The Roundtable

Managing biomedical waste generated from health care facilities (HCF’s) is as important as providing the health care services, especially for protection of environment and health. Health care facilities in India, though are bound by a legal and statutory requirement as per Biomedical Waste (BMW) Management Rules 2016 to treat and dispose BMW in an environmentally sound and sustainable manner, yet its implementation on ground is mostly inadequate. In its recent initiative, Toxics Link (New Delhi) in association with Lok Swar (Jharkhand) has tried to evaluate the current status of biomedical waste management in 5 major cities of Jharkhand. The roundtable was organized to discuss the findings from study as well as to engage with the stakeholders on measures required to improve the on ground situation regarding biomedical waste management.

The roundtable was attended by different stakeholders including representatives from State Government (State Health Department), healthcare facilities – private and government, CBWTF, civil society organizations and the media.

The roundtable began with a welcome note by Ms. Shalini Samvedna, Secretary, Lok Swar setting the context of the meeting and the need to discuss the problems in state’s bio-medical waste management. The purpose of the roundtable was then introduced by Mr. Satish Sinha, Associate Director, Toxics Link. He pointed to the fact that even though bio-medical waste management rule is in force in the country for the last 21 years (first Rules 1998), yet little has happened on ground in the state of Jharkhand. He also mentioned that the study reflects grave situations in the state indicating the ignorance by both the state government and the waste generators. But then he hoped that things can be changed if there is a will and that many of the other states have already done so.
Findings of the report – both on ground and analytical – was presented and discussed in the meeting in detail. The study was conducted in 31 different categories of bedded healthcare facilities from Ranchi, Jamshedpur, Dhanbad, Deoghar and Bokaro. The study looked at the waste management practices, availability of infrastructural and management provisions at the healthcare facilities as well as the waste treatment and disposal scenarios in these cities in Jharkhand. It also analysed the state level reporting of BMW management by Jharkhand State Pollution Control Board. The assessment revealed that only 10 percent of the surveyed HCFs were segregating BMW properly and 59 percent of the waste generated in the state is going untreated. Some of the major findings include

- Mixing of infectious waste with municipal waste,
- Open dumping and burning of hazardous waste,
- Severe mismanaged or waste due to lack of proper segregation,
- Transport and storage facilities,
- Ignorance on healthcare professional's immunization,
- Poor or zero record maintenance relating to BMW

There were major data discrepancies and misreporting by the state as well. Investigations in municipal waste dumping ground revealed open dumping of all categories of bio-medical waste including human and anatomical body parts, whole body syringes, blood bags, etc. The CBWTF run by Bio Genetic Lab (operating for more than 10 years now in the state) was also found to be lacking proper infrastructures and not following the practices as per the guideline.
Dr. B. Marandi, Additional Director, State Department of Health expressed his concern about the situation in the state. He has also mentioned that he will share the major study findings on an inter-departmental meeting which was to be held on the same day with the respective Principal Secretaries. He has also admitted that there is a problem in the state of authorizing hospitals for generating waste. Government hospitals in the state, he specifically mentioned, have been provided all required infrastructure and fund to manage BMW. He has urged to the HCFs to always send a copy of their reports and their applications for authorization to the Health Department also, so that the department can follow up on their applications and concerns.

Representatives from Medicare CBWTF which has just started operating in the Lohardaga in the State from October 2018 also shared their status, experience and viewpoint. This particular CBWTF is located in Lohardaga, Jharkhand and is designed to cater services to 25,000 beds with a permission of operating in 7 districts. It has a rotary incinerator (250 kg/hr) of latest technology and online monitoring system. The plant needs waste from a minimum 10,000 beds to survive as in being economically profitable. Currently it is connected to only 3000 beds of 79 healthcare facilities. Jharkhand has a total of 40000 beds in the state, mentioned by them. For the last one year they have been trying in the 7 operating states there, till now only 3000 beds (79 HCFs) are connected to the CBWTF. They have also started bar coding system as is required by the rule but JSPCB is yet to finalise a vendor for providing bar coding. They also provide BMW segregation and management training and related IEC materials. According to Medicare, the segregation situations have improved compared to the past since October. The problems, as they shared, are manifold. Availability of information to the HCFs, they stated, is a major problem in the state. Many of the healthcare facilities in Jharkhand are not even aware of authorization requirements or where to apply for authorization or whether they are required to send their waste to a CBWTF or not. Inappropriate segregation is another issue the CBWTF has been facing continuously. If a waste, meant to be incinerated, contains glass or metal then that is a high risk factor for the waste handlers at CBWTF. Very few of the HCFs use puncture proof containers. They have also shared that many of the government hospitals do not have waste storage rooms which makes it difficult for the CBWTF to pick up the waste. If the waste is stored in black liner bags or ruptured/damaged color coded liner bags then a waste picker will not touch or pick up the waste which is happening in many places now. Jharkhand State Pollution Control Board, according to them, needs to take solid actions to address these issues. They also mentioned that an Advisory Committee has been formed in Jharkhand in February, 2019. The committee is chaired by the Principal Secretary, Department of
Health. Since February, the committee has held 3-4 meetings regarding the evaluation of waste treatment rates per bed, implementation of guideline, etc.

**Major Suggestions/Action points discussed**

- It was found that there is a problem in getting authorization for the HCFs for waste generation. This is majorly due to the requirement of administrative documents or records to file online application. None of the government hospitals now have authorization. It was discussed that for the government HCFs, the matter needs to be resolved in discussion with JSPCB and DHS. Also, the state level and district level monitoring committees for BMW must hold regular meetings and act as coordination committees where the governance and bureaucratic issues must be discussed and resolved.

- Capacity building needs for each category of healthcare professionals were identified and discussed. Training is required for municipal waste collector too, so that they do not accept or collect any infectious hospital waste other than just the municipal waste. The CBWTF resources can also be utilized for training purpose.

- The requirement of a categorized database on bio-medical waste in the state was also talked about. Knowing the problem can only lead to solving them. This emphasized the need for a BMW inventory of Jharkhand with categorized information on healthcare facilities (specialization, bed number, waste generation, etc.) along with mapping of HCFs.

- The need for a parallel civil society action on the issue was also raised. It was suggested to create a forum or platform with civil society groups, representatives from the HCFs and CBWTFs to push the issue further for the government to act. Toxics Link will provide necessary guidance and resources for this platform to function effectively. The draft action plan discussed for this forum is as follows:
  - [✓] Select 6-7 major cities in the State: Ranchi, Jamshedpur, Dhanbad, Deoghar, Bokaro, Hazaribag and Palamou.
✓ Obtain a list of category wise government healthcare facilities with their bed strength in the selected cities
✓ Prepare a list of category and specialization wise private healthcare facilities in the selected cities
✓ Map bedded healthcare facilities in the selected cities
✓ Develop an inventory estimating the total quantum of waste generated in the selected cities
✓ Select two healthcare facilities in two cities and develop model hospitals for biomedical waste management in the state. One private and one government run hospital can also be taken up for this purpose.
✓ Once the database is developed advocate with the government for proper management of bio-medical waste in the state. This kind of a database can only evaluate the need for CBW