

# Medical Waste Reduction and the Annual Report

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Everyone in Wisconsin who generates medical waste must keep non-infectious items separate from infectious waste where the waste is generated (s. NR 526.06, Wis. Adm. Code). This is called “source separation.”

While source separation is required of all generators, certain facilities -- hospitals, clinics and nursing homes -- must implement medical waste reduction plans and submit annual reports regarding waste reduction.

The following generators are exempt from the medical waste reduction planning requirements:

- Generators other than hospitals, clinics or nursing homes. Examples include free-standing laboratories, funeral homes, coroner's offices, blood collection centers and home health agencies. These generators may choose to prepare waste reduction plans to control costs.
- Hospitals, clinics or nursing homes which generated less than 50 lbs. of medical waste per calendar month (in every calendar month of a calendar year; this is NOT an average), regardless of where the waste was treated.
- Hospitals, clinics or nursing homes which generated more than 50 lbs. of medical waste during *only one* calendar month of a calendar year **and** which average less than 50 lbs. of medical waste per month over the same calendar year.

A **clinic** is defined in state statutes as “a place, other than a residence, that is used primarily for the provision of nursing, medical, podiatric, dental, chiropractic, optometric or veterinary care and treatment.”

“Clinic” **includes** single doctor's offices, dialysis centers and health services serving businesses or institutions (such as schools, colleges and prisons).

## ***What is “infectious waste”?***

**Infectious waste** means “solid waste that contains pathogens with sufficient virulence and in sufficient quantity that exposure of a susceptible human or animal to the solid waste could cause the human or animal to contract an infectious disease” [s. 287.07(7)(c)1c., Wis. Stats.].

This waste stream is known as “biohazardous waste” in healthcare and “regulated medical waste” in other states.

## ***What is “medical waste”?***

Wisconsin defines “medical waste” differently than other states to put the emphasis on non-infectious items which, if separated at the source, could be recycled instead.

In Wisconsin, **medical waste** means “infectious waste and other waste that contains or may be mixed with infectious waste” [s. 299.51(1)(b), Wis. Stats.].

Medical waste does not mean all of the waste produced in a medical setting. Waste materials which do not meet the definition of “infectious waste” in statutes are considered to be “medical waste” only if the generator mixes them with infectious waste or manages them as though they are infectious waste.

“Clinic” **does not include** blood collection services, offices for home health care agents, stand-alone clinical laboratories, pharmacies, coroner's offices or mortuaries.

# Reducing medical waste

## ***What must medical facilities do?***

Unless exempt, Wisconsin hospitals, clinics and nursing homes (collectively known as medical facilities) must adopt a medical waste reduction policy, do a waste audit, write and implement a medical waste reduction plan, assess the plan annually and submit annual medical waste reduction progress reports to the Department of Natural Resources.

The medical waste reduction progress report is one of two reports combined into one infectious waste annual report. (The other report is the off-site treatment report regarding waste your facility sent elsewhere for treatment.) Among other things, the medical waste reduction progress report includes an executive summary of the plan's goals and objectives for the future and a description of progress for the reporting year.

This fact sheet explains more about the terms bolded above but it does not describe everything required in the Wisconsin medical waste rule, ch. NR 526, Wis. Adm. Code. When developing and updating your plan, review the requirements in Subchapter III.

## ***What is a "medical waste reduction policy"?***

A medical waste reduction policy is something a medical facility develops to:

- reduce the amount of medical waste generated within that medical facility;
- prevent the mixing of infectious waste with waste which is not infectious; and
- promote practical alternatives to disposable items in the medical setting [s. NR 500.03(145)].

According to s. NR 526.17, the policy states your commitment to the process of reducing waste. Specifically, it states your facility's intention to:

1. Audit its current practices for managing solid waste generated in the medical facility and repeat the waste audit as necessary, per s. NR 526.18.
2. Prepare a medical waste reduction plan and update it as necessary, per s. NR 526.19.
3. Implement the medical waste reduction plan, per s. NR 526.20(1).
4. Assess the medical waste reduction plan and its progress toward its goals annually, according to s. NR 526.20(2) and submitting progress reports to the DNR, per s. NR 526.21.

Medical waste reduction policies are usually only one page long. Your facility should adopt its policy before writing its plan. The plan is longer and more detailed than the policy.

## ***What is a "waste audit"?***

A waste audit is a snapshot of your waste management practices at a particular point in time.

Your waste audit must:

1. Identify all areas where solid waste is generated within the facility, known as the "source areas."
2. Identify the types (not amounts) of waste generated in each source area.
3. Identify the quantity of medical waste generated in the whole facility (not in each source area) during the previous 12 months. You should also estimate any liquid infectious wastes discharged to the sewer system (keep it simple).
4. Calculate the medical waste generation rate for the facility, using the appropriate formula in s. NR 526.21(1). If that formula does not work for your facility, you may ask DNR to approve an alternative formula.
5. Identify how medical waste is collected, stored, transported, treated and disposed from the source areas to the point of final disposal.

Section NR 526.07(3) allows opening containers for waste audits as long as you take precautions; wear protective equipment and use your eyes and tools instead of your hands.

## ***What is a "medical waste reduction plan"?***

A medical waste reduction plan ("plan") describes both how a facility has managed medical waste in the past and how it intends to reduce it in the future.

The plan is not an end in itself; it is a working internal document which your facility must implement. You must review the plan annually and update it at least every five years and more often under certain conditions.

Your plan may address all wastes, not just medical waste, and may fit into an overall sustainability effort. The plan may refer to or incorporate related documents you may have already developed.

## Waste Audit

For a simple waste audit, you may create a table listing all source areas down one side and waste types across the top. You then check off the wastes found in each source area.

Examples of source areas include: treatment rooms, ER, laboratory, cafeteria, physician's offices, maintenance areas, patient rooms and waiting rooms.

Wastes types may be grouped by regulatory categories, such as: solid waste (e.g., office waste, general discards), infectious waste, recyclable or compostable waste, chemical (RCRA) hazardous waste and radiological waste. Or, you may name particular wastes such as paper, dietary, electronic waste or plastics.

There is no need to track the amount of waste generated in each source area.

## What does the plan have to address?

Every plan must address or do each of the following:

1. Set site-specific goals and objectives.
2. Describe past practices and "baseline" (current) practices.
3. Improve waste management practices.
4. Examine alternatives to disposable items.
5. Educate those who generate waste, including both employees and the public.
6. Monitor progress and submit progress reports to DNR annually.
7. Identify who is responsible for implementing the plan.

These seven planning components are common to all successful waste reduction programs. Your plan should address each of the seven in detail, as described in s. NR 526.19.

## Who should write the plan?

The director, or director's designee, of the facility is ultimately responsible for writing and implementing the plan and signing annual reports. The director is the highest-ranking employee who actually works in the building. The director may delegate signing authority to another individual (such as the environmental services director or a corporate waste management specialist).

The director or director's designee may – and should – enlist the help of others while writing the plan. Housekeeping and maintenance staff, nurses, doctors, purchasing officers and engineering/plant management staff can all help develop the plan and monitor progress. Involving others will help all employees to “own” the plan and will maximize waste reduction and cost savings.

## Can we write one medical waste reduction plan for all our facilities?

Corporately-affiliated facilities may work together to develop certain *parts* of their plans if their procedures are similar, for example, if waste management and product purchasing procedures are the same. However, each facility's plan must be unique in at least these four areas:

- the results of its waste audit;
- its site-specific goals and objectives;
- its description of past practices; and
- the persons responsible for implementing the plan.

Ultimately, however, **each medical facility must write, adopt and implement its own plan** to ensure that the director or director's designee retains full responsibility for reducing medical waste in the facility [see ss. NR 526.17(intro), 526.18(intro) and 526.19(intro)].

## When is the plan due?

Your first plan must be written and implemented within one year after you are no longer exempt (see page 1 for more on exemptions).

Please note, you will not submit your plan to the DNR. Instead, you will submit an executive summary of the plan as part of the infectious waste annual report.

## Submitting annual reports

The infectious waste annual report combines two separate reporting requirements in one form: a report on waste you sent off-site for treatment and a report on your medical waste reduction activities.

The combined online form has several sections:

Section A – Generator and Contact Information  
Section B – Off-site Treatment Report

### **What is the “off-site treatment report” and who must file it?**

The off-site treatment report is for all infectious waste generators, not just medical facilities. It verifies that generators and treatment facilities are complying with manifesting requirements of ch. NR 526.

Most medical facilities send waste elsewhere for treatment and must fill out this section of the combined infectious waste annual report form. Rarely, medical facilities may be exempt.

Please note that the conditions of exemption (“qualifiers”) for the off-site treatment report are *different from* those of the medical waste progress report.

### **What is the “medical waste reduction progress report”?**

The medical waste reduction progress report is what DNR uses to determine whether a medical facility is complying with the medical waste reduction requirements in ss. NR 526.16 through 526.21, Wis. Adm. Code. In it, you will report the following:

- Your facility’s medical waste generation rate, calculated according to s. NR526.21(1)(c) or your DNR-approved alternative formula.
- Dates and titles of your facility’s Policy and plan
- An executive summary of the medical waste reduction plan (“executive summary”) which is a synopsis of what you intend to do in the future to reduce medical waste.
- A description of progress including a brief description of what you have done **this year** to work toward each of the goals and objectives in your executive summary.

### **What is the “executive summary”?**

Keep your plan and related documents in an accessible location so that your staff can refer to them.

Keep all records relating to medical waste generation, treatment and waste reduction for at least five years.

The executive summary briefly describes your medical waste reduction plan’s goals and objectives and how you will implement them.

The executive summary (and plan) must address:

- The date and contents of your facility’s last waste audit.
- The expected date of your next waste audit.
- Your target medical waste generation rate.
- How your facility will prevent the mixing of non-infectious waste with infectious waste.
- How your facility will reduce the use of disposable items and evaluate alternatives to disposables.
- How your facility evaluates purchases of medical supplies and equipment.
- How your facility will maintain an effective program through education, training, monitoring and assessment.
- Your facility’s timetable for meeting the goals and objectives of your medical waste reduction plan.

If your plan and/or executive summary are incomplete, the online infectious waste annual report will summarize what is missing and your Director must commit to completing them this year.

### **How often do we have to submit an executive summary?**

The online annual report form will prompt you to submit a new executive summary whenever one or more of the following have occurred:

- the facility expands or is significantly remodeled
- the facility is sold or has moved;
- a previous summary is found to be incomplete;
- the plan or its goals and objectives have been revised for any other reason; or
- it has been five or more years since the last summary was submitted.

### **How do we set a target goal for our medical waste generation rate?**

Here are several ways to set this numeric goal:

- You can take last year’s reported medical waste generation rate and subtract a percentage of it. You decide how much.
- You may assume some percentage of the total waste generated in your facility “should” be infectious waste. For hospitals, studies have shown that infectious waste is about 5% to 10% of total waste, although that may vary depending on

the acuity of your patients. For nursing homes and clinics, the percentage would be much less, but we are not aware of any studies to suggest how much less.

- You can pick a target rate and keep lowering it each year until you are sure that only infectious waste is being put in your infectious waste containers. Then your goal can be to maintain that rate and you can turn your attention to other cost-saving measures such as reprocessing single-use devices, energy conservation and natural landscaping.

Whatever target rate you choose, remember it is your goal and it is simply a tool for determining your progress. The DNR will not dictate your target rate or use it to compare your progress with other facilities.

The goal is to keep non-infectious waste out of infectious waste containers. If you believe you have met the real goal, you may keep a target rate the same from year to year.

### ***What is the description of progress?***

The online annual report form asks about your progress toward implementing your medical waste reduction plan, based on your executive summary. You will report on what you did during the reporting year to accomplish your goals and objectives. The online report will ask you to answer questions similar to these:

1. How does this year's medical waste generation rate compare with your target medical waste generation rate?
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? The 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 reducing water use,

composting food waste or using "green" cleaners.

8. What has delayed progress?

NOTE: If you have just started with medical waste reduction planning, simply answer as many of the questions as you are able to.

### ***How often do we submit a description of progress?***

Every year, unless you are exempt from implementing a plan altogether.

### ***Do we have to send in our medical waste reduction policy and plan?***

No, do not send your policy or plan to the DNR unless a DNR staff person specifically asks for them.

### ***When are annual reports due?***

The report is due March 1 for the preceding calendar year.

### ***By when must we first report on a new plan?***

Your first medical waste reduction progress report is due March 1 of the year following the calendar year in which you realize you need to write and implement a medical waste reduction plan.

If your first report is due while you are still writing your plan, the first annual report should describe what you are doing to meet your one-year deadline for writing and implementing the plan.

### ***Can we submit one annual report for all our facilities?***

No, not unless they are on one contiguous property. Under Wisconsin's medical waste rule, each separate property is considered to be a separate infectious waste generator, even if owned or managed by the same corporation. For example, if a health system owns a hospital and three outlying clinics, it must submit four reports, unless any of the facilities were exempt.

### ***What if several generators are located on one property?***

If several separate generators (e.g., a hospital which rents space to physicians) are located on the same property AND they manage their infectious waste

together, collectively they only need to submit one off-site treatment report, signed by all generators in the group.

However, if one or more of the group of generators is also subject to waste reduction requirements, that generator must file a separate annual report in order to submit an individual medical waste reduction progress report.

If you have questions about these situations, review [What is a Manifesting Group?](#) (WA-1819) or email [DNRMedicalWaste@wisconsin.gov](mailto:DNRMedicalWaste@wisconsin.gov).

### **How can we obtain a Facility Identification number (FID number)?**

A FID number is perhaps misnamed; it is really a location identifier. When you open a new facility opens or move an existing facility, you must obtain a new FID number. Contact us by sending an email to [DNRMedicalWaste@wisconsin.gov](mailto:DNRMedicalWaste@wisconsin.gov). Explain the situation and the date the change occurred. Include the facility name, street address, city and ZIP code for each location involved in the change. The DNR will assign the nine-digit FID number.

### **What if we should have filed a report but did not?**

If you discover you should have reported for a previous year, contact DNR at [DNRMedicalWaste@wisconsin.gov](mailto:DNRMedicalWaste@wisconsin.gov).

### **What are the filing fees used for?**

The filing fee and late fee help DNR cover some of the costs of collecting information, monitoring compliance and offering technical assistance about medical waste.

### **Where can we access the infectious waste annual report form?**

Go to [dnr.wi.gov](http://dnr.wi.gov) and search for “Infectious waste annual report.”

If your facility has submitted an infectious waste annual report before, DNR will send an email with instructions to the contact persons listed in its database. On the annual reporting web page, there is a link for notifying the DNR of changes of contacts.

## **For more information**

### **Visit our webpages and download publications**

Go to [dnr.wi.gov](http://dnr.wi.gov) and search for “Infectious waste”

### **Contact the DNR’s medical waste coordinator**

E-mail: [DNRMedicalWaste@wisconsin.gov](mailto:DNRMedicalWaste@wisconsin.gov)

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