



SRISHTI *med waste* UPDATE

Volume 5 No 2 June 2001
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Hindustan Lever Admitted to Dumping Mercury Wastes

Hindustan Lever, which had earlier denied charges of illegal mercury waste dumping later admitted that the mercury-containing glass wastes of 5.3 tonnes, lying at the Munjikal scarpyard in Kodaikanal originated from its factory. In a letter to Greenpeace-India, the company had agreed to track and retrieve other such shipments which have been sent to various locations outside the factory, and to having cleared the wastes that were found to be dumped in the watershed forests. Despite the company's assurances about production practices posing no risk to the workers, statements from workers recorded indicate that mercury was handled casually in the factory shop-floor lending weight to allegations by many workers of occupational exposure to mercury and other health effects such as kidney problems, stomachaches, bloodvomiting and infertility. Greenpeace-India also alleged that 10 workers died due to mercury poisoning. Although HLL denied this, they have since then shut down the factory at Kodaikanal (Source : The Times of India ,Chennai, March, 2001)

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Waste management status In India

Delhi

The Delhi Government has announced legal action against medical institutions that do not dispose off their bio-medical waste properly. The legal action comprises of fines up to Rs.1 lakh and imprisonment under the Environment Protection Act .

According to the Delhi Health Minister Dr. A.K Walia Bio-Medical Waste Management Rules 1998 and Amendment rules 2000 have now been enforced.

(Source The Pioneer , July 2001)

Chandigarh

The trade of disposable syringes being recycled in the city was uncovered

by a Chandigarh Newline investigation. Reporters found ragpickers collecting medical waste at night, which were then segregated into plastics, metals, glass and cotton and recycled. The waste is also dispatched to Delhi, Ludhiana and Mandi Gobindgarh. This was an eye opener for many who are at direct risk from such perilous operations. (Source: C. Shamsher, Indian Express, May 2001)

Mumbai

A centralized bio medical waste treatment plant is being set up at GTB Hospital, Sion for collection and treatment of biomedical waste from 1,350 hospitals and nursing homes.

The **Pune** Municipal Corporation has tied up with a private agency, Image India towards privatising the collection and transportation of bio-medical waste from over 500 hospitals. The Khirkee Cantonment Board and Pune Cantonment Board plan to do the same. These centralised facilities are the solution to incinerator problems such as pollution and are more economically viable. (Source: The Indian Express, May 2001)

Bangalore

A committee for management of hazardous waste set up by the Supreme Court, has found Bangalore to be one of the trendsetters in South India for hospital waste and health management. **Chennai** being the other.

(Source: The financial Times, March 2001)

Patna

According to a survey done by an NGO, Tarumitra only 19% of hospital staff in Patna is aware of proper methods of hospital waste disposal.

Most hospitals and nursing homes dispose off pathogenic wastes in

municipal bins or worse simply off their boundary walls.

The waste generally lies scattered on the campus and wards of the hospitals making it dangerously unsafe for both workers and patients. (Source: Samir Kumar Sinha, Hindustan Times)

Lucknow

A study of the city (having a population of around 35 lakh) revealed that at present 1500 Mt of waste is dumped everyday by hospitals, nursing homes, and dispensaries. 80% of this waste is reused which is dangerous not only for hospital workers and workers in this trade but all the patients who are mostly oblivious of these schemes (Source: The Pioneer, April 2001)

Hyderabad

A government and a private corporate hospital in the city are likely to be prosecuted by the Andhra Pradesh Control Board for their failure to comply with the norms of bio-medical waste disposal.

(Source: The New Indian Express, June 2001)

Air Force Medical Services

As disclosed by the Director General Medical Services (Air Force) Air Marshall LK. Verma, the armed forces have taken up a project worth Rs 103 crores for disposal of biomedical waste in 128 hospitals run by them and will be completed within 3 years in 3 phases.

Air Force Command Hospital in Bangalore was the first to have successfully implemented scientific disposal of hospital waste. (Source: Financial Times, May 2001)



Incineration update

Incinerator construction in Japan.

Japan is burning about 40 million tons of municipal solid waste per year with some 1800 MSW incinerators all over the country. A report showed that Japan has spent almost 6-8 billion dollars just for construction of MSW incinerators each year at over the last five years. The report was commissioned to the independent institute Environment Research Institute (ERI). Given the large amount of national subsidies, the total capacity of the incinerators is increasing year after year

Italian Incinerator Shut Down

Italian magistrates last week shut a waste incinerator at Scarlino in the central region of Tuscany, declaring that the site had "insufficient authorisation" and that its emissions were not being adequately monitored.

Source: I1 Tirreno

Incinerators on the rise

Many French incinerators are still emitting far higher levels of dioxins than the national 0.1 ng/m³ limit. The construction of between 30 and 50 new municipal waste incinerators is currently planned

Source: National Centre for Independent Information on Waste (Cniid).

Monitoring Incinerators

A problem with the incinerator is that when it is starting up or shutting down, or going through a frequent "upset condition", it will produce far greater quantities of dioxin than during "normal" operations. Now, several German scientists have announced a method for **"quasi-continuous" dioxin sampling**. This means that they take a continuous sample for about two weeks, then analyze it; meanwhile taking another two week sample.. This sampling technique is useful to the operating engineers because it captures the high emissions periods. However, it can also make the incinerator too expensive to operate!

World Fact File

Air Toxics Significant Pollution Source for Lake Michigan

Finding of this report included that 1,138 kg of mercury is deposited into Lake Michigan annually from the atmosphere, which is 86% of the total amount released. Waste incineration counts for close to 40% of these emissions. Also most dioxins and furans enter Lake Michigan via the atmosphere as a result of municipal and medical waste incineration and hazardous waste. Source: Delta Institute

Mercury free is not precision free

Hospitals working to eliminate use of mercury products can switch to mercury-free blood pressure monitoring equipment without sacrificing accuracy, according to a study by the Mayo Clinic of Rochester, MN. Although mercury thermometers are considered the gold standard they run the risk of environmental leakage.

Dioxin in Food

Through food alone, Americans are getting 22 times the maximum dioxin exposure, says the U.S. Environmental Protection Agency. Among nursing infants, that level is 35 – 65 times the recommended dosage in the environment.

Dioxin levels in Japan

The national environmental standard of dioxins is 1,000 picograms per gram of soil. Dioxins were detected in the soil of a private land a few meters from an intersection, and dioxin levels were about 16 times higher than standard levels by 570,000 picograms per gram.

It was said that this density was the highest ever detected in a place accessible to ordinary people.
(Source :Marcia Carroll)

A Look at Efforts against PVC World Wide...

Polyvinyl chloride (PVC), is a thermoplastic with 40 % of its contents being additives .It is dangerous because when PVC is incinerated it forms dioxins and furans , which have endocrine disrupting properties and are carcinogenic. They are toxic at very low levels of 0.006 picograms per kg of body weight. Thus there is no safe level of exposure to them. This was also the subject of a Green Paper (discussion documents) issued by the European Commission last year.

Retailers world wide are removing risky products such as plastics and certain chemicals from their sales.

-Maine's 39 hospitals voluntarily have pledged to cut their use of PVC in medical supplies and eliminate mercury-bearing products. The agreement encourages hospitals to urge manufacturers to develop less expensive alternative products.



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-Metro , one of U.S 's largest grocery stores , has adopted a policy of not using plastics in its packaging. If there are no alternatives to plastics, it uses only polyethylene and polyethylene terephthalate.

-Marks & Spencer, is one of the latest of a lengthening list of European retailers to decide to remove (PVC) from its products. It aims to replace all PVC in its packaging by the end of the next year while phasing out all other uses of PVC in other products as soon as alternatives are available.

Source :
Cheryl A.McMullen
Sean Milmo



A Dangerous prick !

Strong correlation of hepatitis C infection practices in Hafizabad community suggested that injection practices in Pakistan are not safe and are a major source of the spread of the disease. Every Pakistani receives 8.5 injections a year on average. Among them 49% receive injection on their first outpatient visit. The major cause of high frequency of infection is the belief that injections work faster and they are more powerful in actions. A study conducted in Karachi, observing injection practices at 18 clinics in peri-urban areas have reported 94% injections administered were not safe. Infections to blood donors were at a rate of 9.7%. Risk of transmission of hepatitis C through HCV contaminated needles is around 6%. Similarly Egypt reported 40% hepatitis C infections attributed to unsafe injection practices.



It is high time to have an intervention program to control the spread of HCV infection and other blood transmitted diseases through unnecessary and unsafe injection practices in countries. Because little experience is available regarding integrated programs that link the community with the health system to aim a safe and appropriate use of injections, Safe infection Global network (SIGN) has been established throughout the world. It consists of United Nation Organizations and other governmental and non-governmental organizations and donors, sharing a common interest in a safe and appropriate use of injections. Efforts should also be made at individual city and town levels to encourage behavioral changes of patients and health care through the combination of supportive measures of information, education and communication (IEC)

World Bank for Proper Disposal of Bio-Medical Waste

The World Bank, which is providing Rs 608 crore for the State's First Referral Health System Project (FRHSP), is insisting on proper bio-medical waste management before releasing final instalments. A total of 160 hospitals were proposed to be built and so far 144 have been constructed at a cost of Rs 470 crore. Towards its share of 85% the World Bank has reimbursed Rs 388 crore. The project is now in its final year of completion. A World Bank team during its recent visit, reviewed the progress of the project and emphasised on proper waste disposal facilities. Project director Shekhar Babu said that another World Bank team would be visiting Gujrat again in 2 months time for another review.

The Hindustan Times, June 2001

(Source: SIGN – WHO)

Forthcoming

The Department of Hospital Administration, Armed Forces Medical College (AFMC) Golden Jubilee Block, Pune-411 040, is organizing a conference on hospital administration on July 27 – 28, 2001. The Medical Equipment Division of Confederation of Indian Industries (CII) will be actively participating in the events. In addition a scientific exhibition is being organized to acquaint the participants with the latest developments in the related fields.

Panel Discussions will be held on:

'Hospital Waste Management: Issues involved, Problems and Approaches'.

and

'Procedural bottlenecks in introduction of new Technology: Technology Planning, Requisition, Acquisition, and Phasing out'.

You may send in your requests of interests directly to:

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Book Release and Lecture By

Jorge Emmanuel, an expert in technologies used in Medical waste management. The book is on Alternative Technologies. This will take place on August 28th, 2001 at
Lecture Hall
India International Center
Lodhi Road , New Delhi

Suggested Reading

How to win campaign against incinerators 2000 , by Friends of the Earth . UK , Rs . 267 /-

Incinerators and human health—State of knowledge of the impacts of waste

incinerators on human health , 2000 , by Greenpeace . UK , un -priced.

Recycling and Incineration – Evaluating the choices . Richard A. Davidson and John Rusto, Island Press .

Events - Bangalore Seminar

The annual general body meeting of Indian Society of Waste Management and a seminar on training and awareness of hospital staff was organised by M.S Ramaih Medical College. The seminar had presentations on occupational health and safety which is a positive step for hospital safety issues in India. This seminar had taken place on 25th – 26th , May 2001.

Note: A special thank you to all those who have sent information and suggestions. We would like you to share your experiences through our newsletter. We are updating our mailing list and will be happy to know if you would like to continue to be a part of it. We would appreciate if you send us a note asking for continuity and also send your feedback and comments on our literature.

