

# **Bio Medical Waste**

#### Why in News

The <u>National Green Tribunal</u> (NGT) has recently directed various authorities to ensure compliance from the **biomedical waste management facilities** in the country.

# **Key Points**

- Central Level: The <u>Central Pollution Control Board (CPCB)</u> to ensure strict compliance of biomedical waste management rules and scientific disposal of the waste.
- **State Level:** The Chief Secretaries of all the States/UTs to oversee compliance and ensure that authorisation is secured by every health care facility in their respective jurisdiction and also there is adherence to the norms.
- District Level: The District Magistrates in accordance with the District Environmental Plans.
- **Groundwater Contamination:** While permitting deep burials, it may be ensured that groundwater contamination does not take place.
- Segregation: Ensure that hazardous bio-medical waste is not mixed with the general waste.
- Frequent Violation of Rules: The direction came as a result of regular fines being imposed on various healthcare facilities and biomedical waste treatment facilities
- **Earlier Observation:** The segregation of <u>Covid-19</u> **biomedical waste** from general garbage is a must to avoid further contamination adversely affecting public health.

# **Bio-Medical Waste Management Rules, 2016**

- Definition: Biomedical waste is defined as human and animal anatomical waste, treatment apparatus like needles, syringes and other materials used in health care facilities in the process of treatment and research.
  - Objective: The objective of the rules is to properly manage the per day bio-medical waste from Healthcare Facilities (HCFs) across the country.
- Ambit: The ambit of the rules has been expanded to include vaccination camps, blood donation camps, surgical camps or any other healthcare activity.
- Phase Out: Chlorinated plastic bags, gloves and blood bags has been phased out within two years starting from March 2016.
- Pre-treatment: Pre-treatment of the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilisation on-site in the manner prescribed by the <u>World Health Organization</u> (WHO) or by the <u>National AIDS Control Organisation</u> (NACO).
- Categorisation: Bio-medical waste has been classified into 4 categories instead of the earlier
   10 categories to improve the segregation of waste at source.
- **Stringent Standards for Pollutants:** The rules prescribe more stringent standards for **incinerators to reduce the emission** of pollutants in the environment.
- Role of State Government: The State Government provides the land for setting up common bio-medical waste treatment and disposal facility.es
- Concerns:
  - **Pandemic:** The pandemic has presented a challenge in terms of capacity to scientifically dispose of generated waste and a challenge for civic authorities in charge of its collection

- and disposal.
- **Poor Compliance:** States are not following the **CPCB guidelines** on Covid-19 related waste.
  - In some states, improper segregation of waste has been reported from **Covid-19** facilities and quarantine homes.
- Non Segregation: The non-segregation of waste results in the incineration of contaminated plastics producing toxic gases and adding to air pollution.
- Increase in Waste: The rise in residential biomedical waste and its collection without adhering to safety protocols could also trigger a surge in caseload.
- Health of Workers Associated: Without proper scientific management of such waste, it can potentially affect patients and can affect the concerned workers and professionals.
  - Discarded masks and gloves risk the lives of thousands of **sanitation workers** who work often without any protection or training to handle such hazardous material.

#### Suggestions:

- Proper Segregation: Left-over food, disposable plates, glasses, used masks, tissues, toiletries, etc used by Covid-19 patients should be put in yellow-coloured bags, while used gloves should be put in red bags and sent for sterilisation and recycling at the CBWTFs.
  - Where waste is not going to incinerators, deep burial systems should be properly
    maintained as per protocols taking all due precautions to prevent harm to the
    environment. A deep burial system involves burying biomedical waste in 2-meterdeep ditches and covering them with a layer of lime and soil.
- Awareness Campaign: Initiatives like conducting an appropriate programme on Doordarshan, All India Radio and other media platforms to create mass awareness about the correct disposal of biomedical waste.
- Creating Infrastructure: The government should set up recycling plants across the country (as envisaged under the <u>Smart cities project</u>) under the <u>Public-Private</u>
   Partnership (PPP) Model.
- Coherency in Rules: The Centre should form a national protocol combining the Biomedical Waste Management Rules, 2016 with the guidelines on Extended Producer Responsibility (EPR) for producers of plastic.
- Innovation: Incentivise start-ups and <u>Small and Medium Enterprises</u> (SMEs) offering solutions for waste segregation and treatment.
- Monitoring: There should be constant and regular monitoring by the central and state PCBs, Health Departments in the states/UTs and by the high-level task team at Central level with further coordination by CPCB.

#### Source:TH

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