

New Bio-Medical Waste Management Rules Notified

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"The new bio-medical waste management rules will change the way country used to manage this waste earlier. Under the new regime, the coverage has increased and also provides for pre-treatment of lab waste, blood samples, etc. It mandates bar code system for proper control. It has simplified categorization and authorisation. Thus, it will make a big difference to clean India Mission", said Union Minister of State (IC) Environment, Forest & Climate Change, Shri Prakash Javadekar, while releasing the new Bio-medical Waste Management Rules, 2016.

The major salient features of BMW Management Rules, 2016 include the following:

- (a) The ambit of the rules has been expanded to include vaccination camps, blood donation camps, surgical camps or any other healthcare activity;
- (b) Phase-out the use of chlorinated plastic bags, gloves and blood bags within two years;
- (c) Pre-treatment of the laboratory waste, microbiological waste, blood samples and blood bags through disinfection sterilisation on-site in the manner as prescribed by WHO or NACO;
- (d) Provide training to all its health care workers and immunize all health workers regularly;
- (e) Establish a Bar-Code System for bags or containers containing bio-medical waste for disposal;
- (f) Report major accidents;
- (g) Existing incinerators to achieve the standards for retention time in secondary chamber and Dioxin and Furans within two

years;

- (h) Bio-medical waste has been classified in to 4 categories instead 10 to improve the segregation of waste at source;
- (i) Procedure to get authorisation simplified. Automatic authorisation for bedded hospitals. The validity of authorization synchronized with validity of consent orders for Bedded HCFs. One time Authorisation for Non-bedded HCFs;
- (j) The new rules prescribe more stringent standards for incinerator to reduce the emission of pollutants in environment;
- (k) Inclusion of emissions limits for Dioxin and furans;
- (l) State Government to provide land for setting up common bio-medical waste treatment and disposal facility;
- (m) 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.
- (n) Operator of a common bio-medical waste treatment and disposal facility to ensure the timely collection of bio-medical waste from the HCFs and assist the HCFs in conduct of training

Biomedical waste comprises human & animal anatomical waste, treatment apparatus like needles, syringes and other materials used in health care facilities in the process of treatment and research. This waste is generated during diagnosis, treatment or immunization in hospitals, nursing homes, pathological laboratories, blood bank, etc. Total bio-medical waste generation in the country is 484 TPD from 1,68,869 healthcare facilities (HCF), out of which 447 TPD is treated.

Scientific disposal of Biomedical Waste through segregation, collection and treatment in an environmentally sound manner minimizes the adverse impact on health workers and on the environment. The hospitals are required to put in place the mechanisms for effective disposal either directly or through common biomedical waste treatment and disposal facilities.

The quantum of waste generated in India is estimated to be 1-2 kg per bed per day in a hospital and 600 gm per day per bed in a clinic. 85 percent of the hospital waste is non-hazardous, 15 percent is infectious/hazardous. Mixing of hazardous results in to contamination and makes the entire waste hazardous. Hence there is necessity to segregate and treat. Improper disposal increases risk of infection; encourages recycling of prohibited disposables and disposed drugs; and develops resistant microorganisms

The draft Bio-medical Waste Rules were published in June, 2015 inviting public objections and suggestions. Stakeholders consultation meets were organized in New Delhi, Mumbai and Kolkata. Consultative meetings with relevant Central Ministries, State Governments, State Pollution Control Boards and major Hospitals were also held. The suggestions / objections (about 50) received were examined by the Working Group in Ministry. Based on the recommendations of the Working Group, the Ministry has published the Bio-medical Waste Management Rules, 2016.