



SRISHTI *med* waste UPDATE

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Centralized Facilities: Evolving to the needs Delhi

Delhi has two centralized facilities in place, which are treating waste from 2000 healthcare facilities. One of them is a government facility leased out to a private entrepreneur to run and maintain and the other is a totally private set up. The Delhi government is now withdrawing its facilities from this interim arrangement and proposes to give land at two places in Delhi, at Okhla and Ghazipur respectively to private entrepreneurs to set up their own facilities. Together the units have been proposed to have the capacity to treat 20 tonnes of medical waste per day. Thus it will take care of the medical waste produced by over 2,000 –odd private medical units in the city. The government is urgently working on this proposal after the CPCB pointed out in its surveys that due to problems with centralized facilities more and more incinerators are coming up in the city which are run poorly. Moreover none of the incinerators surveyed by them were complying with the emission standards.

We hope that these new facilities set high standards for the upcoming centralized facilities in the country.

The Hindu, 13th June 2002

Kanpur

Kanpur Nagar Nigam and Medical Control Pollution Committee have set up a centralized bio-medical waste treatment facility in the city. The plant has been set up with an investment of Rs.1.5 crore and is equipped with an incinerator, shredder and a chemical treatment plant. The management also plans to install a thermoclave, a specially designed method of sterilization, hydrolysis dehydration and fragmentation.

The thermoclave proposed would have to be approved by the CPCB Peer & core group committee before it is used in the centralized facility.

Indian Express, 29th April 2002

Partial support for Centralised facility at Jaipur

Jaipur city has a centralized treatment plant with an incinerator, microwave, shredder, and a chemical disinfection unit in place. The plant faces the problem of incomplete support. The plant is getting waste only from the private hospitals and nursing homes; government hospitals have not yet tied up with the facility.

Dainik Bhaskar, 15th May'2002

Incinerators: Time to close down

There is an increasing trend in Delhi's hospitals now to shut down their incinerators and give their incinerable waste to common facilities. The list of hospitals having incinerators but not using them is growing by

days. Hospitals have different reasons to opt against using their incinerators, but in most of the cases it is the economic consideration that has led hospitals to shut down these machines

Sitting on a waste bomb

Indiscriminate disposal of medical waste continues in some cities. The culprits include big set ups, like the Government Medical College and Hospital in Chandigarh. All bio-medical waste including syringes, needles, incinerator ash is disposed in the nearby municipal dump. The staff has not been given requisite training and even the protective gear is inadequate.

The hospital authorities claim that they are in the process of installing a shredder, but till such a machine is installed the hospital cannot continue throwing its waste in an irresponsible manner.

Even in the adjoining area of Panchkula, there is no evidence of good waste management. A government hospital here installed incinerator with a huge investment. The waste is piled on for a week before it is incinerated. The plastic and the organic waste are deep buried.

The hospital needs to check their practices as they seem to be storing the untreated waste beyond the stipulated time of 48 hours and are burying their plastics, both of which are against the Rules.

Mohali faces the same problem, with waste from all healthcare sectors ending up in municipal bins. From syringes to body parts to bandages almost everything can be seen at any municipal dump creating major health hazard for all.

The Times of India, Chandigarh, 14th June 2002 and Amar Ujala, Chandigarh, 18th June 2002, Dainik Jagran, Jalandhar, 22nd May'2002

Rag pickers segregating the waste for the hospital

The largest hospital in Lucknow, the King George's Medical College and Hospital is setting up an extraordinary practice in waste management. Mixed waste from the hospital is collected and stored at 16 points in the hospital campus before it is taken for disposal. These spots are accessible to ragpickers who sort out the valuable plastic waste from the waste dumps. Later, the hospital staff takes the rest of the waste to the incinerator.

Other hospitals are also mixing waste and waste, which should not be incinerated, are reaching the incineration site. Nursing homes are adopting illegal practice of throwing major part of their waste in municipal dumps to avoid paying more to the centralized facility.

All this calls for strict penal action against the erring institutions to avoid such practices in the city.

The Times of India, Lucknow, 20 June 2002

Waste becomes a burning issue

Haryana Pollution Control Board has issued notices to 47 hospitals and nursing homes for not complying with the standards for disposing of their bio-medical waste. Some of these hospitals are still continuing with the crude practice of open burning of mixed hospital waste or dumping the waste in municipal bins.

Serious action now needs to be initiated against the erring institutions so that medical waste rules are taken seriously by all concerned

Dainik Bhaskar, 20th June 2002

The Incentive Game

Like any other thing medical waste management would become effective in the country if incentive and disincentive provisions were brought in. On the World Environment

Day the State Pollution Control Board in Hyderabad instituted an award for good hospital waste management practices in the city and awarded it to three hospitals. Now, with an increasing trend of corporate hospitals, this sector is not ready to compromise with their public image, this has led many hospitals to take waste management also very seriously. *Media pressure can now keep the hospital on their toes. Moreover if other pollution control boards actively penalize or award the hospitals, the system would surely improve.*
The New Indian Express, 19th June 2002

Bio-medical waste management brings unregistered set ups under scrutiny

Bio-medical waste from unregistered set-ups is being dumped illegally. To check on this practice the Delhi government has decided to conduct a survey and book all the defaulters under the Nursing Homes Registration Act, wherein the punishment can result in closure.
Hindustan Times, 23rd June 2002

UWEP –Plus Pilot Project

A group of doctors in the M.S Ramaiah Medical College were worried about the unorganized collection of health waste. Although they tried to separate their waste at the hospital it got mixed up with the regular waste when collected by the municipality. Several organisations active in medical care came together and formed a platform called Health Care Waste Management Cell. The purpose of the platform is to inform and instruct stakeholders on health care waste and its hazards and inform them on the laws applicable for waste management. The trial period included discussions, training, and preparation of training manual to be used by local hospitals. The project as a whole has been successful as the municipality collectors now arrange for separate transport. The municipality now wants to duplicate this in the whole of

Bangalore. For more information visit:
www.uwep.net/hcwmcell

INTERNATIONAL NEWS

Largest hospital chain to phase out mercury containing medical devices.

Washington, DC - HCA, Inc., the nation's largest non-profit hospital chain, has agreed to phase out its mercury-containing medical devices, signaling a major step forward for the growing movement within the health care industry to stop mercury pollution at its source. Market for mercury-containing products drying up as concern mounts about mercury pollution, dangerous health effects HCA, Inc. has already stopped purchasing mercury-containing thermometers and sphygmomanometers. The company joins other leading health systems, including Mayo Clinic and the National Institutes of Health clinical facilities, in ending use of those products. Nearly 700 hospitals nationwide have committed to phase out use of mercury thermometers, and several states and major cities have banned their sale or restricted their use. Legislation is also pending for a national sales ban on mercury thermometers.

HCA said it will phase out mercury-containing medical devices by January 1, 2005, and will evaluate reducing other significant sources of mercury.

The decision was spurred by discussions with Boston-based Walden Asset Management, a socially responsive investment firm. HCA operates 196 hospitals and 78 freestanding surgery centers in 24 U.S. states, England and Switzerland; and also operates preferred provider organizations in 47 states and the District of Columbia

Mercury is a potent neurotoxin that can affect the brain, spinal cord, kidneys and liver. At least 41 states have advisories restricting fish consumption due to mercury contamination. In

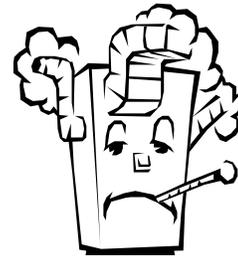
2001, the Centers for Disease Control found that 10% of reproductive-age American women already carry so much mercury in their blood that if they got pregnant it could pose a threat of neurological damage to the fetus.

Hundreds of dirty incinerators at end of the road.

EUROPE -More than 300 waste disposal facilities nationwide must be taken off-line by the end of this year when tighter dioxin emission standards take effect. An Asahi Shimbun study of cities, towns and villages indicates 339 outdated incinerators must be deactivated by December. The government has also instituted stricter dismantling guidelines for the aging incinerators following a serious accident in Osaka. Some municipalities, unable to afford removal costs, have abandoned deactivated incinerators.

There were 1,641 waste disposal facilities around the nation in 1997, according to government records. From December 1998 to May of this year, 170 facilities were deactivated. An additional 339 incinerators, unable to meet the new standards, must be taken out of service in the next six months, for a total of 509. Only 47 of these incinerators have been or are in the process of being dismantled.

For the remaining 384, or 75 percent, demolition plans are not in place. The reason for the delay is the expenses that need to be incurred. The sharp rise in costs stems from a disaster in Osaka, where workers were contaminated by highly concentrated dioxin while dismantling a waste incinerator plant in Nose. The ensuing lawsuit prompted the central government to demand stricter safety codes for local governments and contractors. These new regulations have increased costs five- to 10-fold.



Breast milk of women living in Payatas unsafe.

Philippines: Cancer causing substances are present in alarming levels in the breast milk of Filipino women living in the Payatas dump in Quezon City, according to a study cited by environmental and women's health advocates. Greenpeace International and Woman Health Philippines urged the Philippine government to do away with the incineration or open burning of waste, which, they said, were among the processes responsible for the production of cancer-causing dioxins. According to a Greenpeace activist the level of dioxin found in mother's milk was so high that had it been cow's milk, it would not have been allowed for sale in Netherlands. But breast milk is still the perfect food for babies and a source of important immunities, said Mercy Fabros, advocacy and campaign coordinator of Woman Health Philippines. Although dioxins have been found in breast milk, it is still believed that the many benefits of nursing far outweigh most risks. The results of the study indicates that the infants of these women had ingested, through breast milk, dioxins of about 28 picograms, as against the WHO's established tolerable daily intake of 1-4 picograms. **The two groups called on the Senate to immediately ratify the Stockholm Convention on Persistent Organic Pollutants, to which the Philippines is a signatory.**

Greenpeace in Ashrafieh to protect the public from hazards of incinerator ash.

Beirut, March 21st 2002, Greenpeace activists have sealed off the area on the street where the Hotel Dieu de France (HDF) is disposing of the toxic ash from the hospital's incinerator in municipal waste bins belonging to waste collection company, Sukleen. Activists have prevented anyone from approaching the bins and have marked the area as a toxic spot. Greenpeace also called Sukleen to notify them on the hazardous material they are collecting and asking for further information on the final disposal site of the toxic waste being collected. The international organisation is calling for the Ministry for the Environment to rush in setting the guidelines of hospital waste treatment away from incineration with a clear policy on waste minimization and separation at source.

The cost of reusing needles

A former blood technician pleaded no contest to charges stemming from her reusing needles, an act that prompted health officials to urge thousands of people to seek testing for hepatitis and HIV. Elaine Giorgi, 55, pleaded no contest in Santa Clara County Superior Court to four felony counts of illegal treatment or disposal of medical waste and one misdemeanor count of falsifying medical records. Giorgi faces a maximum five-year sentence in state prison, said Deputy District Attorney. Currently free on \$25,000 bail, Giorgi is scheduled for sentencing on July 18.

Working as a phlebotomist at a SmithKline Beecham clinic in Palo Alto, Giorgi came under the scrutiny of state health officials in April 1999, not long after a co-worker reported that she saw Giorgi reusing needles after washing them with water and a diluted solution of hydrogen peroxide. Giorgi's case led to a new law requiring tougher education and training standards for technicians who draw blood.

Source: San Francisco Chronicle (06.05.02)

EVENTS

Training of trainers programme in Shimla

Shimla Municipal Corporation recently opened up its centralized incinerator for the city of Shimla. In the first phase six big hospitals of the city would be sending their waste to this facility. To ensure proper segregation of waste, the Corporation organized two Training of Trainers programme for the staff of these hospitals. Hospital staff including the doctors, nurses and class IV staff was trained in Hospital waste management by Srishti.

Global Day of Action Against Incineration.

On the occasion of Global Day of Action (17 June, 2002), civil society activists joined hands to protest against the burning of waste and steps aimed at eliminating recycling sector. At a public event organized by Srishti and Toxics Link at Dilli Haat, Delhi, the activists called for the promotion of Community based Waste Management Practices. They stressed the need to ban high cost burn technologies like incineration and promote clean production, zero waste and sustainable discard management systems.

Ms Naini Jaiseelan, Secretary, Department of Environment, Government of Delhi who was the chief guest inaugurated the event, sharing her experiences in undertaking the waste management through the Bhagidari scheme of the state government.

SEMINAR

A daylong seminar was organized by Srishti to present the key findings of the project done to evaluate the recycling trend in India.

The report "Recycling Responsibility: Traditional Systems and New Challenges of Urban Solid Waste In India." was released by Dr Dilip Biswas, Chairperson, Central Pollution Control Board. A copy of the report can be obtained by writing to us at srishtidel@vsnl.net

INTERACTIVE

An International Competition for Innovative Technologies for the Treatment of Medical Waste in Rural Areas

Health Care Without Harm (HCWH) is for innovative technologies to treat protecting public health, the safety of environment. The prizes range from competition is to engage students, researchers and others in the search for low cost, safer and cleaner technologies to treat medical waste. Closing date for the letter of intent: October 1,2002.



seeking creative conceptual designs medical waste in rural areas while health care workers, and the \$5000-\$1000. The purpose of the faculty, health professionals,

Contest brochure can be obtained by writing to us at srishtidel@vsnl.net

Health& Us –Medical Action Network

In continuation of the process, which we started with our previous newsletter, we are profiling the HU-Man members as an attempt towards better understanding of their organization and the kind of work that they do.

Dr D. S. Chitnis-is a senior research fellow at Choithram Hospital & Research Centre, Indore.His area of interest is treatment of liquid waste and efficacy of disinfection.

He has been in this profession for three years and has brought out a publication called “Hospital Effluent: A Science of Multiple Drug Resistant Bacteria.” Current Science, Oct .2000.

HOPES-Help Organisation for People, Environment and Society.

The organization’s primary area of work is bio-medical waste management with a focus on training and development activities in the hospital along with creating awareness on various issues like effects of incineration etc. The organization aims to be actively involved in training activities and get more information on various treatment options available so as to share the information with various policy makers and authorities.

BOOK POST

From,
Srishti
H-2 Jungpura Ext.
New Delhi 110014
Ph 011-4320711
011-4328006
Email:srishtidel@vsnl.net

To,