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Specific Goals

- the ban on on-site incineration, and to move away from incineration in all possible instances to safer treatment methods.
- To reduce the use of non-essential plastics in health care, especially toxic plastic such as PVC.
- To work towards the adoption of safe and standard practices and procedures in health care waste management, in particular waste disposal.
- To keep a watch on ongoing practices and procedures in health care waste, especially in their specific area.
- To work for the occupational safety of health care workers.

Health& Us -Medwaste Action Network HuMAN

HU- MAN is a national group of individuals and organizations, dedicated to the cause of making health care in India environmentally safe and safe from a health perspective.

The medical waste management issue in India has evolved slowly with the growing realisation that medical waste can be managed responsibly through non-technical solutions.

There was a concern for a common voice and the need to disseminate information on the issue of medical waste management created this network.

Mission Statement: Health & Us – Medwaste Action Network seeks to make the delivery of health care in India environmentally safe as well as safe for the patient, the hospital workers and the community at large by adopting safe practices, products, procedures and technologies without compromising patient care.

This network is a coalition of individuals and organizations and will be affiliated to the Health Care Without Harm Network (HCWH)

If you are working on medical waste and related issues,you or your organization can be a part of this coalition by becoming an Active Member (Involved with Hu-MAN on a regular basis) or a Member in Principle (No active participation but endorsing Hu-MAN Principles. Contact us and introduce yourself with the following information.

1.Name

2.Occupation and designation

3.Address Phone, Fax and Email

4.Past experience/ interest in medical waste

Once you have sent us this information, we will then send you more comprehensive form to sign-on as a member.

We welcome you support!

Science says it all....

Toxins such as Dioxins and Furans are unwanted by-products of incinerators that burn chlorine-containing items in medical wastes, sewage sludge and municipal waste. We have always been concerned about the lethal effects that they have, especially on human population living close to such incinerators. Recent studies have been focusing on such effects and even more dangerous ones on newborns and children. In a study, 70 municipal incinerators and 460 toxic-waste landfill sites in Britain were examined for evidence of effluents causing childhood cancers. A newly developed technique for analysis compares distances from suspect sources of the birth addresses and to the death addresses of cancer children who had moved house. *Municipal incinerators had previously shown significant excesses of adult cancers between 7.5 and 3.0 km. The Child-cancer/leukaemia data showed highly significant excesses of migrations away from birthplaces close to municipal incinerators. Relative risks within 5.0km of these sites were about 2:1. Hospital incinerators gave similar results. The ratios greatly exceed findings around non-urban combustion sites.*



Considering these factors, isn't it time to start thinking of adopting suitable alternatives to incinerators? No rule in India requires incinerators not to be close to any human dwellings. However, some states such as Andhra Pradesh and Tamil Nadu have restricted incinerators within city limits.

We as concerned citizens can also do a lot for this issue. One such step would be to write to the pollution control board of your area expressing your concern.



We need your support!

Incineration has been deemed environmentally and economically unviable by agencies and individuals for long now. Apart from its lethal effects on human health it is also a big burden on hospitals, as it requires huge investments and operating costs. Organizations all over India have been promoting the shift from onsite incineration to safer waste disposal facilities both within and outside health care facilities. If you would like to pledge your support to this growing movement, do write to us and we will publish your views.

World Wide News

Who's ash is it anyway?

Many have heard of the story of the municipal incinerator ash, which the US City of Philadelphia exported on an international voyage 15 years ago. The ship was turned away from 5 continents. En route it stopped in the small Caribbean island of Haiti and dumped about 4,000 tons of the ash on the beach, claiming it was fertilizer. Despite the government's orders to reload and depart, the ship simply snuck away leaving the ash in an open pile. Just over a year ago, the ash was shipped back and has been sitting on a barge off the coast of Florida. Meanwhile, Philadelphia, in a display of insensitivity, turned a deaf ear to repeated calls of just taking back their waste!

The situation turned worse, when a Cherokee (Native American) community in the U.S. was offered payment in exchange for taking this ash! Activists such as Jo Kay Dowell, a former employee of Greenpeace among others found out about the proposed deal and organized a committee 'Don't Waste Indian Lands' to alert Cherokee to organize opposition against the allowing of waste to come into Oklahoma. In their words *"Indian land is not a trash dump for the rest of society. It's Philadelphia's trash. Let Philadelphia take responsibility for it."* In the latest turn of events the Cherokee Nation rejected the proposal to accept Philadelphia's ash! The ash is still on a barge in Florida while authorities look for a landfill willing to accept it. It is amazing the lengths that some officials will go to get rid of their incinerator ash, when they could have just prevented it in the first place.

Source: Health Care Without Harm Listserve.

Mercury- the toxic threat

U.S. Environmental Protection Agency promises to get tougher on hospitals; enforcing waste and mercury-reduction standards either by voluntary or punitive means. The agency's goal is to eliminate mercury from medical waste by 2005. It also hopes to reduce the total volume of waste

generated by hospitals and other health care facilities by one-third by 2005 and by half by 2010. The initiative, known as Hospitals for a Healthy Environment, will continue to encourage hospitals to meet those standards. This program should be a wake-up call for many hospitals in India, which presently are under no such scrutiny.

Source: Health Care Without Harm Listserve.

Another victory to celebrate...

Slovakia became the first country in the world to ban all use and manufacture of PVC and PVC-containing products. The ban was passed this year and will go into force in January 2008.

More on EU 'S plan to reduce dioxins and PCBs

The European Commission has been taking some vigorous actions for phasing out toxins such as PVC from their daily use. They have also published a strategy on reducing health and environmental risks from dioxins and dioxin-like PCBs. The main elements of a legislative proposal are to reduce human intake to below a tolerable weekly level of 14 picograms per kilogram of body weight. The strategy also tackles a range of other issues under its two other objectives of reducing environmental effects and studying more about dioxins and PCBs and their risks. A key goal for action within five years is completion of a series of dioxin and PCB emission inventories. Under EU Directive 2000/532/EC, all bottom ash from thermal treatment plans is classified, as being hazardous waste and it cannot be disposed of in a non-hazardous landfill.

It is hoped that the costs alone of disposing of all that ash will kill incineration in Europe.

Source: Environment Daily 1089, 25/10/01

India File

Medical waste disposal facility on anvil

Centralised facilities will tackle the problem of disposal of medical waste in the state of Punjab with the earlier proposal of encouraging hospitals and nursing homes to create medical waste disposal facilities on their premises failing to take off. Creation of a central facility in Ludhiana was at an advanced stage. The Ludhiana Municipal Corporation had already earmarked 107 acres for the purpose. Out of this, 1.5 acres would exclusively be for biomedical waste and the facility was likely to be made operational by November. Around six tonnes of biomedical waste per day could be disposed of. Nearby areas would also be able to make use of the facility. The medical waste is likely to be brought in sealed vans after it has been segregated according to Norms stipulated by the PCB and collected in coded bags. It will then be incinerated, shredded and auto-claved. Source: Jangveer Singh, Tribune News Service Patiala.

Bio-medical Waste: Hospitals at a Loss

Express news service Bangalore, Sept 21,2001: Despite the Government going ahead with biomedical waste management initiatives, hospitals have not put in place safe waste management systems, said Karnataka SPCB Chairman Upendra Tripathy. Still many hospitals in Gullbarga and Mysore are finding it tough to find a safe place to dispose off their waste. Some hospitals even have the risky practice of burning it all in the vicinity of the hospital. Gulbarga hospitals have extended the deadline of putting in place a waste management system by several months, according to the Chairperson. Apparently nobody wanted to take responsibility for common Incineration facilities as it was considered a dead Investment.

Waste Management in West Bengal

The Department of Health and Family Welfare through the West Bengal Health Systems Development Project has taken up health care Waste Management as a project and is trying to develop a low cost and effective waste management system for facilities.

The actions plan focuses on various steps of HCWH system and a small task force is set up at every hospital level for implementation. This project currently being implemented in 110 secondary level health care institutions (15 district hospitals, 58 sub divisional hospitals/state general hospitals and 37 rural hospitals). Work has also been initiated in further 35 hospitals.

Key Initiatives of this project

Authorization from the regulatory authorities: 27-project hospitals have obtained authorization from the regulatory authority (WBPCB) and 16 more have applied for authorization.

Use of treatment technologies: 3 waste autoclaves and 5 microwaves have been installed in 5 health care institutions. Comparative studies between the two have been evaluated for functional efficacy, economic feasibility and other related factors.

Burial pits: disposal in burial pits are designed in 21 hospitals (10 urban areas and 11 campus pit non urban areas). Further construction is taking place in 35 (17 urban-18 rural-campus pit) areas.

Waste minimization: emphasis has been given on reuse of selected materials (use of sterilized glass in place of disposables) and substitution of mercury to electronic???

Engagements of Agencies: Private agencies are being taken up for basic sanitation and hygiene of these facilities. In 75 hospitals, such support services have been contracted out.

Although constraints such non-involvement of some municipalities and lack of proper funding do hinder the progress of this project, it is an excellent initiative which should be taken as an example for some other states in India where medical waste management systems are very poor. For more details, a copy of this report can be obtained by contacting Dr Alok Ghosh of West Bengal Health Systems.

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Events

18th November 2001 Since the rules were out in 1998, a number of people around the country have been striving for better waste management practices. There was a need to get all the stakeholders on a common platform and take stock of the status of medical waste nationwide and this was the reason behind the formation of the Health and Us – Medical Action Network (Hu-MAN)-India, which is a group of individuals and organizations, dedicated to the cause of making health care in India environmentally safe and safe from a health perspective.

Some of the participants included members from various organizations such as Consortium of NGOS, Jaipur; DISHA, West Bengal; Society of Jyotsna Chauhan, Andhra Pradesh; Consumer Action Group, Chennai and the Mumbai Medwaste Action Group.

This meeting started with all participants giving presentations on the status of medical waste management in their regions and gave way to brainstorming for strategies on making this network active. Workgroups on 3 priority issues were formed: Training, generating awareness and outreach and the standardisation of common waste treatment facilities This network will help to build up capacities in groups nationwide.

19th November 2001 A seminar entitled ‘National Coalition for Medical Waste: Defining priorities for action’, was inaugurated by Dr. A.K. Walia - Hon’ble Minister of Health, Ms Naini Jaiseelan, Secretary Environment, Govt of Delhi Dr. Lakshmi Raghupathy, Additional Director, Ministry Of Environment & Forest, Govt. Of India and Dr B. Sengupta, Member Secretary, Central Pollution Control Board were the key panellists. This seminar helped to flag off the issue of Occupational Health in hospitals, which has been a neglected area in India till now. A lecture was given by Prof Peter Orris, Health Care Without Harm on ‘Occupational Safety and Medical Waste: The missing link’. Dr T K Joshi of LNJP hospital New Delhi presented an overview of the grim picture of occupational safety in India.



12th –17th December 2001 the hospital staffs are most of the times, not aware of the ways and means of handling medical waste. The staff normally do not know much about the subject, on how to handle the waste, or to protect themselves from the diseases that could spread through improper handling. The staff also ignores the need for protective gear, do not undertake universal precautions especially while handling hazardous or toxic wastes, or even follow segregation practices. Realizing these problems, training organized by Catholic Health Association of India (CHAI), which was conducted by Srishti in **Raipur and Jabalpur**. This training program aimed at providing the nurses and the health care workers a basic knowledge of occupational safety and waste management covering issues such as sharps, mercury, glutaraldehyde etc and were also told of how they should handle them.



How can you BE SAFE from infections due to needle stick injuries



For hospital staff/administrators



- ❖ Practice segregation of waste and dispose sharps as specified in the rules.
- ❖ Always wear gloves as studies show that one layer of surgical gloves appear to decrease the volume of blood injected by solid suture needles by 70% and a second layer by 50% or more. Thus decreasing the chances of acquired infections.
- ❖ Avoid recapping after giving injection. A study reported one third of all injuries being caused while recapping.
- ❖ Follow the Universal Precautions.

For patients

- ❖ Insist that your injection syringe is cut and the needle destroyed immediately after administration.
- ❖ Ensure that the healthcare facilities in your area are not disposing their waste in municipal dumps meant for your colony. Insist them to subscribe to a facility or else write to the Pollution Control Board of your area.

About Our Organization...

Srishti is a non- profit society working on the environmental issues of waste and its management. As a part of our research, we have initiated a campaign towards better medical waste management throughout the country. Our emphasis is on moving away from polluting technologies towards safer ones. We have been working on issues of occupational health and safety and waste management practices with authorities and policy makers within and outside health care institutions.

Some facts on needle sticks injuries

- ❖ Accidental needle stick injuries account for 86% of all cases of occupationally related infectious disease transmission.
- ❖ A single needle stick exposure to HBV, HCV and HIV carries transmission infection rates as high as 30%, 10% and 0.36% respectively.
- ❖ Staff nurses have the highest percentage of injury of 34.6% among all hospital staff.
- ❖ The hepatitis B virus can last in dried blood up to 7 days.
- ❖ Persons with chronic HBV infection have an estimated 20% lifetime risk of dying of cirrhosis and a 6% risk of dying of hepato-cellular carcinoma

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