IW Owners) manage their infectious waste together?

> If you answer **Yes**, the generators on this property who manage their wastes together are a 'manifesting group.' Members of a manifesting group may choose to file the Off-Site Treatment Report (Section B of the online form) together as a group, or they may file individual Off-Site Treatment Reports. Those not in the group must file their own annual reports, unless exempt from reporting. (Refer to *Infectious waste generators, owners and manifesting groups,* DNR publication WA1819, for more information.) The following question will appear in your report.

If you answer **No**, each of the generators must file separate annual reports, unless exempt from reporting altogether. They are not a 'manifesting group.'   The following question will not appear in your report.

Are you filing the Off-Site Treatment Report (Section B)?

Answer **Yes** if you are EITHER the member of the manifesting group who will file the report OR you are a member of the manifesting group that is choosing to report individually. Only the report preparer will certify the report when it is submitted.

Answer **No** if you are a member of the manifesting group who is <u>not</u> responsible for reporting. A message will appear: ***Based on the answers you provided, your facility is exempt from completing the Off-Site Treatment Report (Section B of the online form).*** The next question and Section B will not appear in your report. However, if your facility is a clinic, hospital or nursing home, you may still need to complete the Medical Waste Reduction Progress Report (Section C of the online form).

Did this IW Owner or this manifesting group <u>transport or send away for treatment</u> 50 pounds or more of infectious waste in one or more calendar months of the 2024 reporting year?

Answer **Yes** if your facility (or your manifesting group) sent away 50 pounds or more of infectious waste in <u>one or more</u> calendar months of the reporting year. You must complete Section B.

Note for manifesting groups: Section B will appear in the online form for the person who sent a manifesting group's waste offsite for treatment. Section B will not appear for the other members of the manifesting group unless they choose to file individually.   If you are not sure if you are in a manifesting group, see *Infectious waste generators, owners and manifesting groups* (publication WA1819).

Answer **No** if your facility (or your manifesting group) in <u>every</u> calendar month, you sent <u>less than</u> 50 pounds, total, for each month). A message will appear: ***Based on the answers you provided, your facility is exempt from completing the Off-Site Treatment Report (Section B of the online form).***

SECTION B – OFF-SITE TREATMENT REPORT s. NR 526.15

Infectious Waste Activities

All answers in this section are for infectious waste and must be entered in <u>whole pounds</u> rounded to the nearest <u>whole pound</u>. If you attempt to enter decimal points, you will get an error message of *"Invalid Number"* on the right.

All generators: Line 1 is only for infectious (biohazardous) waste regulated under chapter NR 526, Wisconsin Administrative Code. Although healthcare professionals sometimes use the term "hazardous waste" for infectious waste, the DNR reserves the term "hazardous waste" for waste that is regulated under the NR 600 series of administrative codes, also known as "RCRA hazardous waste." Do not report RCRA hazardous waste on Line 1. If you manage a waste that is BOTH infectious and chemically hazardous waste (that is, if you send that waste to a RCRA part C facility), do not report that waste in Line 1. If your facility must file a RCRA hazardous waste annual report, you would report it on the RCRA hazardous waste annual report instead.

Manifesting groups: The lead member of the manifesting group should put the amount of its own waste (if any) on Line 1, and put amount generated by the other members of the manifesting group on Line 2.   If the lead member of the manifesting group does not generate any infectious waste, enter zero in Lines 1a, 1b and 1c.

LINE 1a: Generated on-site and sent to infectious waste treatment facilities or medical waste incinerators
Enter the number of <u>whole pounds</u> that your facility sent away to be treated elsewhere.

LINE 1b: Generated on-site and treated on-site Enter the number of <u>whole pounds</u> of your facility's waste that it disinfected onsite. (Note that sharps and human tissue have requirements for treatment *in addition to* disinfection. See <u>s. NR 526.11</u> and <u>s. NR 526.12</u>, Wis. Adm. Code.)

LINE 1c: Generated on-site and drain disposed (sewered) Enter the number of <u>whole pounds</u> of your facility's liquid waste that was disposed of down the drain. It is not necessary to weigh the liquid infectious waste; you may estimate the amounts as described in <u>Appendix 2</u> of these instructions. **<u>Do</u>** report bulk blood and body fluids, such as whole blood, blood components and suction waste from surgery. **<u>Do not</u>** report solutions used to rinse or disinfect equipment. **<u>Do not</u>** report human waste (urine and feces).

LINE 1: TOTAL AMOUNT GENERATED ON-SITE This amount is calculated for you and is the sum of the first three lines.

LINE 2: ACCEPTED FROM OTHER GENERATORS Enter the number of <u>whole pounds</u> accepted from other generators. *Manifesting groups:* See note above the instruction for Line 1a, above.

LINE 3: TOTAL AMOUNT GENERATED OR ACCEPTED This amount is calculated for you. It is the sum of Line 1 and Line 2.

LINE 4: DISINFECTED ON-SITE. Equals Line 1b plus Line 1c. This amount is calculated for you. It is equal to the sum of Line 1b and Line 1c.

LINE 5: TOTAL SENT TO TREATMENT (infectious waste treatment plants or medical waste incinerators). Equals Line 3 minus Line 4. The amount is calculated for you.
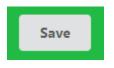
Did you receive documentation (e.g., signed manifests or certificates of destruction) that all the waste in Line 5 was treated or incinerated? (Ignore differences due to rounding) This question is intended to check how well treatment facilities are complying with manifesting requirements by returning complete documentation of destruction to generators. Compare the amount you reported sent to treatment (Line 5) to the amount on manifests or other documentation, such as a certification of waste treatment, that you received from your infectious waste vendor AFTER the waste was treated or incinerated.

If the documentation you received accounts for the destruction of the amount of waste you sent off site, answer **Yes.** If the documentation you received did not account for the destruction of the amount sent off site, answer **No.**

If you answer **No** to the above question, you must select at least one of the responses for why the amounts differ. For example, the treatment facility may not have returned documentation to you for all your waste shipments, or the weights the treatment facility recorded may have differed from your weights. If you select the **Other Reason/Explanation** response, you must provide a brief explanation of why your amounts differed. *Examples:* "The manifests recorded the number of boxes, not weights." "We weighed our waste before sending for treatment, and the manifested weights differed considerably from ours."

Off-Site Treatment Facilities

Please select all off-site treatment facilities where your infectious waste was treated (Check all that apply). They should be listed on certifications of waste treatment returned to you from your treatment facility or waste vendor. If the facility name is not shown, type the name, city and state of the in the "Other Treatment Facility" box. The online form lists all licensed treatment facilities in Wisconsin for 2024. Check <u>only</u> the facilities which accepted your waste during the Reporting Year. Leave all others unchecked.

	Remember to save!
Save	Click the 'Save' button on the top left corner to save your progress. If the report session expires, any unsaved information may be lost!

SECTION C QUALIFIER- Do NOT answer until Section B is complete!

Only medical facilities (hospitals, nursing homes and clinics, including but not limited to dialysis, dental and veterinary clinics) will see the Section C Qualifier. Some medical facilities may be exempt from filing the Medical Waste Reduction Progress Report (Section C). You must answer the questions presented in the Section C Qualifiers to determine if you are required to complete Section C. Manifesting groups will only see these qualifiers if the facility that is filing the annual report is a medical facility that generates waste.

During how many months of 2024 did you generate 50 pounds or more of medical waste per month? This is NOT an average. *(Note, this is what you generated each month and not the amount you shipped offsite and not an average.)* If you select **Zero months**, a message will appear stating that you are exempt from Section C; if you select **One month**, you will get an additional question (below); and if you select **Two or more months,** you are not exempt from Section C, the following question will not appear and Section C will appear in your online form.

> If your facility generated more than 50 pounds of waste in only **One Month**, you will be asked **Did you generate an average of more than 50 pounds of infectious waste per month? In other words, if your facility was open all year, did you generate less than 600 pounds during 2024?** You must answer **Yes** or **No**. If **Yes**, you are not exempt from Section C; Section C will appear in your form. If **No**, you are exempt from Section C; Section C will not appear.

> If your facility was operating under its Tax ID number less than 12 months in the reporting year, you can interpret this question as asking: "Did your facility generate an average of more than 50 lb/mo during the months that it was operating during the reporting year?" You should answer **Yes** if your facility generated an average of 50 lb/mo or more while it was operating, and **No** if it averaged less than 50 lb/mo while it was operating.

SECTION C – MEDICAL WASTE REDUCTION PROGRESS REPORT s. NR 526.21

Medical Waste Reduction Policy s. NR 526.17

Has your facility adopted a Medical Waste Reduction Policy? If your facility has adopted a Medical Waste Reduction Policy according to **s. NR 526.17**, answer **Yes**. If your facility has not adopted a policy, answer **No**. If you filed an infectious waste annual report last year, your answers from last year will appear in these fields.

If the answer is **No**, the title and date fields do not appear. Go to the next question.

If the answer is **Yes**, the title and date fields are visible, and you must answer them:

> **Enter, edit or confirm the title of your current Medical Waste Reduction Policy.** Provide the name of your policy here. If the title is pre-filled and the title of the policy has changed, you may edit the title.

> **Enter, edit or confirm the date of your current Medical Waste Reduction Policy. (MM/DD/YYYY)** Provide the date when you adopted your Medical Waste Reduction Policy *(Example*: 05/25/2024). If you do not remember the day, DD should be **"01."**

Waste Audit s. NR 526.18

The Waste Audit section of the annual report begins with statements. Depending on what your facility reported in previous years, you will see one or two of the following messages:

EITHER this message:

This facility's annual report for 2023 indicated that the facility <u>had not conducted</u> a Waste Audit in the past. If your facility <u>has not</u> reported on waste audits before, this message will appear.

OR these two sentences:

This facility's annual report for 2023 indicated that the facility <u>had conducted</u> a Waste Audit in the past. The last reported Waste Audit date for this facility was MM/YYYY. If your facility <u>has</u> reported on waste audits before, these messages will also appear. (Note: MM/YYYY will be the date your facility reported in the past.)

Did you conduct a Waste Audit during 2024?

You must choose one of three possible answers.

- **No, we did not do an audit** Choose this option if you did not do any waste audit activities during the Reporting Year. If you choose this option, the list of statements describing your facility's most recent waste audit will disappear from the online form.   (To see the list of statements temporarily, you may change your answer to "Yes, we updated a previous audit," review the statements as entered in your previous year's annual report and revert your answer to No when done.)

- **Yes, we updated a previous audit** Choose this option if, during the reporting year, your facility audited part of the facility or you updated an audit that was incomplete in a previous reporting year. If you choose this option, your previous answers are displayed, and you may edit them.

- **Yes, we did an audit of the WHOLE facility** Choose this option if you have audited the WHOLE facility during the reporting year. If you choose this option, your answers from a previous year may be displayed and you should edit them. You will also be asked:

During what month in 2024 did you complete a Waste Audit on the WHOLE facility? Enter the date when you completed your most recent Waste Audit, formatted as **MM/YYYY** (*Example 05/2024*). If you do not know the month, enter MM as "01". This date must be during the reporting year.

Check ALL statements that apply. This facility's most recent Waste Audit addressed: This statement and the grid below it only appear if you checked "Yes" above. The documentation of your latest Waste Audit should include all the items listed below. Check a statement only if your most recent Waste Audit actually documents that part of the audit in writing. If your most recent Waste Audit did **NOT** document a given part of the audit in writing, leave that item unchecked.

SOURCE AREAS: Identified all areas within the facility where solid waste (not just infectious waste) was generated. If your audit documented the source areas, **check** the **box**. If not, leave the **box unchecked (blank).**

WASTE TYPES: Identified the types of waste that were generated within each source area. If your audit documented your waste types, **check** the **box**. If not, leave the **box unchecked (blank).**

QUANTITY OF MEDICAL WASTE: Identified how much medical waste, in pounds, that the facility generated as a whole during the previous 12 months. If your audit documented the quantity of medical waste, **check** the **box**. If not, leave the **box unchecked (blank).**

MEDICAL WASTE GENERATION RATE: Included calculations of the rate at which the facility generated medical waste during the 12 months prior to the audit. If your waste audit documented the medical waste generation rate, **check** the **box**. If not, leave the **box unchecked (blank).**

WASTE MANAGEMENT PRACTICES - PROCESS: Described how medical waste was managed at the time of the audit, including how medical waste was collected, stored, transported and treated from the point of generation to the point of final disposal, including any medical waste discharged to a publicly-owned wastewater treatment system. If your waste audit documented how you manage waste, **check** the **box**. If not, leave the **box unchecked (blank).**

WASTE MANAGEMENT PRACTICES - SOURCE SEPARATION: Described how non-infectious waste was being prevented from being mixed with infectious waste at the time of the audit. If your waste audit documented how you keep wastes separate, **check** the **box**. If not, leave the **box unchecked (blank).**

WASTE MANAGEMENT PRACTICES - MIXING: Included any waste types that were mixed with or might have been mixed with infectious waste at the time of the audit. If your waste audit identified wastes that were --or might have been-- mixed with infectious waste, **check** the **box**. If not, leave the **box unchecked (blank).**

Have any of the following changes in operation occurred since your facility completed its most recent Waste Audit? (Check ALL that apply) The possible operational changes are:
> **Our facility has significantly changed its services.**
> **Our facility has been remodeled significantly.**
> **Our facility has expanded.**
> **Our facility has changed IW Owners.**

If none of the listed changes have occurred since the most recent COMPLETE Waste Audit on the WHOLE facility, leave all boxes unchecked (blank).

If any of the changes listed have occurred since the most recent COMPLETE Waste Audit on the WHOLE facility, check the boxes that apply to your situation. Per ch. NR 526, a medical facility must do a waste audit on the WHOLE facility at least every 5 years or when the facility significantly changes its services, when it remodels or when it expands. Also, when a facility changes owner, the new owner must also complete a new waste audit because there may be a significant change in solid waste characteristics or the amounts of solid waste, even if it has been less than 5 years since the last audit.

When operations change in the ways listed, your facility should do a new waste audit during that reporting year and include its results in its Medical Waste Reduction Plan. If the audit is not done right away, the annual report for that reporting year will list the audit as a planning activity to be completed during the next reporting year.

Many people wonder when the trigger for a new audit occurs. Here is what you need to know, and some examples:

- The calendar year in which you audit your whole facility counts as Year 1 of the audit cycle.

- In a later year, if you do a partial audit or update the audit documentation, that does not reset the clock to Year 1. Only doing a complete audit resets the clock to Year 1.

- In the annual report form for Audit year 5, the form's certification statements will list doing a Waste audit as a planning activity during year 6, if you have not done one already.

- Any applicable facility changes will wipe out the year 1 date, and the report will behave as if it has been 5 or more years since the last audit. Your facility should have done a NEW whole-facility audit during the reporting year. If you didn't do an audit during the reporting year, your annual report for that year will list the audit as a planning activity to be done during the next reporting year.

Medical Waste Reduction Plan s. NR 526.19

To verify that your Medical Waste Reduction Plan is current, you must periodically submit a summary of the plan and annually describe how you are implementing it.

The Medical Waste Reduction Plan section of the annual report begins with statements. Depending on what your facility reported in previous years, you will see one or more of the following messages:

> EITHER this one

> ***According to our records, in 2023, you indicated that your facility <u>had not adopted</u> a Medical Waste Reduction Plan.*** If your facility has not reported about a medical waste reduction plan before, this message will appear.

> OR these three:

> ***According to our records, in 2023, you indicated that your facility <u>had adopted</u> a Medical Waste Reduction Plan.***
> ***The last reported Medical Waste Reduction Plan title was [your title].***
> ***The last reported Medical Waste Reduction Plan adopted date {date MM/YYYY}.*** If your facility has reported on a medical waste reduction plan before, these messages will appear. (Note: MM/YYYY will be the date you reported in the past.)

Choose the statement that best describes your planning activities during 2024: You must choose one of three possible answers.

- o **We did NOT change our plan** Choose this option if you did not change your plan during the Reporting Year. If you choose this option, the objectives grids under the goals (below) will disappear from the online form. (To see the objective grids temporarily, you may change your answer to "was Modified," review the objectives grids as entered in your previous year's report and revert your answer to "stayed the Same" when done.) Under the Goals and Objectives section below, only the Reporting Year's "Report on Progress" questions will appear.

- o **We modified a part of our plan** Choose this option if, during the Reporting Year, your facility updated a part of the plan, or you completed items that were incomplete in previous years. If you choose this option, your previous year's answers in the objective grids are displayed and you may edit them. The Reporting Year's "Report on Progress" questions also appear.

- o **We adopted a whole new plan** Choose this option if you adopted a plan or replaced your plan during the Reporting Year. If you choose this option, your previous year's answers in the objective grids are displayed and you may edit them. The Reporting Year's "Report on Progress" questions also appear.

- o **We do NOT have a plan** Choose this option if your facility does not have a plan.

> If you adopted a new plan, you will be asked to:

> > **Enter the title of the Medical Waste Reduction Plan adopted in 2024**

> > **Enter the date of your Medical Waste Reduction Plan adopted in 2024**
> > Enter the date when you completed your most recent Medical Waste Reduction Plan formatted as M**M/DD/YYYY** (*Example:* 02/07/2024). If you do not know the month or day, enter mm or day as "01". This date must be during the Reporting Year.

Executive Summary and Description of Progress (ss. NR 526.20 and .21)

Your executive summary does all of the following:
- Calculates your medical waste generation rate for the reporting year.
- Compares this year's rate to your previous year's rate and to your target rate.
- Describes the benefits and challenges you had with reducing medical waste.
- Describes your medical waste reduction plan's objectives under each of five required goals.
- Describes how you implemented your plan or otherwise met the goals during the reporting year.

Medical Waste Generation Rate

The medical waste generation rate is a number you can use to track your progress in reducing medical waste through time. (The rate is only marginally useful for comparing a facility with other facilities, even those with similar procedures, due to a larger number of variables at play.) The formulas are in s. NR 526.21(1).

The formula used for calculating the medical waste generation rate varies with the type of facility.

Calculation for Hospitals, Surgical Centers and Nursing Homes

If you selected **Hospital or surgical center*** or **Nursing home** as the generator type that generated the most infectious waste, you will see this section. If you selected any other generator type, you will see a similar section for that generator type instead.   *See definition of "hospital" on page 2.

Infectious Waste Generated On-Site (from Section B Line 1) If you are not exempt from Section B, the amount you entered in Line 1 of Section B is re-displayed here. You cannot edit this field.

Infectious Waste Generated On-Site (input required if exempt from Section B) If you are exempt from Section B, you will need to enter the amount of Infectious Waste generated on-site in whole pounds here. Include the estimated weight of liquid infectious waste sent down the drain, as explained in Appendix 2 of these instructions.

Number of patient days** in 2024 Your Medical Waste Generation Date calculation requires you to provide the number of patient days in your facility during 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" [Defined in s. NR 500.03(167)]. You may either add up the 12 monthly censuses (as reported to Department of Health Services) or add up the daily censuses for the year. Do not report the daily average census. Do not report "adjusted patient days," which is used for financial purposes and has little meaning here. Include: Total daily census and outpatient *surgical* days. Exclude: Healthy newborns and emergency room visits, non-surgical outpatient visits, observation patients (less than 24 hours), and outpatient lab and x-ray visits.
> ** Surgery centers and surgical hospitals may report the number of cases instead of patient days because the vast majority of patients do not stay overnight. To say this another way, the number of cases in ambulatory surgery facilities is essentially equivalent to "patient days" in regular hospitals.

Medical Waste Generation Rate for 2024, in pounds per patient-day This amount is calculated and displayed for you from the amounts entered for generated on-site divided by number of patient days. You cannot edit this field.
> **NOTE:** In some cases, the calculated medical waste generation rate is greater than 7.0, and an error message will appear. A rate of 7 pounds per patient day is considered a high rate. Usually, a facility with such a high rate has not included its outpatient surgical days as instructed. Or, the facility may generate a lot of dialysis waste that is not figured into the formula in the online form. You must

explain why your rate is so high in the next question (**Medical Waste Generation Rate Comparisons**), where you compare your rate this year with your rate last year.

Calculation for Physician, Dental or Veterinarian Offices or Clinics

If you selected a **Physician office or clinic, Dental office or clinic, or Veterinarian office or clinic** as the generator type that generated the most infectious waste, you will see this section. If you selected any other generator type, you will see a similar section for that generator type instead.

Infectious Waste Generated On-Site (if your facility IS NOT exempt from Section B) If you are not exempt from Section B, this is the amount you entered in Line 1 of Section B which is displayed here. You cannot edit this field.

Infectious Waste Generated On-Site (if your facility IS exempt from Section B) If you are exempt from Section B, you will need to enter the amount of Infectious Waste generated on-site in whole pounds here. Include the estimated weight of liquid infectious waste sent down the drain (see Appendix 2 of these instructions for suggestions about estimating the amounts of liquid infectious waste).

Number of treatment areas in 2024 Your Medical Waste Generation Date calculation requires you to provide the number of treatment areas at your facility in the Reporting 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. 289.08(7)(c)1.e., Stats.]. Include the laboratory, if any.

Number of calendar days in 2024 This field is calculated for you and is equal to the number of days you operated in the reporting year. If you operated at this location for the whole year, it will be 365. If you operated at this location for only part of the reporting year, this number is calculated from the start (first) date at this location to the end (last) date at this location during the Reporting Year, as reported in Section A. You cannot edit this field.

Medical Waste Generation Rate for 2024, in pounds per treatment area per day This amount is calculated and displayed for you from the amounts entered for what was generated on-site divided by number of treatment areas and by 365 (the number of calendar days in the year). You cannot edit this field.

Calculation for Dialysis Clinics

If you selected **Dialysis clinic** as the generator type that generated the most infectious waste, you will see this section. If you selected any other generator type, you will see a similar section for that generator type instead.

Infectious Waste Generated On-Site (if your facility IS NOT exempt from Section B) If you are not exempt from Section B, this is the amount you entered in Line 1 of Section B and is displayed here. You cannot edit this field.

Infectious Waste Generated On-Site (if your facility IS exempt from Section B) If you are exempt from Section B, you will need to enter the amount of Infectious Waste generated on-site in whole pounds here. Include the estimated weight of liquid infectious waste sent down the drain (see Appendix 2 for instructions about estimating the amounts of liquid infectious waste).

Number of dialysis treatments in 2024 Your Medical Waste Generation Date calculation requires you to provide the total number of "*Dialysis Treatments*" your facility provided in the Reporting Year.

Medical Waste Generation Rate for 2024, in pounds per dialysis treatment This amount is calculated and displayed for you from the amounts entered for generated on-site divided by number of dialysis treatments. You cannot edit this field.

Medical Waste Generation Rate - Comparisons

Enter the medical waste generation rate for your facility for last year. If you did not report last year, enter a zero If this number is not already entered for you, enter the Medical Waste Generation Rate your facility reported on the previous year's report. If your facility did not report in the previous Reporting Year, enter a zero.

Compare your 2024 rate to your 2023 rate. Describe any changes. Why do you think the rate went up or down this year? If the change is due to increased amounts of non-infectious waste being mixed with infectious waste, how will you address this in the next year? If you did not report in the previous reporting year, leave this question blank.

> **Note for hospitals only** If you changed the way you calculated your patient days for this reporting year, you must recalculate the previous year's patient days and medical waste generation rate, too. In this question, describe how you changed the calculation. Then state the 'new' previous year's rate, compare it with this reporting year's rate and answer the question, above. You may need to adjust your target rate, as well.

What is the target medical waste generation rate in your current plan? If your plan does not have a target rate, enter a zero.

If your facility generated more than its target rate, what will you do in the next year to lower its medical waste generation rate? If you did not have a target rate, you should leave this question blank.

Benefits and Challenges with Reducing Medical Waste

If your facility is doing Section C, you must answer the Report on Progress questions, even if the facility does not have a Medical Waste Reduction Plan yet.

2024 Report on Progress: What benefits did your facility gain by reducing waste in 2024? Briefly describe the benefits your facility experienced by reducing waste during the reporting year. Benefits may be quantifiable (as in specific cost savings) or intangible (such as greater employee or patient satisfaction).

2024 Report on Progress: What challenges did your facility face while implementing your plan or while reducing medical waste in 2024? How did you address them? Describe the challenges your facility faced during the reporting year and how your facility addressed them.

Goals and Objectives

To verify that your Medical Waste Reduction Plan is current, you must periodically submit a summary of the plan and annually describe how you are implementing it. The online form asks a series of questions about your plan and how you implemented it during the Reporting Year. Previously-reported answers will appear below. If your plan is less than 5 years old, you may either update the answers or leave them as they are. If your plan is 5 or more years old or if you have updated your plan this year, you <u>must</u> update the answers.

GOAL 1: Preventing the Mixing of Non-Infectious Waste with Infectious Waste
GOAL 2: Reducing Wastes by Changing Practices and Reusing Items
GOAL 3: Evaluating Alternatives to Disposables
GOAL 4: Education and Training
GOAL 5: Monitoring and Assessment

VALIDATING, CERTIFYING, SUBMITTING AND COMPLETING THE ANNUAL REPORT

If you are exempt from filing the annual report:

Based on the answers you provided, your facility may be exempt from completing both the Off-Site Treatment Report and the Medical Waste Reduction Progress Report. Even though s. NR 526.15 exempts your facility from filing an annual report, we would like you to indicate your exempt status each year.

If your facility is exempt this year, follow these steps to notify the DNR:

1. Review your form to ensure you have answered all the questions. Fix any items where there are red messages or where boxes are outlined in red. Save your report.

2. Enter your name in the text box at the end of the page to certify the report.

3. Click on the **Validate** button at the top of the screen. The validation process may take a while, so please be patient. The validation process will end with one of two small windows. If the small window states "***The report is valid,***" the validation was successful. You may go to Step 4. If the small window states **"Report Validation-Items need attention,"** click **Close,** fix the errors and Validate again.

4. Click on the **Submit** button to complete the process of notifying the DNR of your exempt status for the reporting year. You will receive an email from DNRMedicalWaste@wisconsin.gov confirming that your notification has been received.

If you must file the annual report:

If your facility is not exempt from filing the report, follow these steps to validate and submit the online form:

1. **Save your data**.

2. **Review the form**. Fix any items where there are red messages or where boxes are outlined in red.

3. **Enter your name** in the text box at the end of the page to certify the report.

4. Click on the **Validate** button at the top of the screen. The validation process may take a while, so please be patient. The validation process will end with one of two small windows. If the small window states "***The report is valid,***" the validation was successful. You may go to Step 4. If the small window states **"Report Validation-Items need attention,"** click **Close,** fix the errors, and Validate again.

5. Click on the **Submit** button to complete the process of notifying the DNR of your exempt status for the reporting year. You will receive an email from DNRMedicalWaste@wisconsin.gov confirming that your notification has been received.

Filing (completing) the Infectious Waste Annual Report

The complete Infectious Waste Annual Report consists of two parts: the online form and the filing fee.

Step 1: Submit the online form.

After submitting your report, you will be returned to the Report List screen where you can save or print a PDF of your annual report (including the invoice) and/or pay the filing fee electronically.

<div style="border:1px solid black; padding:10px;">

To save or print your report and invoice anytime:

Log into the reporting system by following the Login Tutorial. On the Report List Screen, there are instructions for printing the report.

The filing fee invoice is attached to the end of your report.

</div>

Step 2: Send in the filing fee payment and late fee (if any).

Immediately after you submit the online form, your facility's Billing Contact should receive a Billing Notice email with a DNR invoice attached. If you can't find the invoice email, the invoice is also attached to the printable version of your annual report. (See text box, above, for instructions on viewing and printing the report and invoice.)

You may pay by check or by electronic payment (E-Pay), as follows:

BY CHECK:

Send your payment and invoice stub to the DNR in **Milwaukee** as directed on the invoice. If you pay by check, **you must include the invoice stub with your check for proper processing**. If you do not send in the invoice, your payment may be put into "pending" status that could result your facility being charged a late fee. Mail the check and invoice to the address shown on the form. (Wisconsin DNR - Environmental Fees, PO Box 78816, Milwaukee, WI 53278-0816)

Please note, if your check arrives without a copy of your invoice, the receiving bank will not credit your payment to your account, and it will appear to DNR that your invoice is still unpaid. Do not write the invoice number on your check unless you ALSO send a copy of the invoice.

BY ELECTRONIC PAYMENT:

You may pay electronically by E-check, by electronic fund transfer (also known as EFT or ACH) or by credit card. Credit card users will be charged an extra 2.5% to cover the credit card company's fee. **You can access E-Pay on the internet at** https://dnr.wi.gov/epay/   OR, **you can access E-Pay from the Report List screen** by following the Login instructions on page 1 of these instructions. Click on the reporting year for which you are paying. Wait for the row to turn blue. Then click on "Make Payment" to reach the E-pay web page.

<div style="border:1px solid #808000; padding:10px; text-align:center;">

When the DNR has received your online form and has credited your filing fee to your account, your annual report is complete.
Congratulations!

</div>

APPENDIX 1
Annual Reporting for Manifesting Groups

What is a manifesting group?

A **"manifesting group"** is _two or more_ _infectious waste generators_, all in the _same physical location_, who _manifest their waste together_ _as a group_ to a treatment facility.

If you are unsure about whether your group is a "manifesting group" or not, see _Infectious waste generators, owners and manifesting groups_ (DNR Publication WA1819) available at:
Infectious waste generators, owners and manifesting groups

Instructions for the person reporting on behalf of a manifesting group:

If you know you are in a manifesting group, here is a condensed set of instructions for filing the infectious waste annual report for your manifesting group:

1. In Section A of the annual report online form, choose the generator types of your facility and generators who have the same IW Owner as your facility. If your facility does not _generate_ any infectious waste itself (that is, if all you do is manage the waste created by others), check "Other".

2. In the Section B Qualifiers, affirm that you are reporting on behalf of the group.

3. In Section B, fill out the questions in Lines 1 through 5. As the lead facility, you will put the amount of your own infectious waste on Line 1a, 1b, and or 1c. If you did not generate any infectious waste (e.g., you are a building manager not a healthcare provider), enter zero in the Line 1 questions. Put the rest of the waste manifested by the group on Line 2.

4. The Section C Qualifiers and Section C will appear if your generator type is a "hospital," "clinic" or "nursing home." Section C and its qualifiers will be hidden from you if you checked "Other" for your type of generator.

5. Fill out Section D to certify and submit the online form on behalf of all the members of the manifesting group. You will receive an invoice by email immediately after submitting the report. If you do not receive it, first check your spam or trash folder, then contact the DNR.

6. Send the invoice and one filing fee on behalf of the whole manifesting group, as instructed on the invoice.

Instructions for the other manifesting group members and recordkeeping:

1. **Keep records of the amounts of infectious waste your facility sent offsite for treatment**. Keep them for at least five years if you are a clinic, hospital or nursing home, or three years if any other type of generator. You must have your own records; the manifest for the group is not enough.

2. **Determine whether or not you are exempt from filing the Medical Waste Reduction Progress Report** (Section C of the online infectious waste annual report form). You can find out by filling out the Infectious Waste Annual Report Exemption Worksheet (WA-1801. Keep your exemption worksheet with the records of the amounts of infectious waste you sent offsite for treatment.

3. **Determine which of the following three situations applies to you, and follow the instructions:**

    1) **_You are exempt from Section C of the annual report AND have never filed an infectious waste annual report with the DNR before._** No further action is needed.

    OR

2) ***You are exempt from Section C of the annual report AND have filed an infectious waste annual report with the DNR in a previous year.*** Please notify the DNR of your exempt status in order to update records at DNRMedicalWaste@wisconsin.gov.

OR

3) ***You must file Section C of the annual report.*** You must file your own infectious waste annual report for Section C. Instructions for filing annual reports are on the Infectious Waste Annual Report Web page, https://dnr.wi.gov/topic/healthwaste/iwreport.html.

APPENDIX 2
Estimating the amount of liquid infectious waste

Line 1c asks you to report the amount of liquid infectious waste sent down the drain. You should report bulk blood and body fluids, such as whole blood, blood components and suction waste from surgery. **Do not** report solutions used to rinse or disinfect equipment. **Do not** report human waste (urine and feces). It is not necessary to measure or weigh the amounts of liquid infectious waste. You may estimate the amount liquid infectious waste by following these four steps:

1) **Estimate the volume of liquid waste per unit** (e.g., per case, per specimen or per patient). One way to estimate this volume is to measure the volume for a number of units, then divide that volume by the number of them you measured, which gives you an average amount per unit. Document what you did and how you calculated the average amount per unit. File the documentation with your infectious waste annual report.

2) **Estimate the volume of liquid waste you generate per year** Multiply the volume per unit by the number of units in a year. If you document the number of units for other reasons, use that number. Otherwise, you may estimate the number of cases too. Document your calculations or estimates so you can calculate them the same way next year. File the documentation with your annual report. If you measure in liters, be sure to convert liters to pounds; assume there are 2.2 pounds per liter.

> **Example 1**: Surgery uses a machine that empties suction canisters. You can use a formula similar to this:
>
> (an average of X liters per surgical case) * (average Y cases per day) * (Z days per week) * (52 weeks per year) * (2.2 pounds per liter) = estimated X * Y * Z * W * 2.2 pounds per year
>
> **Example 2**: Maternity generates amniotic fluid. You can use a formula similar to this:
>
> (an average of X liters per birth) * (known Y births this year) * (2.2 pounds per liter)
> = estimated (X * Y * 2.2) pounds this year
>
> **Example 3**: If your Lab drain-disposes blood specimens, you can use a formula similar to this:
>
> (an average X ml per specimen) * (Y specimens in the year) * (1 liter /1000 ml) * (2.2 pounds per liter)
> = estimated (X * Y divided by 1000) * 2.2 pounds in the year

3) **Round the estimated number to two significant figures.** For example, 3597 lb., when rounded, becomes 3600 lb.

4) **Enter the rounded number in Line 1c of the online form.**