

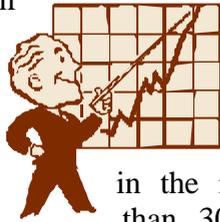


SRISHTI *med waste* UPDATE

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Healthcare (less) in Chennai

Srishti along with Consumer Action Group completed a survey of Chennai health care institutions including Govt., municipal and private hospitals; nursing homes and labs. Out of around 30 institutions covered in the survey only 4 hospitals were practicing segregation. Two facilities had an autoclave installed for treating their waste and 15 units had incinerators, which only one was double chambered. The temperatures maintained in the incinerators were not more than 300-400o C. The incinerators were far from the standards laid down by the Govt. and even the type of waste being fed in them violated the rules.



Govt. hospitals fared bad in the report as there were lot of discrepancies in the system, like - no protective gears being provided to the employees and all the waste simply going into the municipal dumps.

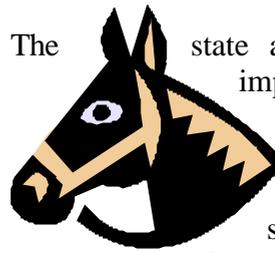
The study shows how far we are from having safe health care and calls upon both the service providers and the government to take steps towards making the city's health care units cleaner and safer - for their patients, employees and for the public at large.

Not so pink: A Look at waste management in Jaipur

According to a survey conducted by two NGOs in Jaipur, there are around 500 medical institutions in the city, which generate around 489 tons of medical waste per month. Around 93% of these institutes dispose their waste with municipal waste.

Rajasthan PCB has issued notices to all the hospitals above 500 beds but no further action has been taken against them.

Taking the Lead



The state authorities responsible for implementation of bio-medical waste management in their respective states are supposed to report to Central Pollution Control Board (CPCB) every year. Recently CPCB carried out a survey of medical institutes in some states and listed around 266 erring hospitals and the list was forwarded to the state boards. The boards have been asked to take legal action against the defaulters and send the follow up to CPCB.

Incinerators around the world

In the last newsletter we reported that high levels of dioxins were found in workers at incineration sites in **Japan** (more than 5,000 pg). Due to the new legislation regarding dioxin, many incinerators were shut down and their destruction has begun. *Masami, People's Association, Japan*

The city of **Chicago** recently banned incineration - in addition, one of the only municipal waste incinerators built in the US in the 1990's, the Robbins incinerator near Chicago has closed down. This was one of the last incinerators built in USA and it finally closed down after suffering huge financial losses.

Model incinerator forced to close:

The **German** incinerator held up as the model for how Ireland should deal with its waste has been closed down. This plant was found to be

spewing out heavy metals over the German countryside. It was breaking strict toxic emission guidelines and has now been shut down for good. By *Pat Flanagan*

Prescribed Authorities in Action

The Andhra Story

Our friends in Andhra have accomplished a lot and that we think is enough inspiration for all of us fighting wasteful and obsolete technologies.

In a statement issued by Member Secretary, APPCB- " **No hospital (including government hospitals) would be allowed to use individual incinerators and** stern action would be taken against violators. He added that the fine under Air, water and environmental act could range from 1.5-2 lakhs. The deadline for closing individual incinerators is 31st Dec. 2000

A special Task Force has been formed by APPCB to oversee management of Bio-medical waste. The five member body has members from the nursing homes forum, NGOs, APPCB (a regional officer and an analyst). This team would study and collect data regarding the compliance of rules in the 480 healthcare establishments throughout the state.

Chennai - Tamil Nadu PCB has issued show cause notices to the city hospitals, which did not have the proper facilities and arrangements for managing their waste. The chairperson, PCB said that they would be forced to issue closure notices if the medical units failed to manage their waste.

Orissa

The Orissa PCB is finding it difficult to implement Bio-medical Rules in the state as the response it is getting from the hospitals is not good and none of the government hospitals are complying with the standards. Only 155 units

have applied for authorization and the response from the government hospitals is poor. The board now plans to initiate action against hospitals.

Jammu & Kashmir

The state PCB has issued notices to all medical set ups to take immediate steps for safe disposal of waste. After a joint meeting of PCB, health and medical education department, all hospitals and nursing homes have been directed to submit comprehensive proposals to the government for safe disposal of their bio-medical waste.

Punjab

Punjab PCB (PPCB) has issued notices to seven top hospitals (above 500 beds, for whom the deadline was June 2000) in the state threatening to initiate prosecution proceedings for not creating adequate facilities to manage medical waste. Board has issued a different notice to forty hospitals with bed strength ranging from 200- 500, for which the deadline is december end this year. PPCB is discussing the possibility of setting up of a centralised facility for management of medical waste, with the Ludhiana and Jalandhar municipalities. The Punjab PCB also organized a seminar in Jalandhar to create awareness on the subject on 22nd December.

Delhi

Delhi High Court has issued notices to six major hospitals in Delhi for not disposing their waste in accordance with the rules and not operating their incinerators properly. These hospitals include four Govt. hospitals- AIIMS, Safdarjung, Sucheta Kriplani (Kalawati Saran) & Ram Manohar Lohia, and two private-Moolchand, Batra Hospital.

These hospitals have to file replies regarding disposal of Bio-medical waste and functioning of incinerators.

Bhopal

According to a study by CPCB, Bhopal generates 900 Kg waste per day. Waste generated in the OPDs comes to 35 gm per bed per day whereas waste generation in hospitals excluding OPD amounts to 140 gms per person per day. Majority of the hospitals are either practicing open burning or they throw the waste in municipal dump. Most of the incinerators are over capacity and are not needed.

The zest of this compilation is through the issue has got the attention it has not got all the effort it needs. Through the efforts of implementing bodies and many others it is becoming a nationwide issue and that alone can help solve that problem.

Events

Chennai Seminar

IMA and Tamil Nadu PCB organized a seminar on 14th -15th October. Speakers from around the country were present to discuss the problems of medical waste. It was decided to do training of trainers and set up model hospitals in 28 districts of the state. This training would be taken up by HCWMC (Health care waste management cell), Bangalore, JCA (Jyotsna Chauhan Associates, an NGO) Hyderabad, Ramachandra Medical College Chennai and Srishti. The 1st phase of training covers all big cities of the state for which deadline has been set as 31st Dec 2000 and in the 2nd phase would cover all the other districts by March 2001.

The V.C of Medical University also announced that medical waste should be included in the curriculum of medical and para medical courses by next year.

The Chairperson TNPCB emphasized the need of out house mgt. and asked the IMA to get

together and set a centralized facility at the earliest. She also said that no incinerators would be given permission within the city limits.

With such steps, we hope Chennai would have a different picture in our next survey.

Incinerator Scenario

Between us

Tete-a-tete with the incinerator operators, inspectors and hospitals administrators gave us an insight into incinerators working. An institution with an electrical incinerator had problems running the machine and finally decided to abandon the costly equipment and go in for open burning. The problems it faced were- hospital's electricity could not meet the incinerator's power need. Realizing the need of one more transformer, hospital took a separate connection for the machine and the electricity bill increased by 1.5times. Initially the hospital diverted funds from other departments to run the incinerator but soon realized that this could not go on for long. Finally the machine was abandoned. Had the hospital realized this earlier, valuable money allocated for healthcare would not have gone down the drain.

Another incidence was of persistent low temperatures in an incinerator. More than half of the fuel allocated for the incinerator landed up at places other than it. Everybody wanted his or her share in the diesel and subsequently the machine was run with little or no diesel.

This only goes to prove our thought that incinerators can be run effectively only at a central place.

*Dr. DB Acharya, Waste Consultant,
IIRD, Jaipur*

Fire Fired

A major fire has put Dundee's state-of-the-art municipal incinerator out of action. Meanwhile, a long-awaited report into pollution from the city's previous incinerator has found serious dioxin contamination at the boundary site.



Dundee Energy Recycling (DERL) has suffered three fires on site since it commissioned its energy-from-waste plant. A University report confirms that the incinerator appears to be linked to elevated metal levels over a wide area. It also identifies serious pollution of land neighboring the plant. The study found that arsenic and cadmium levels in soil were elevated under the predicted fall-out area. Massive contamination with dioxins, some 5,900ng/kg, was revealed in one sample, on common land just outside the plant's gate. Because of the high analytical costs, this was the only dioxin measurement taken in the high-risk zone. Lead, mercury and copper were also exceptionally high in this sample.

Alan Watson C.Eng,
Public Interest Consultants, Oakleigh

A Workshop on Bio-Medical Waste Management jointly organised by A.P.PCB, Zonal Office, Visakhapatnam and JCA.

On the 3rd of November a Training Programme was conducted by JCA at King George Hospital Central Pollution Control Board Vizag, in association with APPCB, Zonal Office, Vizag. As a part of training, waste management system was set up in 2 model wards and the hospital has assured us that the system will be replicated in all the other areas of the hospital.

Proceedings of the workshop:

1. Individual Incinerators will not be allowed since it becomes difficult for the PCB to monitor these.
2. Vermi Composting for Bio-Medical Waste will not be allowed in the state.
3. Mutilation / Shredding and Disinfection of plastic & sharps should be done at the HCE level.
4. For anatomical waste, there is feasibility of tying with the Municipal Corporation of Vizag for using their electric crematorium as an interim measure provided that temperatures are maintained.
5. The Municipal Corporation as and where feasible could initiate and run a common waste facility, but the process of CFE and CFO (Consent for Establishment and Consent for Operation) will be the same as in the case of private entrepreneurs.
6. The APNA President assured full support to the movement.
7. Society of Jyotsana Chauhan offered their services as an NGO on all issues related to bio-medical waste management, especially training.

National Symposium on Occupational health safety and environment

During the symposium, chairman of the Madhya Pradesh PCB (MPPCB) called for co-ordination between National Safety Council, medical associations, BHEL, municipal corporations and MPPCB for formation of a core committee to suggest remedial measures for bio-medical waste management.

What's on ??????????

Common waste facility in Bangalore

The logistics for the centralized facility in Bangalore have been finalized. The plant is been set up with an investment of Rs. 6.5 crores over 5 acres. The facility would use microwave system and the expected capacity is 5 tons. The facility charges would be Rs. 3.5 per bed per day, which would include collection, transportation, treatment and disposal.

Japan wakes up to its dioxin-scarred landscape

A vast hole, several square miles of it, has been scooped out of the floor of a once-peaceful valley that now resembles a giant's sandpit. The first rubbish dump built near Hinode, the one called Yatozawa, had a capacity for 2.6 million cubic metres, making it the biggest waste landfill in Asia. It is full, and this new one can hold a further 2.5 million cubic metres.

Burnt, as most Japanese rubbish is, it releases chemicals including dioxins, which are believed to cause cancer and disruption of the human hormone system. Dioxin is thickly present in the ash of plastic, the same ash drifting slowly over the surrounding countryside.

In one of the villages downwind of the first landfill, 18 people from a population of 271 have died of cancer in less than 10 years, four times the national average. When the government announced a second landfill site in 1991, local people objected, but to no avail.

In a town near Osaka, former workers at a rubbish incinerator are suing their erstwhile employer after they were diagnosed with various cancers believed to have been caused by dioxin.

And, as 'The Independent' disclosed on Wednesday, dangerous levels of dioxin and similar chemicals known as PCBs have been found next to the giant sports stadium in Yokohama, where the World Cup football final will be held in 2002.

1,800 incinerators for household waste alone (compared with 250 in America).

Partly, as anyone who has visited a Japanese department store will know, this is caused by the national enthusiasm for wasteful, elaborate wrapping. When a group demanded to see result of tests on the water supply, the government refused, even after a court ordered it to comply. It chose to pay a fine of £800 a day until suddenly announcing the data did not exist. *By Richard Lloyd Parry in Yokohama*