



State of Wisconsin Dept. of Natural Resources

Medical Waste



FOR GENERATORS OF SMALL AMOUNTS

Are you among the many businesses, health care providers, farmers and others who generate less than 50 pounds per month (lb/mo) of infectious waste? If so, this fact sheet will help you manage your infectious waste safely and may also help reduce your costs. If you generate infectious waste only at home, please refer to the DNR brochure "Disposing of Household Sharps" (Publication WA-804) instead of this fact sheet.

Safety requirements Safety requirements—rules for containing, handling, storing, transporting, treating and disposing of infectious waste—apply to everyone who generates or manages infectious waste in Wisconsin. This fact sheet summarizes the most important safety requirements found in the state's medical waste rule (chapter NR 526, Wis. Adm. Code). See s. NR 526.04(8), Wis. Adm. Code for exact citations of the safety requirements. To obtain a paper copy of ch. NR 526 and guidance, please order the "Medical Waste Package" (Publication WA-821) from DNR. Although we are unable to offer the entire Package electronically, the rule and some guidance are available on the DNR's web site (<http://www.dnr.state.wi.us>).

Source separation By law, you must keep non-infectious waste out of infectious waste containers (see s. NR 526.06, Wis. Adm. Code). Infectious wastes include: sharps, i.e., needles, syringes with needles attached, lancets; bulk (drippable, pourable) amounts of human blood and body fluids; human tissue; microbiological laboratory waste; and tissue, blood or body fluids from animals known to be infected with a zoonotic infectious disease. Items commonly thought to be infectious waste but which are usually not, include: items which are not saturated with blood, such as blood-spotted bandages, clothing, gloves, sanitary napkins, drapes; syringes and IV tubing without needles attached; diapers; and waste glass. For a more complete list of items that are and are not presumed to be infectious waste, see s. NR 526.05, Wis. Adm. Code.

NOTE: Broken mercury thermometers are hazardous waste and should NOT be put in infectious waste containers. Recycle your mercury-containing products and equipment before they break or spill! See DNR's Medical Waste Publication Order Form or "References: Health Care and Medical Waste" for web sites, videos and publications about reducing mercury in medical waste.

Containment Place sharps in rigid puncture-resistant containers with secure lids or caps. Acceptable containers include commercially-available sharps containers or heavy plastic detergent or bleach bottles with screw caps. Unacceptable containers include coffee cans (their lids are too easily punctured), plastic milk jugs, plastic bags, pop cans or soda bottles. Sharps containers must be labeled with a bio-hazard emblem or with the words "bio-hazard", "sharps" or "infectious waste". DO NOT add bleach to the container; bleach may not completely disinfect needles, and it could spill and injure you or waste handlers.

Place other infectious wastes in a plastic bag that is both puncture- and tear-resistant. If necessary, use two bags. Rigid reusable containers are also acceptable as long as they are disinfected after being emptied. Place

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the sealed bag in a rigid shipping container, e.g., corrugated cardboard box, a covered reusable container or a cart. The rigid container must be labeled with a bio-hazard emblem and the word "bio-hazard". Don't re-open bags or containers except to prevent spills or leakage. (See s. NR 526.07, Wis. Adm. Code.)

Storage and transportation Infectious waste containers may be stored up to 90 days after they are full. If transporting less than 50 lb. of untreated infectious waste every month, you don't need a special license. The waste must go to a licensed storage or treatment facility or to a place, such as a hospital or sharps collection station, where it will be treated properly. (See ss. NR 526.09(4) and .10(3), Wis. Adm. Code.)

Sharps disposal Try finding a registered "sharps collection station" - one of more than 430 pharmacy, healthcare providers or government agencies which collect discarded sharps as a public service (at or below cost). While some serve only home generators, many accept sharps from generators like you. To locate a station near you, call the DNR (see bottom of page) or the American Diabetes Association (1-888-342-2383) or order a list of registered stations using the DNR's Medical Waste Publication Order Form.

Alternatively, you may accept sharps from other small generators as long as you take in no more than the amount you generate. You may also transport sharps for others, such as home-bound or rural generators. If you wish to accept more than you generate or if transporting others' sharps would put you over the 50 lb/mo transportation limit, you must register as a sharps collection station. Registration is free and simple and is described in the "Sharps Collection" guidance, available from DNR.

Recordkeeping You must keep records of the waste you send off-site for treatment and treat on-site, and save the records for at least 3 years. **If you use a licensed infectious waste hauler**, keep a copy of the infectious waste manifest (shipping paper) and the written evidence that your waste has been destroyed, which, by law, the treatment facility must provide to you (see ss. NR 526.14 and .15, Wis. Adm. Code.) **If you transport your waste yourself**, keep a simple log stating the dates, amounts of waste, and where you took it. **If you treat your own waste** by autoclaving or other means, follow the minimum requirements in ss. NR 526.11 and .12(4) for operating and testing your equipment and for keeping records. Treated infectious waste can be disposed of with other solid waste, except for sharps, which must be rendered both non-infectious and unusable (by grinding or breaking).

Annual reports If you send more than 50 lb. away for treatment in any one month of a year, you must file an infectious waste annual report for that year and pay a \$50 filing fee. You may order an annual report (Publication WA-809) using the DNR's Medical Waste Publication Order Form. If you are close to the 50 lb. limit, you may be able to avoid having to file in the future by reducing your waste. Refer to the ideas under "Cost reduction," below.

Medical waste reduction plans This paragraph applies only to hospitals, clinics (including single doctor's offices) and nursing homes. If you *generate* more than 50 lb/month of "medical waste" (defined as infectious waste plus anything mixed with it), you must audit your waste, prepare and implement a "medical waste reduction plan" and file infectious waste annual reports. Sections NR 526.16 to .22, Wis. Adm. Code, explain exactly what to do, and these are discussed in the publication "Medical Waste Reduction and the Annual Report," WA-802. Many resources are available to help you write the plan; they are listed in DNR's fact sheet "References: Health Care and Medical Waste."

Cost reduction Although you may not dispose of untreated infectious waste in landfills, there are ways to cut costs of waste disposal. Consider these ideas:

Manage infectious wastes together with other generators. Generators in the same building or property who manage waste together are called "groups of generators" and submit only one annual

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report on behalf of the group. Your local hospital may also accept your waste. You may work together with other generators to manage sharps by setting up a sharps collection station.

Treat your own non-sharp infectious waste according to the treatment methods allowed in s. NR 526.11. For example, autoclave it. Do not burn it. Be sure to keep records [see s. NR 526.11(4)].

Change your waste pickup schedule within the limits of your waste hauler's contract. Remember, full containers can be stored up to 90 days, but if the pickup is 50 lb. or more, you will have to file an infectious waste annual report for the year. You may reserve some waste for the next pickup.

Reduce waste Reduce packaging, use fewer disposables, substitute other products or materials, change or modify equipment. Change purchasing policies or ask your corporate office to do so. Change housekeeping practices, e.g., keep infectious wastes away from all other wastes by moving and labeling waste containers. Sell or donate unused items and equipment. Recycle items containing mercury now, before they break or spill.

Reuse waste by appropriate reprocessing, such as sterilizing, disinfecting, decontaminating, laundering, or recharging. Exchange waste or equipment with others. Sell or donate reprocessed items or equipment.

Recycle everything you can: paper, metals, plastics, cardboard, batteries and anything containing mercury.

For more information

- Visit the DNR web site <http://www.dnr.state.wi.us>, scroll to the bottom of the page, click on "waste management bureau," click on "medical waste," "frequently asked questions" or "publications."
- Order documents from the DNR using the Medical Waste Publication Order Form (Form 4400-218)
- Order "References: Health Care & Medical Wastes" (Publication WA-290) which lists non-DNR references, web sites and non-profit organizations that offer technical assistance to people like you.
- Call your local DNR office and ask for the waste management specialist.
- Call the DNR central office and ask for the medical waste coordinator. (608) 266-2111.

DISCLAIMER: This fact sheet is not intended as a substitute for the regulations and statutes that apply. Rather, it is a brief summary of the topic. Please consult Wisconsin's regulations and statutes for more information.

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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.

Part I - Facility Information

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

Street Address of Generator	<input type="checkbox"/> Check if exempt from Part II. You may be required to report under Part III. <input type="checkbox"/> Check if exempt from Part III. You may be required to report under Part II. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not? _____
City State Zip Code	
County	
Owner	

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?

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

Infectious Waste On-site Activities -Total weights in reporting year
Please round up to nearest pound.

- A. Infectious waste generated on-site _____ 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 _____ lbs.

Part II - Off-Site Treatment Report

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

Treatment facility address

City State Zip Code

First Treatment facility DNR Facility Identification Number (FID)

Second off-site treatment facility name, from manifests

Treatment facility address

City State Zip Code

Second Treatment facility DNR Facility Identification Number (FID)

Report any additional treatment facilities on an attachment.

Manifest summary

- H. Total amount of infectious waste manifested _____ lbs.
- I. Amount of waste accounted for by return manifests _____ lbs.
- J. Total number of manifests not yet returned to generator _____

FOR DNR USE ONLY - LEAVE BLANK

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

- 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 _____ by _____
- SHWIMS data entered _____ by _____
- IW data entered _____ by _____

Part III - MEDICAL WASTE REDUCTION PROGRESS REPORT

For all hospitals, clinics and nursing homes unless exempted from implementing medical waste reduction plans.

K. Medical waste generation rate. Calculate the rate using only one of the formulae below or your DNR-approved formula.

Hospitals and Nursing Homes

Clinics

(1) Total from Line A (on reverse) _____ lbs.
 F. Number of Patient-days _____ Pt.-day
 K. Divide Line (1) by Line F _____ lbs./Pt.-day

(1) Total from Line A (on reverse) _____ lbs.
 G. Number of treatment areas _____ treatment areas
 (2) Divide Line (1) by Line G _____ lbs./treatment area
 (3) Days in year _____ 365 days
 K. Divide Line (2) by Line (3) _____ lbs./treatment area per day

Dialysis Clinics

(1) Total from Line A (on reverse) _____ lbs.
 FD. Number of Dialysis treatments _____ treatments
 K. Divide Line (1) by Line FD _____ lbs./trmt

Facilities with DNR-approved formula

K. Your formula calculates this rate _____ (attach your calculations)

L. Medical waste policy _____ Date _____
 Policy title _____
 M. Medical waste reduction plan _____ Date _____
 Plan title _____
 N. If you revised the plan this year, list revision date(s): _____ mm/dd/yyyy _____ mm/dd/yyyy

O. Summary of medical waste reduction plan. Briefly summarize what you will do over the next 5 years. Answer all questions in the instructions for Line O.

Report year for which DNR last received a complete summary of your plan

- Does that summary answer all questions in the instructions for line O?
 - Yes. Go to next question.
 - No. Attach a new summary which does answer all questions in the instructions.
- Has it been 5 years or more since you performed a waste audit, updated your plan, and sent DNR a complete summary?
 - Yes. Perform a waste audit, revise your plan and attach a new summary.
 - No. You don't need to submit a summary this year.
- If summary is attached, are the generator's name, facility ID number (from top of Part I) on the attachment?

For DNR use only	
Summary needed?	___ yes ___ no
Summary attached?	___ yes ___ no
Summary complete?	___ yes ___ no
Progress report attached?	___ yes ___ no
Progress report complete?	___ yes ___ no

P. Description of progress. Briefly describe what you did during the reporting year to implement your plan's goals and objectives. Attach one additional sheet which answers all the questions in the instructions for Line P.

PART IV - CERTIFICATION

Authorized Contact Name	<p>I certify that to the best of my knowledge, the above information and attachments are true and correct.</p> <p>Name of Director (Building manager or top administrator for this location) _____</p> <p>Title _____</p> <p>Signature of Director _____ X _____ Date Signed(mm/dd/yyyy) ___/___/___</p> <p><input type="checkbox"/> Check here if form is submitted for a group of generators in the same location which manage their wastes together. Provide Part IV information, signature and date for each member of the group.</p>
Mailing Address	
City, State, Zip Code	
Telephone Number	
Electronic mail (Email) address	
How do you prefer to be contacted if DNR has questions? <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Email	
DNR will send the invoice for the filing fee to the contact person above.	<div style="border: 1px solid black; padding: 5px;"> <p>HOW TO SUBMIT FORM: Copy signed form and attachments for your records. Submit original signed form and attachments to:</p> <p style="text-align: center;">Medical Waste Coordinator DNR Bureau of Waste Management P.O. Box 7921 Madison, WI 53707-7921</p> <p>Send no money now. You will be billed for the \$55 filing fee.</p> </div>