BIO WASTE MANAGEMENT RULE 2016

BIO MEDICAL WASTE (MANAGEMENT AND HANDLING)RULES,2016

***** MEDICAL WASTE

- Means any waste ,which is generated during the diagnosis ,treatment or immunization of human being or animals or in research activities pertaining thereto or in the production or testing of biologicals and including categories as mentioned in schedule 1.
- All Bio Medical Waste are hazardous. In hospital, it comprises of 15% of total hospital waste.

OCCUPIER

- In relation to any institution generating biomedical waste which includes a hospital, nursing homes, clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank by whatever name called means a person who has control over that institution and /or its premises.
- * AND shall not apply to Radioactive waste covered under the MSW Rules,2000 ,Lead Acid Batteries,Hazardous Waste,E waste,Hazardous micro organisms.

DUTIES OF HEALTH CARE FACILITIES

Health care facilities (HCF) shall make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste.

Pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilization on-site in the manner as prescribed by the World Health Organization (WHO) or National AIDs Control Organization (NACO) guidelines and then sent to the common biomedical waste treatment facility for final disposal.

Phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of these rules

Provide training to all its health care workers and others involved in handling of bio medical waste at the time of induction and thereafter at least once every year.

Immunize all its health care workers and others involved in handling of bio-medical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by handling of bio-medical waste,

Establish a Bar-Code System for bags or containers containing bio-medical waste to be sent out of the premises

Report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken to SPCB

Existing incinerators shall achieve the standards for retention time in secondary chamber and Dioxin and Furans within two years from the date of this notification

APPLICABLE TO ALL PERSONS WHO

- × Generate
- * Collect
- * Receive
- * Store
- * Transport
- **×** Treat
- × Dispose
- Handle-Bio Medical Waste in any form

Treatment and disposal

Every HCFs, where required, shall set requisite bio-medical waste treatment facilities bio-medical waste treatment facilities like incinerator, autoclave. microwave system for the treatment of waste, of, requisite ensure treatment of waste at a common waste treatment facility of any other waste treatment facility.

- No occupier shall establish on -site treatment and disposal facility, if a service of `common bio-medical waste treatment facility is available at a distance of seventy five kilometer.
- In cases where service of the common biomedical waste treatment facility is not available, the Occupiers shall set up requisite bio medical waste treatment equipment like incinerator, autoclave or microwave, shredder prior to commencement of its operation, as per the authorization given by the prescribed authority.

SEGREGATION, PACKAGING, TRANSPORTATION AND STORAGE

- Bio-medical waste classified in to 10 categories based on treatment options.
- No untreated bio-medical waste shall be kept stored beyond a period of 48 hours
- * Provided that if for any reason it becomes necessary to store the waste beyond such period, the authorized person must take permission of the prescribed authority and take measures to ensure that the waste does not adversely affect human health and the environment.

- Bio-medical waste classified in to 4 categories based on treatment options.
- Waste, animal anatomical waste, animal anatomical waste, soiled waste and, biotechnology waste shall not be stored beyond a period of forty-eight hours:
- In case for any reason it becomes necessary to store such waste beyond such a period, the occupier shall take appropriate measures to ensure that the waste does not adversely affect human health and the environment and inform the SPCB along with the reasons.

AUTHORIZATION

- Hospital treating 1000
 or more patients per
 month to obtain
 authorization from
 SPCBs/PCCs
- One time Authorization for Non-bedded HCFs.
- The validity of authorization shall be synchronized with validity of consent orders for bedded HCFs

PRESCRIBED AUTHORITY FOR ENFORCEMENT

* Jharkhand State Pollution Control Board (JSPCB)

ADVISORY COMMITTEE

- * The Government of every State/Union Territory shall constitute an advisory committee with the experts in the field of medical and health, animal husbandry and veterinary sciences, environmental management, municipal administration, and any other related department or organization including non -governmental organizations.
- Ministry of Defense shall constitute, an Advisory Committee under Additional Director General of Armed Forces Medical Services with representative of Ministry of Defense, MoEFCC, for HCFs under Armed forces under the Ministry of Defense

- No change in the concept except additional members.
- Shall meet once in Six Months.

STANDARDS FOR EMISSION FROM INCINERATORS

- SPM in the Incinerator's Emission 150 mg/nm3
- Residence Time in Secondary chamber of incinerators is 1 second
- × 50 mg/nm3
- × 2 second

SITE FOR COMMON BIO-MEDICAL WASTE TREATMENT AND DISPOSAL FACILITY

× Nil

* The department dealing the allocation of land shall be responsible for providing suitable site for setting up of common biomedical waste treatment and disposal facility in the State Government.

MONITORING OF IMPLEMENTATION



- Ministry of Environment, Forest and Climate Change shall review the implementation of the rules in the country once in a year through the State Health Secretaries and CPCB.SPCBs
- State Government shall constitute District Level Monitoring Committee under the chairmanship of District Collector or District Magistrate or Deputy Commissioner or Additional District Magistrate to monitor the compliance of the provisions of these rules in the health care facilities.
- * The District Level Monitoring Committee shall submit its report once in six months to the State Advisory Committee, State Pollution Control Board for taking further necessary action.
- * The District Level Monitoring Committee shall comprise of District Medical Officer or District Health Officer, representatives from SPCB,
- Public Health Engineering Department, local bodies or municipal corporation,
- Indian Medical Association, common bio-medical waste treatment facility registered NGO working in the field of bio-medical waste management
- District Medical Officer shall be the Member Secretary of this Committee.

DUTY OF THE OCCUPIER IT SHALL BE THE DUTY OF EVERY OCCUPIER OF AN INSTITUTION GENERATING BIO MEDICAL WASTE TO

- Take all steps to ensure that waste is handled without any adverse effect to human health and the environment.
- To install an appropriate facility to ensure requisite treatment of waste in accordance with Schedule 1
- Ensure proper segregation of waste into containers/bags at the point of generation in accordance with Schedule 2
- Ensure proper labeling of containers/bags according to schedule 3

CONTT..

- Make an application in Form 2 to JSPCB for grant of Authorization
- Submit Annual Report to JSPCB in Form 4 by 30th June every year.
- Maintain records about generation, collection, storage, treatment and disposal of waste.
- Report Accident occurred while handling in Form 1 to JSPCB

CATEGORIES OF BIO WASTE

Table - 1 : Classification of Biomedical Wastes				
Waste category	Waste Class			
Cat. No. 1	Human Anatomical Wastes			
Cat. No. 2	Animal Wastes			
Cat. No. 3	Microbiology and Biotechnology wastes			
Cat. No. 4	Waste Sharps			
Cat. No. 5	Discarded medicines and Cytotoxic drugs			
Cat. No. 6	Soiled wastes include items contaminated with blood, body fluids such as cotton, dressings, linen, beddings etc.			
Cat. No. 7	Solid wastes i.e. waste generated from disposable items other than sharps such as tubings, catheters, IV sets.			
Cat. No. 8	Liquid wastes			
Cat. No. 9	Incineration ash is generated of any biomedical waste.			
Cat. No. 10	Chemical wastes			

COLOUR CODING

Table - 2 : Colour co	ding and	type of	containers	for
disposal of Biomedical	waste			

Waste category	Type of Containers	Colour code
Category 1	Plastic bags	Yellow
Category 2	Plastic bags	Yellow
Category 3	Plastic bags/ disinfected container	Yellow/Red
Category 4	Puncture proof plastic containers	Blue
Category 5	Plastic bags	Black
Category 6	Plastic bags/ disinfected containers	Yellow/Red
Category 7	Disinfected containers/ puncture proof containers	Red/Blue/White
Category 8	Not applicable	Not applicable
Category 9	Plastic bags	Black
Category 10	Plastic bags (for solids)	Black

Table - 3 : Recommended concentration/dilution of Chemical disinfectants

Disinfectants	Contaminated condition	Grossly contaminated condition	
Sodium hypochlorite 5% available chlorine as liquid bleach	20 ml/L	200 ml/L	
Calcium hypochlorite 70% available chlorine	1.4 gm/L	7.0 gm/L	
Sodium dichloro- isocyanurate powder	1.7 gm/L	8.5 gm/L	
Chloramine 20% available chlorine	20 gm/L	20 gm/L	
Tincture of Iodine/ Povidone Iodine	2.5%	2.5%	
Ethyl alcohol	70%	70%	
Isopropyl alcohol	70%	70%	
Glutaraldehyde 2%	2.5%	2.5%	
Formaldehyde 40%	5%	10%	
Savlon	5%	10%	
Dettol 4.8% v/v	4%	10%	
Cresol	2.5%	5%	

ISSUES



STEPS FOR BIO MEDICAL WASTE MANAGEMENT

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Step 1
SEGREGATION
Step 2
COLLECTION AND STORAGE
Step 3
TRANSPORTATION
Step 4
TREATMENT AND DISPOSAL
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SEGREGATION OF WASTE DO'S AND DON'TS

- SEGREGATION AT SOURCE OF GENERATION
- DON'T MIX INFECTIOUS AND NON INFECTIOUS WASTE
- FOUR COLOUR BUCKETS
- BLACK-GENERAL WASTE(NON INFECTIOUS)
- * RED-INFECTIOUS PLASTIC WARES LIKE SALINE BOTTLES, SYRINGE, CATHETERS, URINE BAG, BLOOD BAGSETC
- * YELLOW-ANATOMICAL AND SOILED WASTE LIKE PLACENTA, PATHOLOGICAL WASTE, SOILED COTTON, DRESSINGS, LABORATORY WASTE ETC
- * Blue-PUNCTURE PROOF CONTAINER FOR METAL AND GLASS SHARP, NEEDLE, BLADE, BROKEN VIALS ETC

COLLECTION AND STORAGE OF WASTE-DO'S AND DON'TS

- * ALWAYS COLLECT THE WASTE IN COVERED BINS
- * FILL THE BINS UP TO 3/4TH LEVEL
- * NEVER OVERFILL THE BINS
- * NEVER MIX INFECTIOUS AND NON INF IN THE SAME BIN
- * NEVER STORE WASTE BEYOND 48 HOURS

TRANSPORTATION DO'S AND DON'TS

- * ALWAYS CARRY/TRANSPORT THE WASTE IN CLOSED CONTAINERS
- * USE DEDICATED WASTE COLLECTION BINS/TROLLEYS/WHEEL BARROW FOR TRANSPORTATION WASTE
- * TRANSPORT WASTE THROUGH A PRE DEFINED ROUTE WITHIN THE FACILITY
- NEVER TRANSPORT THE WASTE IN OPEN CONTAINERS/BAGS,IT MAY SPILL AND LEAD TO SPREAD OF INFECTION
- NEVER TRANSPORT WASTE THROUGH CROWDED AREAS

TREATMENT AND DISPOSAL OF BIO MEDICAL WASTE

- * ALL SHARP WASTE-DISINFECTED IN PUNCTURE PROOF CONTAINERS AND DISPOSED OFF IN SHARP PIT
- INFECTED AND SOILED WASTE-DEEP BURIAL PIT AND COVERED WITH A LAYER OF LIME AND SOIL OR INCINERATED
- * INFECTED RECYCLABLES SUCH AS PLASTIC WASTE-SHOULD BE FIRST CUT AND PUT IN RED BUCKET.DISINFECTED IN DISINFECTION TANK WSING BLEACH SOLUTION AND AUTOCLAVED AND THEN SHREAD.IT IS THEN SENT FOR RECYCLING
- NON INFECTED WASTE-KITCHEN WASTE ,LEAF FALLING MUST BE PUT IN COMPOST PIT(MIXING WITH SOIL) AND THE MANURE CAN BE USED IN GARDENING
- PACKAGING MATERIAL, PAPER, RECYCLABLE PLASTIC CAN BE SOLD TO AUTHORISED RECYCLERS.

CHEMICAL DISINFECTION

- * THAT THE USED PRODUCT IS TREATED PRIOR TO DISPOSAL
- * TREATMENT SHOULD BE WITH A SOLUTION OF 1% SODIUM HYPOCHLORITE OR BLEACHING (10 GM IN 1 LITRE OF WATER)
- * WASTE SHOULD BE SUBMERGED FOR AN HOUR
- DISINFECTION PROCESS SHALL BE DONE EVERYDAY

SITE OF CHEMICAL DISINFECTION

- SHARP WASTE-DISINFECTANT TO BE PLACED IN PPC
- PLASTIC WARE-DISINFECTION BE CARRIED OUT DISINFECTION TANK
- * ANATOMICAL WASTE-DISINFECTION BE PLACED INSIDE THE YELLOW BUCKET

HANDLING MERCURY SPILLS

- * SOURCES
 - * THERMOMETER,B.P INSTRUMENT, BATTERIES,DENTAL AMALGAM
- **×** PROCEDURES
- MERCURY SHOULD BE HANDLED AS HAZARDOUS WASTE NOT AS INFECTIOUS OR GENERAL
- *** MERCURY CONTAINMENT KIT WHICH INCLUDES**
- * TWO PAIR OF LATEX GLOVES, FACE MASK, PROTECTION FOR EYES, SEALING TAPE, 10CC SYRINGE, COVERED PALSTIC/GLASS CONTAINER WITH WATER

STEPS TO BE FOLLOWED

- NEVER TOUCH MERCURY WITH BARE HANDS AS IT IS ABSORBED QUICKLY THROUGH SKIN
- * REMOVE ALL JEWELLARY AS IT COMBINES WITH GOLD, SILVER AND OTHER METAL
- CLEAR THE AREA AROUND THE SPILL
- WEAR ALL PROTECTIVE GEAR
- * TAKE TWO HARD CARDBOARD SHEETS TO GATHER ALL THE MERCURY
- USE A SYRINGE TO SUCK UP MERCURY
- POUR THE CONTENT IN PALSTIC/GLASS CONTAINER WITH 5 ML TO 10 ML WATER
- PUT SEALING TAPE IF USED IN PLSTIC/GLASS CONTAINER
- * PUT THE USED SYRINGE IN A SEPARATE PLASTIC CONTAINER FOR FURTHER USE.

STORAGE AND DISPOSAL OF WASTE MERCURY

- * MERCURY CAN BE INDEFINITELY STORED IN
 THIS CONDITION BUT HOSPITAL SHOULD SEEK
 OUT A GOVT APPROVED AND LICENSED
 HAZARDOUS WASTE DISPOSAL FIRM OR
 MERCURY RECYCLER WHICH CAN HANDLE
 MERCURY
- * MERCURY COLLECTED IN THIS MANNER CAN BE CLEANED AND REUSED IN NEW EQUIPMENT

HANDLING LIQUID WASTE SPILLS

- * LIQUID WASTE IS ANY BLOOD, BODY FLUID, PUS, ANY DISCHARGE FROM WOUNDS OR LIQUID CHEMICALS
- * 1.CLEAN THE LIQUID WASTE SPILL BY ADDING EQUAL OR MORE QUANTITY OF BLEACHING POWDER SOLUTION AND LEAVE FOR 30 MIN
- × 2.WIPE THE AREA WITH A SWAB/COLTH
- * 3.DISCARD THE SWAB/CLOTH AFTER
 CLEANING THE AREA INTO YELLOW BUCKET

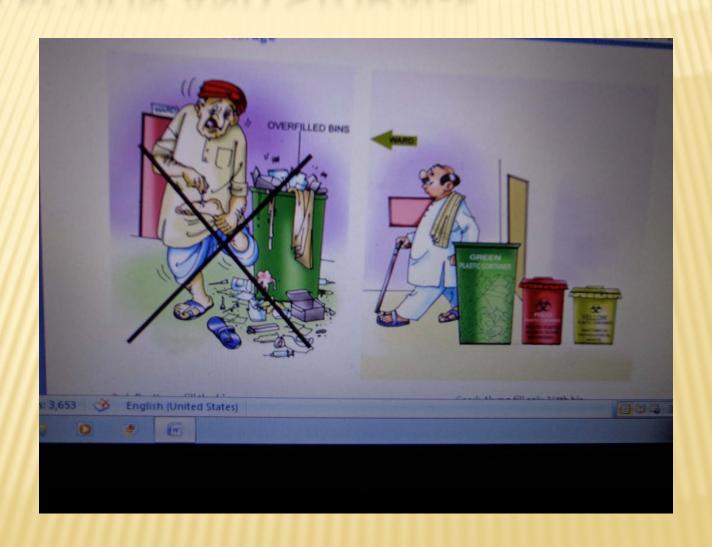
DISPOSAL OF DISINFECTANT

- × DO'S
- * ALWAYS DILUTE THE DISINFECTANT BEFORE DISPOSAL INTO DRAINS
- 2.WEAR PERSONAL PROTECTIVE GEARS WHILE HANDLING DISINFECTANTS
- × DON'T'S
- NEVER DISPOSE THE CHEMICALS, DISINFECTANT WITHOUT DILUTING THEM
- NEVER USE EXPIRED CHEMICALS OR DISINFECTANTS.SEND THEM BACK TO THE STORES

SEGREGATION



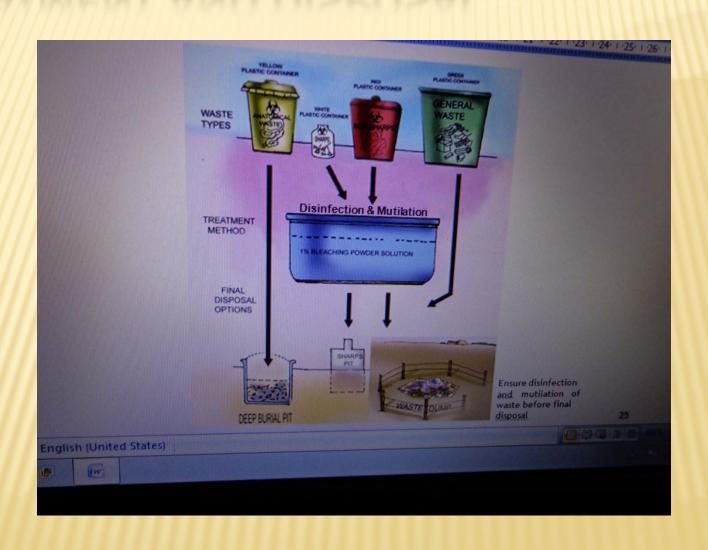
COLLECTION AND STORAGE



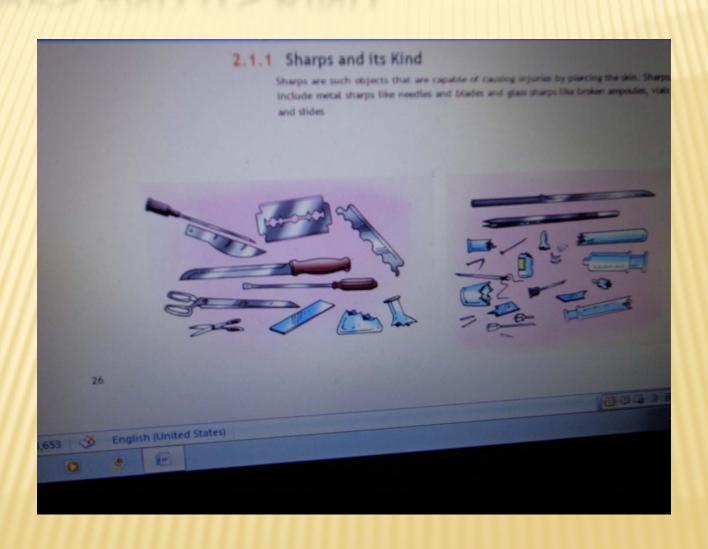
TRANSPORTATION



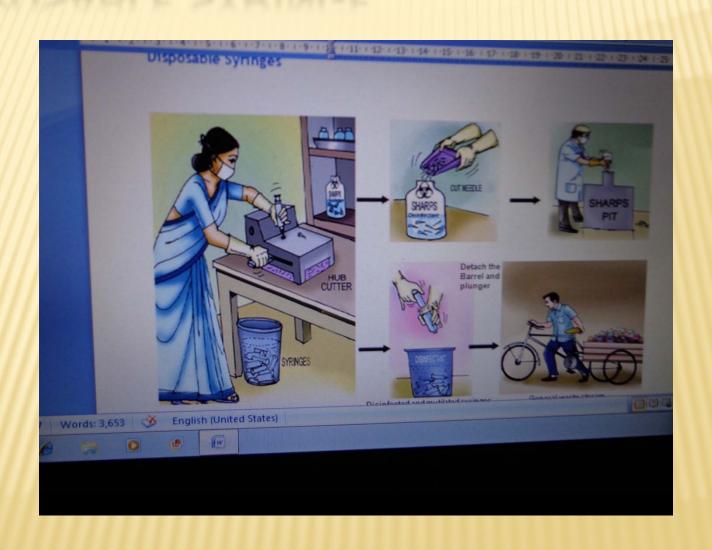
TREATMENT AND DISPOSAL



SHARPS AND ITS KIND



DISPOSABLE SYRINGE



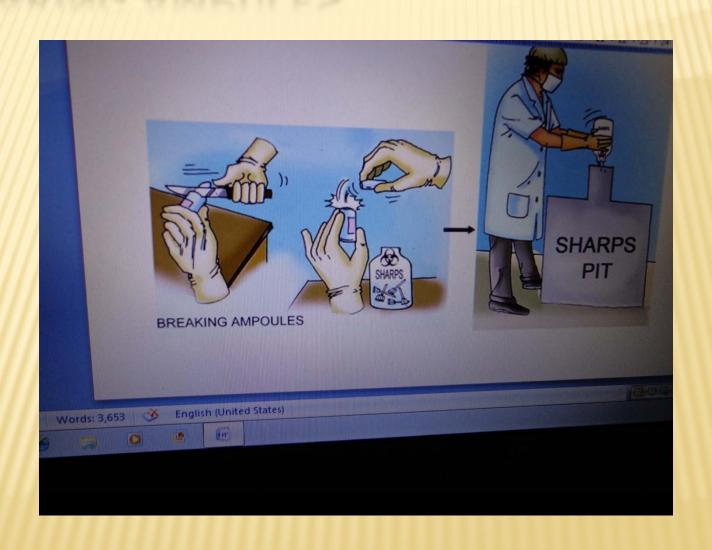
NEVER BURN A SYRINGE



AUTO DISABLE SYRINGE



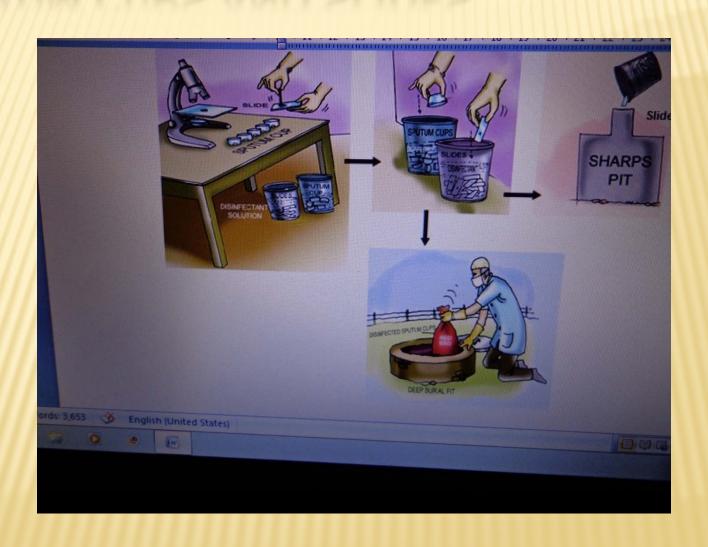
BREAKING AMPULES



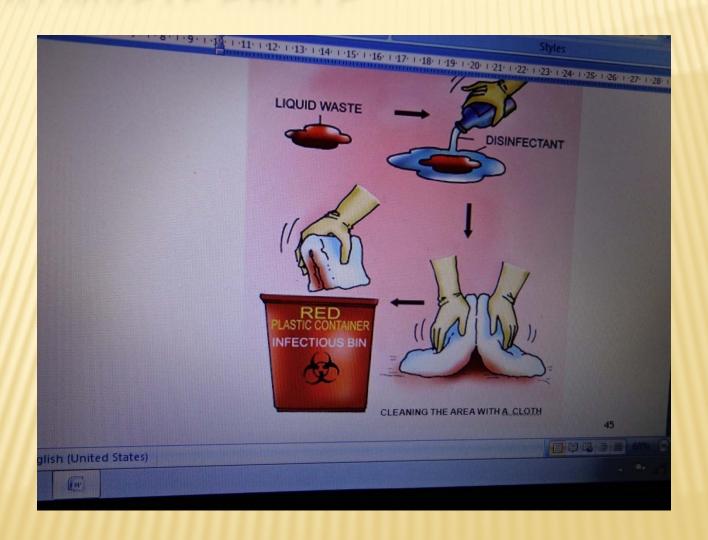
NEVER BURY IN OPEN AREA



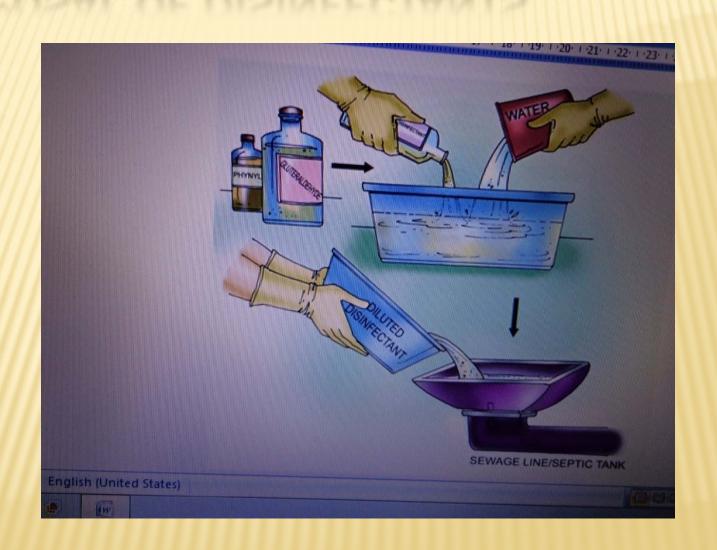
SPUTUM CUPS AND SLIDES



LIQUID WASTE SPILLS



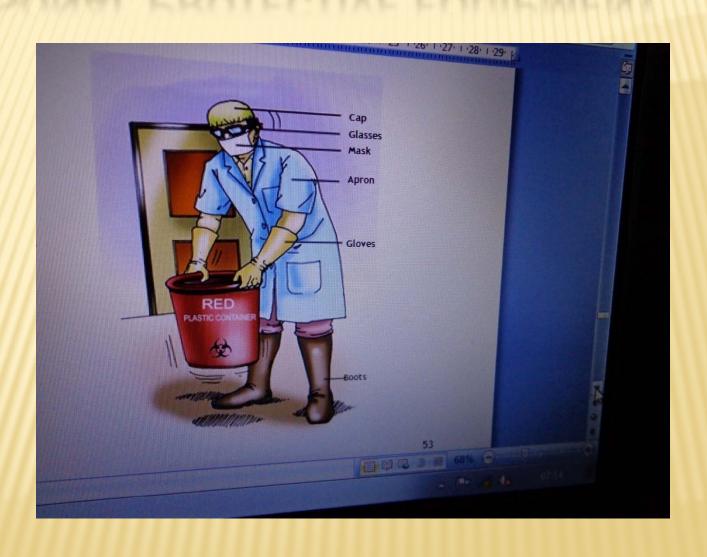
DISPOSAL OF DISINFECTANTS



MERCURY SPILLS



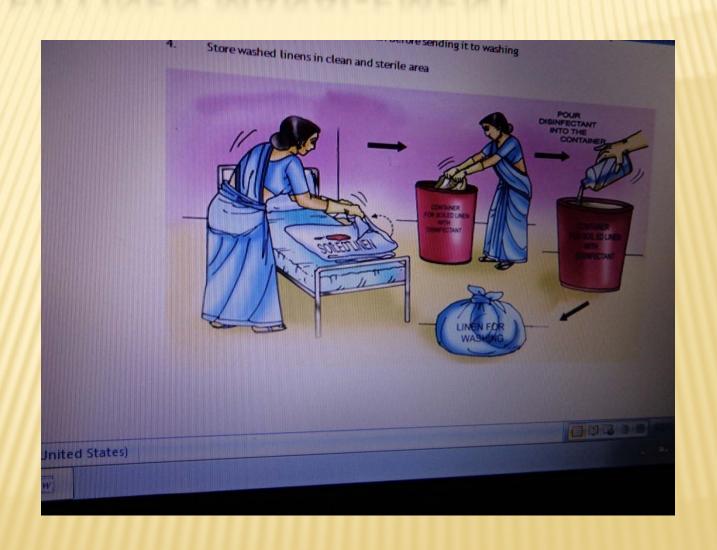
PERSONAL PROTECTIVE EQUIPMENT



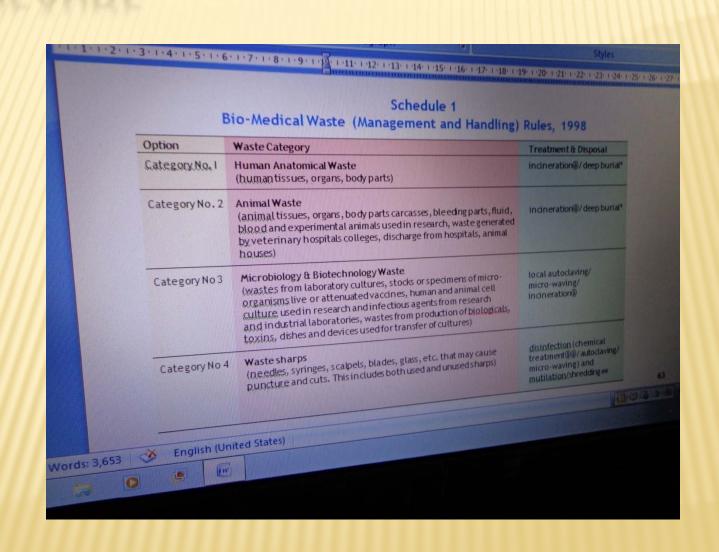
USE OF DISINFECTANT

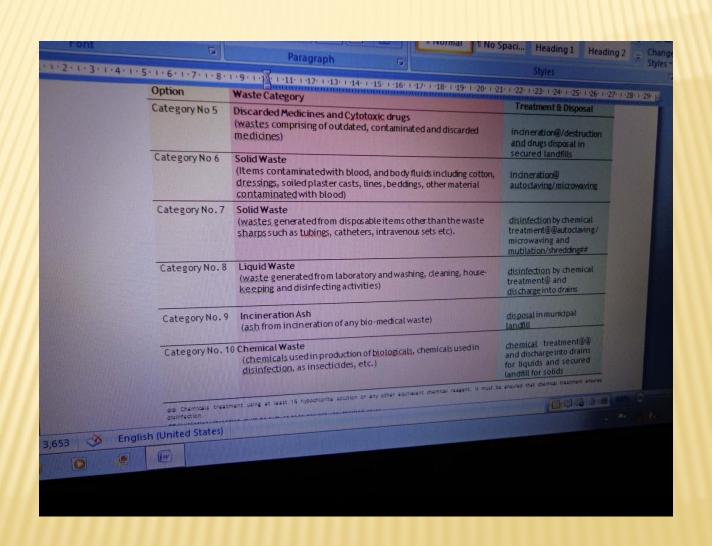


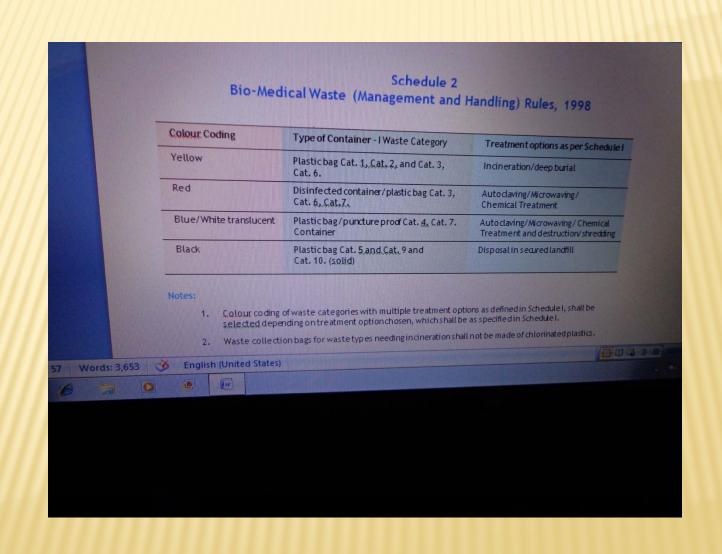
SOILED LINEN MANAGEMENT



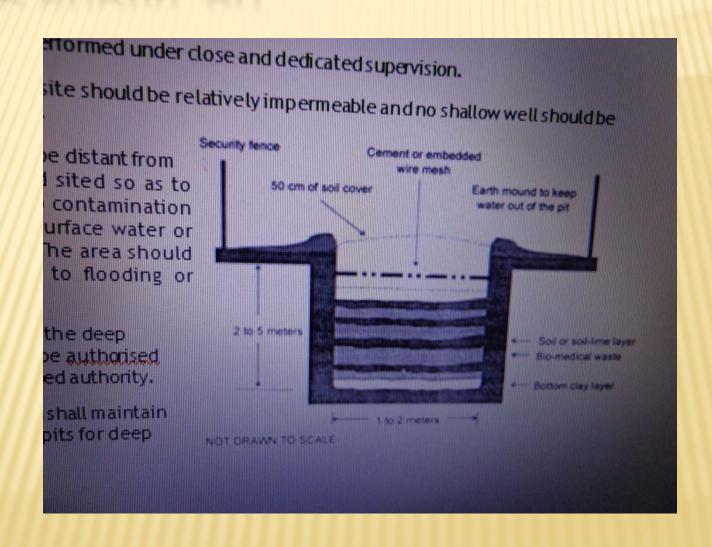
ANNEXURE



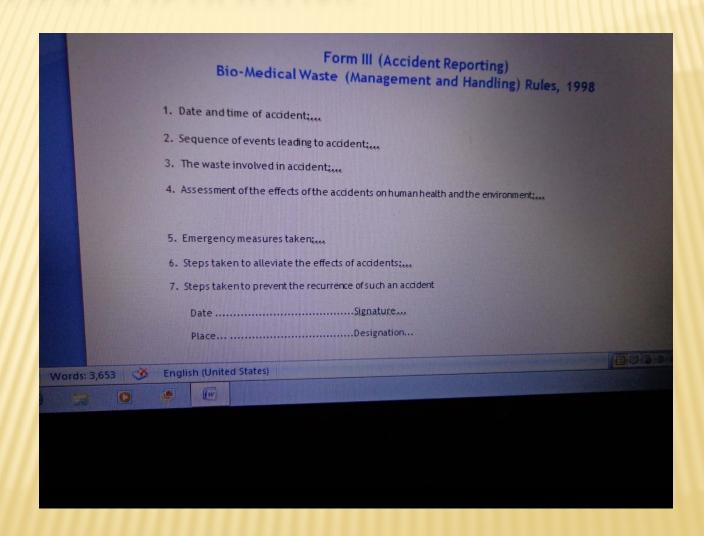




DEEP BURIAL PIT



ACCIDENT REPORTING



SEGREGATION

लाल कुड़ादान— ब्यवहार किये गये—प्लास्टिक सिरिंज, प्लास्टिक, दासताना, सलाईन सेट, प्लास्टिक बोतल, कैथेटर, पेशाब का थैला, कटा हुआ प्लास्टर, बैंडेज, रूई, गॉज, लीकोप्लास्ट माइक्रोपोर, स्काल्प भेन सेट, कैटगेट, धागा, ड्रेनेज टूयूब, राईल्स ट्यूब वगैरह। पीला कुड़ादान— खून, सीरम मवाद, बलगम, कटा एवं सड़ा हुआ शरीर का अंग, खून से लथपथ कपड़ा एवं रूई, ड्रेसिंग पैड, कॉटेन स्वाव सैनीटरी पैड, फ्लेसेंटा वगैरह।

CONT...

काला कुड़ादान— कागज, खाना, फल का छिल्का, फर्श साफ करने के पश्चात कुड़ा, सिरींज एवं सलाईन का प्लास्टिक कभर, कार्टून, कॉफी, चाय का कप, अन्य कोई ठोस इत्यादि।

सफेद कुड़ादान—नुकीला सामान जैसे सूई, नीडील (कटा हुआ) ब्लेड, ऐम्पुल, टूटा हुआ काँच का टुकड़ा एवं बोतल, ब्यवहार किया गया वायल का उपर वाला मेटैलीक कैप, व्यवहार किये गये खाली वायल को अलग डब्बे में रखना है जिसे पुनः Sterlise कर उपयोग में लाया जा सके।

THANK YOU

