

Major changes proposed in the Bio- Medical Waste Management Rules, 2016 and its likely implication

Bio- Medical Waste (Management and Handling) Rules, 2011	Bio- Medical Waste Management Rules, 2016	Reasons and likely implications
Title Bio- Medical Waste (Management and Handling) Rules, 2011	Bio- Medical Waste Management Rules, 2016.	The word 'Management' includes Handling.
Application		
These rules apply to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form.	These rules shall apply to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio-medical waste in any form and shall not apply to: <ul style="list-style-type: none"> • radioactive wastes, • wastes covered under the MSW Rules, 2000, • lead acid batteries, • hazardous wastes, • E- waste, • hazardous microorganisms. 	Modified to bring more clarity in the application. Clarified that vaccination camps, blood donation camps, surgical camps or any other healthcare activity undertaken outside the healthcare facility, will be covered.
Duties of the Health care facilities		
Every occupier of an institution generating bio-medical waste which includes a hospital, nursing	Additions: Health care facilities (HCF) shall make a provision within the premises for a safe, ventilated and secured	To ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical

<p>home, clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank to take all steps to ensure that such waste is handled without any adverse effect to human health and the environment.</p>	<p>location for storage of segregated biomedical waste</p> <p>pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilisation on-site in the manner as prescribed by the World Health Organisation (WHO) or National AIDs Control Organisation (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal.</p> <p>phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of these rules</p> <p>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</p> <p>immunise 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,</p>	<p>waste from such place or premises can be directly transported in to the common bio-medical waste treatment facility.</p> <p>This is to prevent the possible microbial contamination.</p> <p>Will eliminate the emission of dioxin and furans from burning of such wastes.</p> <p>Will improve the management of BMW including collection, segregation.</p> <p>To protect the health of workers</p>
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	<p>establish a Bar- Code System for bags or containers containing bio-medical waste to be sent out of the premises</p> <p>report major accidents including accidents caused by fire hazards, blasts during handling of bio-medical waste and the remedial action taken to SPCB</p> <p>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</p>	<p>Will improve the segregation, transportation and disposal system. Also will eliminate pilferage on the way of BMW to disposal facility.</p> <p>Help to monitor and improve the management</p> <p>Will improve the environment in the vicinity treatment facility.</p>
Duties of the operator of a common bio-medical waste treatment and disposal facility		
..Nil..	Same as the duties of HCFs and additionally they shall ensure timely collection of bio-medical waste from the HCFs, assist the HCFs in conduct of training	Specific responsibility on the operator of a common bio-medical waste treatment and disposal facility will be make them clear to their duties
Treatment and disposal		
Every HCFs, where required, shall set requisite bio-medical waste treatment facilities like incinerator, autoclave, microwave system for the treatment of waste, or, ensure requisite	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 .	This is to make the installation and operation of common treatment facility a viable one.

<p>treatment of waste at a common waste treatment facility or any other waste treatment facility.</p>	<p>In cases where service of the common bio-medical waste treatment facility is not available, the Occupiers shall set up requisite biomedical waste treatment equipment like incinerator, autoclave or microwave, shredder prior to commencement of its operation, as per the authorisation given by the prescribed authority.</p>	
<p>Segregation, packaging, transportation and storage</p>		
<p>Bio-medical waste classified in to 10 categories based on treatment options.</p> <p>No untreated bio-medical waste shall be kept stored beyond a period of 48 hours</p> <p>Provided that if for any reason it becomes necessary to store the waste beyond such period, the authorised 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.</p>	<p>Bio-medical waste classified in to 4 categories based on treatment options.</p> <p>Untreated human anatomical waste, animal anatomical waste, soiled waste and, biotechnology waste shall not be stored beyond a period of forty – eight hours:</p> <p style="padding-left: 40px;">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.</p>	<p>Will improve the segregation of waste at source channelize proper treatment and disposal</p> <p>Will eliminate obtaining permission within 48 hours which is not practically feasible.</p>

Authorisation		
Hospitals treating 1000 or more patients per month to obtain authorization from SPCBs/PCCs	One time Authorisation for Non-bedded HCFs. The validity of authorization shall be synchronised with validity of consent orders for Bedded HCFs	<p>HCFs can make application along with consent and hence getting authorisation will not be additional burden for HCFs. and operator of treatment facility.</p> <p>It will also help to SPCB in making single inspection / monitoring to consider both the consent and authorisation.</p>
Advisory Committee		
<p>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 organisation including non-governmental organisations.</p> <p>Ministry of Defence shall constitute, an Advisory</p>	<p>No change in the concept except additional members.</p> <p>Shall meet once in Six Months.</p>	<p>Advisory Committee has strengthened suitably with additional members.</p>

<p>Committee under Additional Director General of Armed Forces Medical Services with representative of Ministry of Defence, MoEFCC, for HCFs under Armed forces under the Ministry of Defence.</p>		
	<p>Standards for emission from incinerators</p>	
<p>SPM in the Incinerator's Emission 150 mg/nm³</p> <p>Residence Time in Secondary chamber of incinerators is 1 second</p> <p>...Nil..</p>	<p>50 mg/nm³</p> <p>2 second</p> <p>Standards for Dioxin and furans prescribed.</p>	<p>The proposed stringent standards for emission from Incinerator (reduction of permissible limit for particulate matter, introduction of standards for Dioxin and Furans and increasing the residence time in the Incinerator Chambers) will improve the operation of incinerator and reduce the emission of pollutants in environment.</p>
<p>Site for common bio-medical waste treatment and disposal facility</p>		
<p>--Nil..</p>	<p>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</p>	<p>Getting suitable land is the problem in many States for establishment of waste management facility. Making the responsibility to provide land by the Department dealing the allotment of land would eliminate the issue of getting land for the waste management facility.</p>

Monitoring of implementation		
..Nil..	<p>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</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>The monitoring of the implementation was earlier only with SPCBs and review of implementation through the District Committee is likely to improve the implementations.</p>
