



European Union to ban mercury thermometers

To minimise serious health risks to human, wildlife and ecosystems, the European Union has tabled a plan to ban new mercury thermometers

On March 14, 2006, the European Parliament voted a resolution, which conveyed their opinion to the Commission on the Community Strategy on Mercury. While the draft report, which the Environment Committee has sent to the Plenary, was already quite strong in many respects, the Plenary went even further and voted through stronger positions.

To contain the hazard of mercury, the EU has decided to ban mercury thermometers. However, specialist measuring devices used in hospitals have been excluded from the ban. The sale or use of second-hand equipment containing mercury has also been excluded. The Commission argues that viable mercury substitutes are not yet avail-

able for instruments like medical blood pressure gauges although Sweden has been using mercury alternatives for more than 10 years.

As a result of the ban, the Commission expects only a slow decline in environmental releases since there is more mercury in existing equipments than the amount added each year through new sales. But it has promised to study possible separate measures dealing with the stock.

Mercury is a potent neurotoxin and direct exposure to mercury from a broken thermometer can cause damage to the lungs, kidneys and brain when inhaled. According to the European Commission's estimates, about 10 per cent of annual mercury consumption by European Union (EU) countries is through measuring devices which amounts to nearly 33 tonnes. Out of this, about 25 tonnes are used in thermometers alone.

The Environment Committee's report has asked the Commission to draft a proposal by the end of 2007 to restrict the use of mercury in dental amalgam and to investigate whether additional measures are needed to ensure that amalgam does not enter the waste stream.

The report has also asked the Medical Devices Expert Group (MDEG) to consider the hazards from dental amalgams. The report urges the Commission to ensure the participation of all the

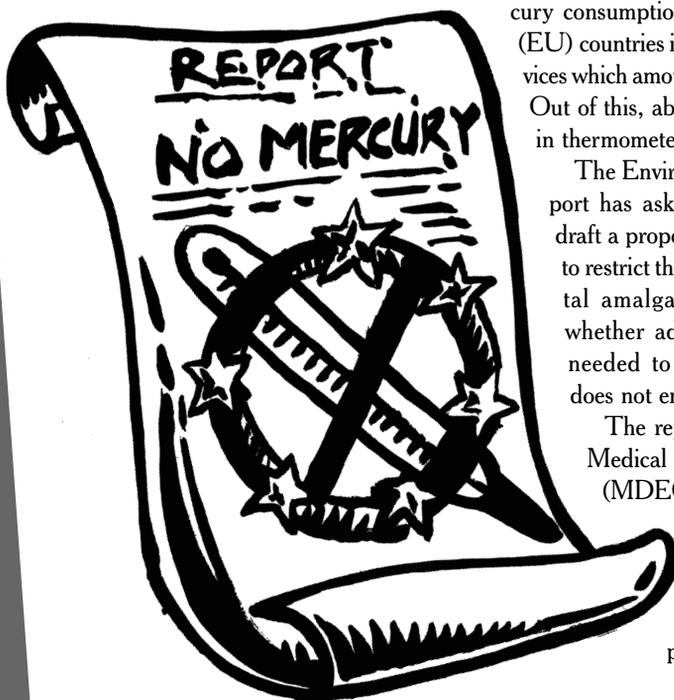
stakeholders such as healthcare professionals, toxicologists, experts in clinical environmental medicine, patient groups and public health groups in the MDEG.

The report calls upon the Commission to conduct an overall Health Impact Assessment to investigate the health costs from mercury contamination, including the reduced intellectual capacity of European children arising from mercury exposure. It has also recommended public awareness generation by holding information campaigns on the health risks of exposure to mercury. The report has also called upon the Commission to take measures against crematoria emissions and use of mercury in the manufacture of vaccines, specially in developing countries.

Responding to the directive, a coalition of environmental and health NGOs called for the scope of the ban to be widened to include professional sphygmomanometers (blood pressure gauges). This could become an issue during the proposal's legislative passage since four out of five European Union governments that responded to last year's consultation called for the ban to apply to medical blood pressure gauges as well.

In a statement, the NGOs argued that it was "absurd" to ignore calls to widen the scope of the mercury ban. They said that completely phasing out the use of mercury in measuring devices represents a "tremendous opportunity" to reduce the world-wide use of the toxic metal.

While the resolution banning new mercury thermometers is not legislative and has mostly a symbolic value, it is important because it lays the ground for the Members of Parliament's positions on future legislation on mercury and paves the way for a complete ban on mercury products in healthcare establishments. ▲



INDIA FILE

Hospitals still ignoring waste disposal norms

Despite extensive guidelines to regulate bio-medical waste in Delhi, several government-run hospitals and maternity centres across the city still handle their waste callously. This is evident from a new sample survey of waste disposal practices in Delhi's hospitals.

The survey covered nursing homes and hospitals with capacities ranging from 20 to 230 beds. In all, Delhi has about 800 registered nursing homes and more than 1,500 unregistered healthcare establishments. L.K. Verma of VIKALP headed the survey.

Researchers of the survey, which was authorised by the State Department of Health, have found that the conditions in government hospitals are 'unsatisfactory' despite the fact that the hospital staff were aware of safe bio-medical waste management and disposal practices.

There is also a good side to the survey. There has been a marked improvement in healthcare waste management by the city's smaller healthcare facilities. Most establishments are now segregating their waste as per the guidelines. ▲

Source: The Hindu, New Delhi, February 21, 2006

Twelve thermometers tested for inaccuracy

Consumer-VOICE, a magazine on consumer affairs, recently tested 12 thermometer brands for accuracy.

The tests reveal that despite the ISI mark, which has been made mandatory for all clinical thermometers, some brands are flouting the standards resulting in inaccurate readings.

Consumer-VOICE tested 12 leading brand of thermometers and found that some, like the brand *Doctor*, are very poor in performance and quality while others like *Pioneer*, *Hicks* and *Ideal* did well in the tests.

Thermometers were tested for five different ranges of temperature and the *Doctor* brand

showed the most deviation.

A thermometer should have a maximum indicating device in the capillary to prevent the mercury in the stem from returning to the bulb on cooling and the free end of the stem should have a smooth finish. The tests found that in most brands the joint between the bulb and the stem was not smooth. ▲

Source: Consumer-VOICE, March-April 2006

WORLD NEWS

FIRST LATIN AMERICAN HOSPITAL SIGNS MERCURY ELIMINATION PLEDGE

Reaching a milestone in its efforts to promote mercury-free medicine, Health Care Without Harm announced that Rivadavia Hospital in Argentina is the first Latin American hospital to join its campaign to get hundreds of hospitals in the Global South to eliminate mercury in the medical devices they use, as well as in their overall operations.

The Buenos Aires institution has already replaced mercury thermometers in its neonatal unit with digital alternatives. They now plan to replace other mercury-based devices in other departments of the hospital as well.

The pledge signed by Rivadavia hospital is similar to a mercury-free healthcare pledge signed by more than 5,000 hospitals in the United States, where mercury-based medical devices are now being phased out. It also comes at a time when the European Union is moving to ban the use of such devices as well as prohibit their export. ▲

Source: www.noharm.org

KWAZULU-NATAL'S LAST HEALTHCARE WASTE INCINERATOR IS SHUT DOWN



A six-year struggle between the government of KwaZulu-Natal, a province of South Africa and groundWork, an environmental justice organisation, resulted in the closure of the Ixopo Medical Waste Incinerator at the Compass Waste Plant.

During the six years, groundWork had engaged in a broad strategic approach that involved the introduction of non-incineration technologies in the province, training of state hospital staff in healthcare waste management, providing the Department of Health, Agriculture and Environment in KwaZulu-Natal with advice, commenting on policy processes and galvanising people across the country to call on the elimination of incineration.

groundWork's intervention, resulted in the Department of Health in KwaZulu-Natal deciding, in 2002, to shut down hospital incinerators. However, due to the government's failure to close the incinerators, the only recourse was legal intervention. The incinerator continued to operate. Recognising serious flaws in its operation, the Department of Environmental Affairs and Tourism, issued a directive to cease its operation in November 2005. ▲

Source: www.noharm.org

IGNOU launches course on healthcare waste management

CONCERNED BY THE negligent disposal of bio-medical waste in South Asian countries, Indira Gandhi National Open University (IGNOU), in collaboration with World Health Organisation's South East Asian Regional Office (SEARO), has developed a six-month certificate programme in healthcare waste management.

Dr Samlee Plianbangchang, Regional Director, WHO-SEARO and Vice Chancellor of IGNOU, inaugurated the programme which is targeted at healthcare professionals in South Asian countries including Nepal, Bangladesh and Indonesia. The diploma course is an innovative programme based on self-learning instructional materials with multimedia and face-to-face counseling support. ▲

EVENTS

BHOPAL WORKSHOP ON BIO-MEDICAL AND MUNICIPAL SOLID WASTE MANAGEMENT

To initiate a public discourse on the challenges presented by bio-medical and municipal waste management, Toxics Link, in collaboration with Academy of Management and Administration, Bhopal, organised a workshop.

The workshop covered the three states of Madhya Pradesh, Chattisgarh and Orissa and witnessed a participation of 86 individuals representing government, NGOs, professionals and practitioners of waste management in these states.

Aiming at perfect information dissemination on waste management, the workshop was designed to discuss the various aspects of proper waste management, address the lacunae in the practices and highlight the importance of public awareness and participation. ▲

WORKSHOP ON MUNICIPAL AND MEDICAL WASTE MANAGEMENT

Toxics Link, in association with Tata Institute of Social Sciences (TISS), organised a two-day workshop titled 'Safe Management of Bio-medical and Municipal Solid Wastes: From Policy to Practice', to facilitate discussion and information exchange on issues of bio-medical and solid waste management on May 23-24, 2006.

The participants developed understanding and learn about region (Maharashtra, Goa and Gujarat) specific problems on both the themes. The aim of the

INTERACTIVE

Manila Mercury workshop

Merci Ferrer, South Asia Coordinator of Health Care Without Harm (HCWH) talks about the mercury workshop which highlighted the hazards of mercury.

What was the objective of holding the workshop in Manila?

The very idea of holding the workshop/conference was to discuss the threats posed by the continued use of mercury-containing medical devices. The conference also attempted to promote alternative technology and policy solutions.

Who was the workshop targeted at and who supported you?

The main audiences for the workshop were hospital people, specially the medical directors, head nurses, infection control staff and waste management heads from both urban and rural hospitals.

UNEP, true to its thrust to eliminate mercury use was HCWH's main partner. They helped in funding two out of the four workshops that HCWH has planned for the year 2006 and 2007 respectively. They also provided support by sharing their literature and will continue to provide expertise and resource persons for other workshops.

The Philippine Depart-

ment of Health (DOH) was one of the main collaborators. Their immediate commitment is to come out with an Administrative Order instituting the gradual phase out of mercury in hospitals and clinics.

What is the status regarding the use and disposal of mercury in hospitals of the region?

Mercury is still widely used in the region. Thermometers and blood pressure instruments – the most common mercurial health care products – are not handled properly. There is a common notion that mercury is part of infectious wastes and therefore is disposed of through incineration, open burning or autoclaving.

Has the workshop helped the situation?

Definitely. The workshop has helped to increase the awareness of different groups of people who attended the conference. In fact, after the event we got at least seven invitations from different hospitals to give presentations on mercury and to help

them come up with concrete programmes to eliminate it.

What will be the follow-up of this workshop?

To address the Accuracy, Affordability and Availability and Disposal (also called the Triple A and Big D challenge), we are organising a stakeholders' meeting sometime in the middle of this year in Philippines. This meeting will include concerned government agencies, industries that are manufacturing alternative products, the private sector, media and concerned public interest groups and international UN agencies, i.e. UNEP and WHO to discuss the Three As and the Big D. ▲



workshop was to develop strategies for future direction.

The workshop was held in the Conference Room of TISS. For more information, please contact Kishore Wankhade at kishore@toxicslink.org ▲

EMS INAUGURATED AT MANIPAL

An Environmental Management System (EMS) was inaugurated by Sanaullah, Secretary Environment, Government of Karnataka at Manipal Hospital. The EMS is part of a wider programme, started by the hospital along with GTZ of Germany in 2005. The hospital will showcase bio-medical waste management including segregation, collection and disposal, effluent treatment and management system.

Dr Ranjan Pai, Managing Director, Manipal Education and Medical Group, said that the Centre of Excellence for waste management would set a new benchmark for the healthcare industry in India. ▲

Source: Deccan Herald, June 7, 2006

RESOURCES

Booklet on 'Managing bio-medical waste'

This booklet, published by Toxics Link, Chennai, in collaboration with Tamil Nadu Health Systems Project of Government of Tamil Nadu and Citizen Consumer and Civic Action Group (CAG), is intended to serve as a reference handbook for healthcare professionals. It is a ready reckoner providing simple tips and reminders for following the prescribed procedures for effective bio-medical waste management and establish a healthy environment both inside and outside of the healthcare institution.

The booklet has been structured, keeping in mind that an ideal healthcare setup will have varied training requirements. It also takes into account the fact that there are different categories of healthcare personnel performing different sets of tasks. It is therefore an extremely useful tool for not only the waste nurses and sanitary workers, but also for the doctors and paramedical staff. ▲

CPCB releases a film on bio-medical waste management

Central Pollution Control Board (CPCB) recently released a 40-minute film on bio-medical waste management titled *Future Begins With Us*. Intended to raise the level of awareness amongst healthcare workers and waste generators, the film discusses the steps that need to be initiated to manage bio-medical waste and the equipment that is required for the same. Copies of the film have been circulated to the State Pollution Control Boards for further distribution to hospitals. ▲



PREMIER INTERNATIONAL HEALTHCARE CONFERENCE HELD IN EUROPE

CleanMed is a premier environmental conference for leaders and staff working in the healthcare sector. The activities of healthcare facilities have a significant impact on the environment. An unhealthy natural environment is a danger to human health.

Forward-thinking healthcare systems must therefore be ecologically sustainable. CleanMed Europe showed the participants how to achieve environmentally sustainable healthcare practices.

The second CleanMed Europe took place in Stockholm from May 29-31, 2006. The conference covered waste reduction, handling of special clinical waste and best practices on waste management.

For more information, please visit www.cleanmed.org ▲

HUMAN AFFAIRS

You can be a part of the Health & Us – Medwaste Action Network (HuMAN) by becoming an Active Member (involved with HuMAN on a regular basis) or a Member in Principle (no active participation but endorsing HuMAN principles). Contact us at the Delhi address given below, and provide us with the following:

1. Name
2. Occupation and designation
3. Address, phone, fax and e-mail
4. Past experience of / interest in medical waste

Once we have this information, we will send you details on membership.

If you have suggestions or require information, please contact:

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