In a recent meeting held to discuss waste disposal options, various agencies and the ministry agreed upon promoting the use of non-burn technologies to ensure management in compliance with the Bio-medical Waste (Management & Handling) Rules.

Disposing immunisation waste in India

India has an extensive network of primary health care facilities and immunisation services. India is part of the Expanded programme of immunisation (EPI) and carries out immunisation campaigns. Immunisation waste is generated as a result of immunisation campaigns. The disposal of immunisation waste is a concern as per the provisions of this Rule.

Challenges of immunisation waste in India

- Segregated waste in low quantities, and at remote locations
- May fill up faster than planned
- Depth of ground water
- Various models are used for treatment
- Needs final disposal
- Requires further treatment
- Needs constant supervision
- Higher operational cost
- Safety profile not fully established
- No volume reduction
- No opportunity to demonstrate and document waste management and disposal without incineration or non-burn technologies for waste management.

Recommended immunisation waste management policies

- Implement systemic solutions that will expand the planned system and ensure involvement of a larger number of local stakeholders.
- Micro planning: Since there are several types of planning involved, equipment and manpower are also ensured involvement of a larger number of local stakeholders.
- Successful non-burn options have been tried in India.
- Plan 2063 A.D. (EPI) has the goal to ensure immunisation services to all children, as well as a trachoma (TT) infection for pregnant women. The target of the UID included providing coverage against the six immunisable diseases to at least 85 percent of all infants in the country.

Bio-medical Waste

Recommendations for waste management

- Incineration: It is the preferred method of disposal of most immunisation waste as it provides a good level of assurance for the prevention of airborne and surface contamination.
- Incineration waste to comply with national environmental policies. вполне хорошая работа.
Disposal of immunisation waste: a massive challenge

In the most significant development in the field of immunisation waste management, the Ministry of Health and Family Welfare of India has signed a joint statement in 1997 to replace the use of metal needles with safety devices. This statement signed by the World Health Organization (WHO) and the departments of health of all countries, including India, commits the countries to improving medical waste management. The statement calls for the implementation of specific healthcare waste management plans that are consistent with the guidelines of the WHO and other international bodies.

The Ministry of Health is also responsible for developing and implementing specific healthcare waste management plans that are consistent with the guidelines of the WHO and other international bodies. The Ministry of Health is also responsible for ensuring the timely disposal of medical waste generated in hospital and healthcare facilities.

Waste management in the new situation

In the new situation, the Ministry of Health is also responsible for developing and implementing specific healthcare waste management plans that are consistent with the guidelines of the WHO and other international bodies. The Ministry of Health is also responsible for ensuring the timely disposal of medical waste generated in hospital and healthcare facilities.

The most significant development in the field of immunisation waste management is the adoption of safety boxes. Safety boxes are used to store sharps so that they are not handled by personnel. The boxes are then collected and disposed of.

Safety boxes are made available through agencies such as WHO/UNICEF. The boxes are designed to contain sharps and other infectious wastes, therefore have been described as biohazard containers by the International Agency for Research on Cancer (IARC). Safety boxes are available in different sizes, depending on the needs of the facility.

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The use of safety boxes is consistent with the guidelines of the WHO and other international bodies. The Ministry of Health is also responsible for ensuring the timely disposal of medical waste generated in hospital and healthcare facilities.

Disposal of immunisation waste

Disposal of immunisation waste is a major challenge in India. Immunisation waste is generated in sub-centres and primary healthcare centres (PHCs). As the ANM in charge and caters to a population of 20,000-30,000. In-Clen for the Ministry of Health, which reported a 2003-2004 injection error rate of 81.5%, the Ministry of Health is also responsible for developing and implementing specific healthcare waste management plans that are consistent with the guidelines of the WHO and other international bodies.

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Toxics replaced by this statement, mass immunisation campaigns, factsheets/fs231/en/

injections amounting billions annually, with immunisation

India alone administers 4.2 billion injections annually, with immunisation injections amounting to about 210 million

Waste Description Treatment Disposal

There are 22,842 PHCs in the country, the waste generated at outreach clinics should be managed as prescribed.

WHO states that the combination of sharpless small-in-size incinerators does not remove all cholera from the waste stream and prevent divinisation. The PVC seal between the metal needle and the polyethylene body remains as the cholera source

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There is a 3.5 million surplus of newborns born to sub-scale birth facilities.

Waste management in the new situation

Different types of waste generated in the process

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Implementation

The most common practices resorted to were open
burning of syringes at the end of the immunization

Waste in the auto-disable era

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factsheets/fs231/en/

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immunisation

Factsheet

from 210 million syringes? Till recently, not much

administered for other indications, including

percent of all injections, with the remainder being

administered in deve-loping and transitional

(Management & Handling) Rules, 1998 and

is a part of the well-established health structure of

ANMs and is undertaken at various outreach

Disposal of immunisation waste: a massive

in-charge and 14 subordinate paramedical staff

around 4-6 beds, is manned by a medical officer

India alone administers 4.2 billion injections

every day. The contractor takes this waste to his facility

where the sharps collected can be incinerated.

The sharps container being used at an outreach clinic.

The case for AD syringes was

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Link

auto-disable era

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**Disposing immunisation waste in India**

India has an extensive network of primary health care facilities as well as the world's largest Integrated Child Development Services (ICDS) programme. Childhood immunisation has been an important part of maternal and child health services since the 1940s. HCG immunisation (TB, smallpox, and meningitis) was introduced in 1966 and polio was introduced in 1985. In 1978, as part of the national health policy, the government announced the following development phases to cover the entire population with immunisation.

- **Phase I** (1978-81): Immunisation coverage in 80 percent of these being rural in nature.
- **Phase II** (1981-85): Immunisation was extended to the urban areas and to cover 100 percent of the population.
- **Phase III** (1985-90): Universal coverage, which includes sharps and solid wastes, is covered under the Medical Waste (Management & Handling) Rules, and should be managed as per the provisions of the Rules.

**Recommended immunisation waste management policies**

- **Design** and **development** of disposal technologies that are environment-friendly and are suitable for use in the country.
- **Effective** and **large-scale** mobilisation of immunisation services in all children, as well as inservice training (ITT) for immunisation waste management staff.

The Ministry of Health is also hopeful that, besides increasing the safety of injection, the introduction of ASSP syringes would help increase coverage from the present 60 percent to at least 90 percent.

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**Bio-medical Waste**

**Methods**

- **Encapsulation**
- **Needleless injection**
- **Manual methods available**
- **Automations**
- **Needle destroyer/hulk cutters**
- **Disposing risk**

**Factsheet**

Number 21 / September 2004

We need to shift from burning of the waste to other non-burn waste management techniques that are environment-friendly and are suitable for use in India.

The Philippines became the first country in the world to use a non-burn technology for waste management. A needle of effective infection prevention, provides an opportunity to immunisation and other essential health services without disposal of non-burn waste, recycling of waste, and proper safe storage of waste. This technology is simple, inexpensive, and does not need constant supervision, making it simple to operate and maintain.

**Outline procedures clearly**

- **Micro planning:** Since there are several types of immunisation waste in the country, equipment production capacity in the country, equipment and staff should be expanded to include immunisation waste.
- **Guidebook/SOP:** A national guidebook/SOP should be made for details on immunisation waste.
- **Disinfect/mutilate and recycle:** The focus should completely shift from burning of the waste to other non-burn waste management techniques.
- **Follow national legislation:** Immunisation waste, which includes sharps and solid wastes, is covered under the Medical Waste Management Rules, and should be managed as per the provisions of the Rules.

**AT A GLANCE**

- **Disposing immunisation waste in India**
- **Recommended immunisation waste management policies**
- **Bio-medical waste**
- **Bio-medical Waste Factsheet**
- **Disposing immunisation waste in India**
- **Recommended immunisation waste management policies**
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In a recent meeting held to discuss waste disposal options, various agencies and the ministry agreed on promoting the use of non-burn technologies to ensure management in compliance with the Bio-medical Waste (Management & Handling) Rules.

Recommended immobilisation waste management policies

- Public health campaigns in communities, which include design and waste audits, are annual health campaigns under Rule 4 of the Bio-medical Waste Rules, and should be managed in consultation with the Ministry.
- Integrated planning and budgeting. The planning to waste management should be integrated with the planning of the infrastructure, especially in poor rural areas where a host of public health concerns need to be managed from the beginning of the project planning.
- Monitoring and recycling. The basic information should be shared from the waste-to-energy stages to get a better health control and waste to be used from the beginning of the project planning.

Disposing immobilisation waste in India

India has a network of primary health care facilities in the form of the world’s largest Integrated Child Development Services (ICDS) programme. Childhood immunisation has been an important part of maternal and child health services since the 1940s. IPC immunisation (TB, paralytic polio, and oral polio) has been successfully introduced in the country. In 1985, as part of the national health policy, the government announced the expansion of immunisation services. With the implementation of the National Immunisation Programme (NIP) in 1985, many districts have implemented innovative waste management systems that are now being progressively implemented in other districts.

In 1990, all districts in the country had primary healthcare centres (PHC), which are the level of the first line of health care. The waste management system planned for reducing the volume of sharps waste needs to be implemented in all primary health centres (PHC). Also, in 1992, the government of auto-burn immunization waste is a matter of public health concern and should be managed in consultation with the Ministry. The planning to waste management should be integrated with the planning of the infrastructure, especially in poor rural areas where a host of public health concerns need to be managed from the beginning of the project planning.