



# Action Plan for Biomedical Waste Management at Healthcare Facility Level

**Department of Medical Health & Family Welfare,  
Uttar Pradesh**

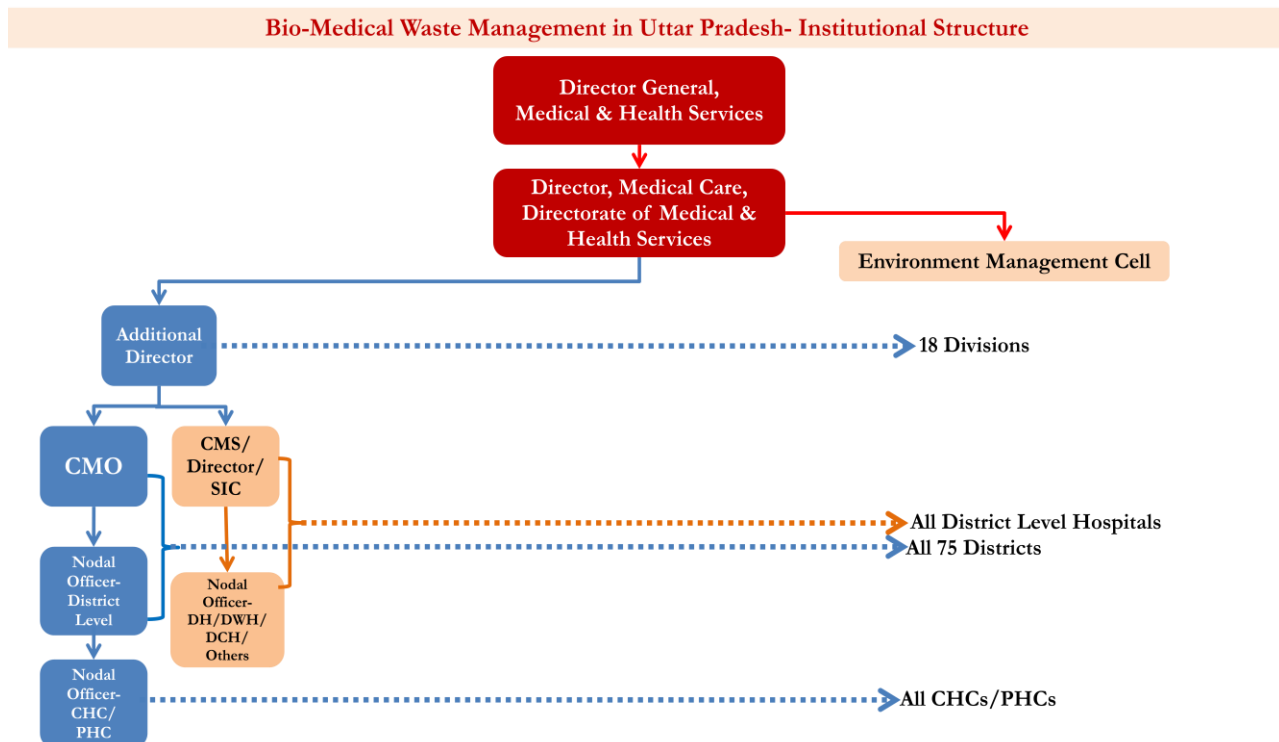
## BACK GROUND

Biomedical waste is a potential health hazard. Thus, biomedical waste management is an important component of health services delivery towards ensuring safety of patients, caregivers, hospital staff as well as general public and environment. The Biomedical Waste Management Rules, 2016 as well as the Biomedical Waste Management (Amendment) Rules, 2018, mandate that such waste be segregated at the point of generation and safely collected, stored, at healthcare facilities and transported, treated and disposed safely by the Common Biomedical Waste Treatment Facilities (CBWTFs).

Department of Medical Health & Family Welfare, Uttar Pradesh, is committed to ensure effective biomedical waste management in all health facilities in Uttar Pradesh, as per the regulatory guidelines of the Government of India.

In this direction, several actions have been undertaken. State Advisory Committee (SAC) has been constituted under the Principal Secretary, Medical Health & Family Welfare. Constitution and functionality of District Monitoring Committees (DMCs) and Bio Medical Waste Management Committees (BMCs) at Health Facility Level is being monitored and ensured. Two Government Orders, dated October 17<sup>th</sup>, 2016 and February 6<sup>th</sup>, 2019, from the Office of the Principal Secretary, Medical Health & Family Welfare, Uttar Pradesh, have been issued for implementation of biomedical waste management as per extant guidelines. These Government Orders entail designated Nodal Officer In-charges in the CMO office, District-level hospitals as well as the Community Health Centres and Primary Health Centres, to ensure effective biomedical waste management as well as associated monitoring & supervision activities at their respective levels.

The Institutional Structure for ensuring effective biomedical waste management in the State is presented below.



A *Manual on Biomedical Waste Management in Healthcare facilities*, which is a detailed step-by-step guide for training and facility-level implementation for an effective biomedical waste management system, has been developed using evidence-based regulatory guidelines. The Manual was distributed during Training of Trainers (ToTs) as well as sensitization workshops and is also available at ([www.bmwmis.uphssp.in](http://www.bmwmis.uphssp.in), [www.dgmhup.gov.in](http://www.dgmhup.gov.in)). Further, customised online software, *Biomedical Waste Management Information System* (BMW MIS), has been developed to monitor biomedical waste management activities in health facilities throughout the State.

All Additional Directors (ADs), Chief Medical Officers (CMOs), Chief Medical Superintendents (CMSs) have been sensitized on biomedical waste management. Nodal Officers (NOs) and Matrons of 169 District-level hospitals have been trained on implementation of biomedical waste management. In addition, all Hospital managers as well as Quality Managers have been trained. Further, Data Entry Operators as well as Pharmacists (around 1500 personnel) of all Block-level health care facilities have been trained for data entry in *Biomedical Waste Management Information System* (BMW MIS). Checklists as well as monitoring formats (As per BMW Rules 2016 & Amended Rules 2018) have been developed and disseminated.

IEC materials on bio-medical waste management have been developed and distributed in all District-level hospitals, CHCs and Urban CHCs. IEC materials are also available for download from [www.bmwmis.uphssp.in](http://www.bmwmis.uphssp.in).

An *Automated Biomedical Waste Collection Data System* (ABCD) for real-time data on biomedical waste collection as well as tracking of CBWTF vehicles has been developed and is being pilot tested in Lucknow District.

## KEY ACTION POINTS

### A. Governance

- i) State Advisory Committee (SAC) constituted under the Chairmanship of Principal Secretary, Medical Health & Family Welfare, Uttar Pradesh, with Director General, Medical & Health Services being the Convenor. This Committee should meet at least every six months or as and when it is deemed necessary.
- ii) District Monitoring Committees (DMC) constituted in all Districts under the Chairmanship of the District Magistrate, with the Chief Medical Officer, being the Convenor. It should be ensured that all DMCs are functional by **April 2019**. Further, it should be ensured that issues related to Bio medical waste management at District-level are discussed during the regular meetings of the District Health Society (DMC & its Standard Operating Procedure -Annexure 7)
- iii) As per *Bio Medical Waste Management Information System* (BMW MIS), Bio Medical Waste Management Committees (BMCs) are constituted and functional in at least 144 District-level hospitals. Functionality and activities of BMCs shall be reviewed and it should be ensured that BMCs are constituted and functional in all Health Facilities (District Hospitals and CHCs) by **May 2019**.
- iv) BMW Authorization by UP Pollution Control Board (UPPCB) of all health facilities should be reviewed and ensured by **June 2019**. BMW Authorization can be obtained by the health care facility by filling up Form- II (Available on BMW MIS and BMW Rules 2016) along with Air & Water consent.

**Detailed Action Plan along with timeline has been presented in Table 2.**

### B. Financing

- i) Timely Release of funds shall be ensured by DGMH/NHM. Budget for CBWTF (Service Provider), construction of BMW collection sheds in District-Level Hospitals and Community Health Centres, and construction of deep burial pits for Primary Health Centres (PHCs) have already been released by the NHM, Uttar Pradesh.

### C. Infrastructure

- i) All **BMW collection sheds** to comply with standards already mentioned in the *Manual on Biomedical Waste Management in Healthcare facilities*, already distributed and also available at [www.bmwmis.uphssp.in](http://www.bmwmis.uphssp.in), [www.dgmhup.gov.in](http://www.dgmhup.gov.in). It should be reviewed and ensured that BMW sheds are constructed at all health facilities by **June 2019** (Table 2).
- ii) Specifications for **Deep Burial Pits** for PHCs have already been issued. Their construction at all required places should be reviewed and ensured by **July 2019**.
- iii) Budget for installation of **Effluent Treatment Plants** at 50 District-level facilities has already been released. Their construction and functionality should be ensured by **December 2019**.
- iv) All CBWTFs would be periodically inspected by the DMC and if required by the State Advisory Committee (SAC).

### D. Human Resources

#### *Training & Capacity Building*

- i) State Level Orientation (Orientation of ADs, CMOs, Directors, SICs, CMSs, Members from IMA, UPNHA) had been previously conducted by UPHSSP in 2016-17. The Next orientation shall be conducted in **March 2019**.
- ii) Divisional level workshops have been recently conducted in 14 Divisions. Divisional workshops in remaining 4 Divisions are proposed to be conducted by **April 2019**.
- iii) Training of Trainers (Nodal Officers and Matrons) has been undertaken. Next round of Training of Trainers shall be conducted by **July 2019**. These Master Trainers are supposed to take trainings for all hospital staff in their respective hospitals and send Annual Report on Trainings to UPPCB/DGMH.
- iv) Next round of training of Hospital Managers, Quality Managers, and DPMs shall be conducted by **August 2019** and that of all Data Entry Operators and Pharmacists shall be conducted by **September 2019**.
- v) It shall be ensured that all staff engaged by the respective CBWTFs is trained in bio medical waste management activities relevant to their tasks.

#### *Immunisation and PPE (Personal Protective Equipment)*

- vi) Immunisation of all health care workers and others, involved in handling of bio-medical waste for protection against diseases including Hepatitis B and Tetanus, in manner as prescribed in the National Immunisation Policy or the guidelines of the Ministry of Health and Family Welfare issued from time to time;
- vii) Ensure occupational safety of all health care workers and others involved in handling of bio-medical waste by providing appropriate and adequate personal protective equipments (PPE).

### E. Products/Consumables

- i) Uninterrupted supply of consumables shall be ensured, in accordance and in way prescribed in *Manual on Biomedical Waste Management in Healthcare facilities*.
- ii) Availability of IEC Materials on biomedical waste management and their proper display would be ensured in all Health facilities, throughout the year.

### F. Services

#### *Facility Level Implementation: Biomedical Waste Management*

- i) All Health Facilities through the Facility In-charge (for DHs) or CMO (for CHCs/PHCs) and Nodal Officers for BMW management shall ensure facility level implementation of bio-medical waste management as per *Manual on Biomedical Waste Management in Healthcare facilities*.

### G. Information

- i) Monitoring of Biomedical waste management activities across the State are being monitored through BMW MIS. This system shall be further strengthened. All Facility In-charges would ensure BMW related data entry in BMW MIS. Information being collected in the BMW MIS

has been depicted in the Table below.

<b>Table 1: Biomedical Waste Management Information System (BMW MIS)</b>	
One-time Information*	Regular transactions
<p><b>Variables on:</b></p> <ul style="list-style-type: none"> <li>a) Hospital profile</li> <li>b) Occupier details</li> <li>c) Nodal Officer details</li> <li>d) Details of CBWTF Contract</li> <li>e) Details of Bio-Medical Waste Management Committee</li> <li>f) Information on Health Care Facility Authorisation from UPPCB</li> <li>g) Record of Minutes of BMW Committee Meetings</li> </ul> <p><i>*It needs to be updated as and when there is any change in the above information.</i></p>	<p><b>Variables on:</b></p> <ol style="list-style-type: none"> <li><b>1. Waste collection by the CBWTF:</b> <ul style="list-style-type: none"> <li>a) Date of collection, person handing over bio-medical waste, vehicle registration no. which collected the waste</li> <li>b) Yellow/Red/Blue/White colour bags/bins – Numbers and total weight of these bags colour-wise</li> </ul> </li> <li><b>2. Consumables supplied by the CBWTF.</b></li> <li><b>3. Monthly Inspection Score of bio-medical waste generating stations</b> (Internal monitoring activity)</li> <li><b>4. Record of trainings conducted</b></li> </ol>

- ii) All record keeping shall be undertaken by the Health facility as per Standard formats. *Annexure 1* and *Annexure 2* are Health Care Facility Biomedical Waste (BMW) Internal Monitoring Formats.
- iii) Biomedical waste collection records shall be maintained in the BMW MIS as well as in the Healthcare Facility log book. Records of supply of consumables shall be maintained as per the Standard format (*Annexure 3*). Similarly, records for cleaning and maintenance of biomedical waste storage shed have to be maintained as per *Annexure 4*. Records of trainings conducted at the health facility level have to be maintained as per *Annexure 5*.
- iv) Major Accidents and Remedial Actions Taken have to be reported in *Form 1* (BMW Management Rules, 2016) and Annual Report to UPPCB have to be prepared as per *Form IV* (BMW Management Rules, 2016).
- v) Annual Report submission to UPPCB by every year occupier or operator of common biomedical waste facility as per rule 13 Form IV (BMW Management Rules, 2016) before 30<sup>th</sup> April 2019.

**Table 1: Action Plan and timeline for Bio medical Waste Management in Health Facilities in Uttar Pradesh-2019**

S.No	Activities	Reference/Status	Responsibility	Timeline											
				Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
<b>A. GOVERNANCE</b>															
A.1	State Advisory Committee (SAC) and its meetings	Constituted as per Office Order (No. 3005/55/Parya/2016/108(Parya)/2016) from the Office of Additional Chief Secretary, Dept. of Environ. & Forests, UP.	PS MH&FW/DGMH												
A.2	Review and ensure that District Monitoring Committees (DMCs) are constituted and functional in all Districts	Office order (No. 3295/55/Parya/2016/108(Parya)/2016) from the Office of Additional Chief Secretary, Dept. of Environ. & Forests, UP	DM/CMO												
A.3	Review and ensure that Bio Medical Waste Management Committees (At District-level Hospitals and CHCs) are constituted and functional	Letter (No. 1923/2016) from the Office of Principal Secretary, MH&FW, dated October 17, 2016	Director/SIC/CMS/CMO/MS												
A.4	Review and ensure BMW Authorisation (District-level Hospitals, CHCs and PHCs) by UP Pollution Control Board (UPPCB)	Letters (No. 1923/2016 and No. 240/5-1-2019) from the Office of Principal Secretary, MH&FW, dated October 17, 2016 and February 7, 2019	Director/SIC/CMS/CMO/MS												
<b>B. INFRASTRUCTURE</b>															

S.No	Activities	Reference/Status	Responsibility	Timeline											
				Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
B.1	Review and ensuring construction and maintenance of BMW Collection Shed at District-level facilities and CHCs	Constructed/ being constructed at District-level. Budget released by NHM for District Level Hospitals and CHCs through Letter (No. 11/F/BMW Management/2018-19/7947) dated November 20th, 2018 from the Office of DG, M&H.	SIC/CMS/MS												
B.2	Take authorisation and take consent for construction of Deep Burial Pit for PHCs	Letter to CMOs from the Office of DG, M&H dated January 23rd, 2018	CMO												
B.2	Ensuring construction of Deep Burial Pit for PHCs	As per BMW management Rules 2016, Schedule 2, para 5	CMO												
B.3	Phase-wise installation of Effluent Treatment Plant at District-level facilities	Budget released by NHM for 50 District-level facilities. Letter (No. SPMU/IMEP/Miscell/2018-19/35) to CMOs dated October 17th, 2018 from the Office of Mission Director, NHM, UP.	CMO												
B.4	Periodic inspection (quarterly) of CBWTF by DMC and State Advisory Committee (SAC)	Periodic process	DMC/SAC												
<b>C.</b>	<b>HUMAN RESOURCES</b>														
C.1	<i>Training/ Capacity Building</i>														

S.No	Activities	Reference/Status	Responsibility	Timeline											
				Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
C.1.1	State Level Orientation (Orientation of ADs, CMOs, Directors, SICs, CMSs, Members from IMA, UPNHA)	Previous orientation conducted in 2016-17 by UPHSSP	DGMH												
C.1.2	Divisional level workshop	Conducted at 14 Divisions. Budget allocated by NHM.	AD												
C.1.3	ToT's – Nodal Officers and Matrons. These Master Trainers to take trainings for all hospital staff in their respective hospitals and send Annual Report on Trainings to UPPCB/DGMH	Previous ToT conducted in 2016-17	DGMH												
C.1.4	Training of Hospital Manager/Quality Manager/DPM	Previous training conducted in 2016-17	DGMH/NHM												
C.1.5	Training on BMWM and BMWMIS to all Data Entry Operators and Pharmacists.	Previous training conducted by UPHSSP in 2016-17	DGMH/NHM												
C.1.6	Ensure all CBWTF staff trained on BMWM.	Ongoing process to be ensured by CBWTF	DMC												
C.2	<i>Immunisation and PPE (Personal Protective Equipment)</i>														
C.2.1	Immunization (Tetanus and complete doses of Hep-B) of all hospital staff involved in BMWM.	Regular process	Facility In-charge												
C.2.2	Immunize all CBWTF Staff involved in BMWM.	Regular process	DMC												
C.2.3	Ensure occupational safety (PPE) of all hospital staff involved in BMWM	Regular process	Facility In-charge												



S.No	Activities	Reference/Status	Responsibility	Timeline											
				Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
<b>D.</b>	<b>PRODUCTS</b>														
D.1	Ensure uninterrupted supply of consumables by CBWTF	Regular process	Facility In-charge, CBWTF												
D.2	Ensure adequate consumables for each generation point in the hospital	Regular process	Facility In-charge												
D.3	Ensure availability of non chlorinated chemical like celdehye, phenol, lime powder or solution for pre-treatment of microbiological, biotechnology and clinical pathological waste.	Regular process	Facility In-charge												
D.4	Ensure availability of IEC Materials	Regular process. IEC Materials supplied to all District Level Hospitals and CHCs in 2017 and 2018 by UPHSSP. BMW Manual as well as IEC prototypes available at DGMH and BMW MIS websites	Facility In-charge												
<b>E</b>	<b>SERVICES</b>														
E.1	<b>HEALTH FACILITY LEVEL IMPLEMENTATION*</b>														
E.1.1	Ensure bins and bags at each generation points in hospital and display IEC poster above bins.	Regular process	Facility In-charge												

S.No	Activities	Reference/Status	Responsibility	Timeline											
				Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
E.1.2	Ensure segregation of biomedical waste at each generation point	Regular process	Facility In-charge												
E.1.3	Ensure segregation of general waste and avoid mixing with biomedical waste.	Regular process	Facility In-charge												
E.1.4	Ensure timely replacement of bag and BMW transfer to collection shed.	Regular process	Facility In-charge												
E.1.5	Ensure prompt (within 48 hours) lifting of biomedical waste from the facility by service provider.	Regular process	Facility In-charge												
* Detailed Facility Level Implementation guidelines titled "Facility Level Implementation: Biomedical Waste Management" is available as Annexure															
E.2.	<b>IMPLEMENTATION AT CBWTF LEVEL#</b>														
E.2.1	Contract with CBWTF (according to Standard RFP) for collection, transportation, treatment and disposal of biomedical waste and supply of consumables.	Tender dated November 29th, 2018 floated by UPMSCL. Techno financial evaluation and award of contract under process.	UPMSCL/DGMH												
E.2.2	Ensure proper treatment and disposal of biomedical waste at CBWTF		DMC												
# Duties & Responsibilities of Service Provider (CBWTF) is available as Annexure															
E.3	Implementation of solid waste management Rules 2016 and Swachhta Guidelines (Green and Blue bins) in Health Care	Implementation ongoing. Impementation from urban local bodies needs to be strengthened.	Facility In-charge, Nagar Panchayat/ Nagar Nigam/Nagar Palika												

S.No	Activities	Reference/Status	Responsibility	Timeline											
				Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
	Facilities across the State														
E.4	Proper implementation of solid and biomedical waste management rules/guidelines in private health care facilities across the State	BMW Authorization details of private facilities being mandatorily ensured.	DGMH and UPPCB												
<b>F</b>	<b>INFORMATION</b>														
F.1	Monitoring of BMWM activities across the State through BMW MIS. Facility In-charge to ensure BMWM related data entry in BMWMIS.	BMW MIS developed and fully functional	DGMH												
F.2	Record keeping i.e. waste collection, consumables supply, interim collection shed cleaning, monthly scoring ,committees and BMW training (As per Standard formats)	Regular process	Facility In-charge and CBWTF												
F.3	Annual Report submission to UPPCB as per rule 13 Form IV	Occupier & operator common BMW treatment facility													
F.4	Development of an IT-enabled inventory of private health facilities in coordination with UPPCB	To be implemented	DGMH												
<b>G</b>	<b>Grievance Redressal</b>														
		Environment Management Cell at Directorate of Medical & Health Services has been addressing, as	Concerned Facility In-charge/ DGMH/ UPPCB												



S.No	Activities	Remarks	Responsibility	Timeline											
				Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20		
<b>B</b>	<b>INFRASTRUCTURE</b>														
<b>B.1</b>	Review and ensuring construction and maintenance of BMW Collection Shed	CMO to review and facility in-charge should ensure construction and maintenance of the BMW collection Shed.	IMA/UP NHA/Facility In-charge												
<b>B.2</b>	Review and ensure separate collection system for general Solid waste.	facility In-charge should ensure proper segregation of Bio medical waste and general waste at the point of generation and also should have proper arrangement with Nagar Nigam for the lifting up of General waste.	Facility In-charge												
<b>B.3</b>	Installation of Effluent Treatment Plant for waste water.	DMC to review and the facility In-charge of the Private HCFs to ensure installation of ETP by Dec-2019.	DMC/Facility In-charge												
<b>C</b>	<b>HUMAN RESOURCES</b>														
<b>C.1</b>	Training to Staff on Biomedical Waste Management	Facility in-charge to design and yearly BMW training calendar to ensure proper training of the staff for BMW Management.	IMA/UP NHA/Facility In-charge												
<b>C.2</b>	Immunization (Tetanus and complete doses of Hep-B) of all hospital staffs involved in BMW.	Facility in charge to ensure full immunization of the all the staff of the hospital and also to maintain the records.	IMA/UP NHA/Facility In-charge												
<b>C.3</b>	Ensure occupational safety (PPE) to BMW handler.		Facility In-charge												
<b>D</b>	<b>PRODUCT</b>														
<b>D.1</b>	Ensure adequate consumables for each generation point in the hospital		Facility In-charge												

S.No	Activities	Remarks	Responsibility	Timeline										
				Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
D.2	Ensure availability of non-chlorinated chemical like aldehyde, phenol, lime powder or solution for pre-treatment of microbiological, biotechnology and clinical pathological waste.		Facility In-charge											
D.3	Ensure availability of IEC Materials		Facility In-charge											
E	<b>SERVICES</b>													
	<b>HEALTH FACILITY LEVEL IMPLEMENTATION</b>													
E.1	Ensure bins and bags at each generation points in hospital and display IEC poster above bins.		Facility In-charge											
E.2	Ensure segregation of biomedical waste at each generation point		Facility In-charge											
E.3	Ensure segregation of general waste and avoid mixing with biomedical waste.		Facility In-charge											
E.4	Ensure timely replacement of bag and BMW transfer to collection shed.		Facility In-charge											
E.5	Ensure prompt (within 48 hours) lifting of biomedical waste from the facility by service provider.		Facility In-charge											

S.No	Activities	Remarks	Responsibility	Timeline											
				Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20		
<b>F</b>	<b>INFORMATION</b>														
<b>F.1</b>	Develop Hospital website and ensure upload the BMWM related data on website.		DMC/Facility In-charge												
<b>F.2</b>	Record keeping i.e. waste collection, consumables supply, interim collection shed cleaning, monthly scoring, committees and BMW training (As per Standard formats)		Facility In-charge												
<b>F.3</b>	Annual Report submission to UPPCB as per rule 13 Form IV	Submit BMW Annual report (Form-IV) to UPPCB (Jan-2018 to Dec-2018) and also copy to CMO.	Facility In-charge												

## ANNEXURE 1

### Health Care Facility Biomedical Waste(BMW) Internal Monitoring Form

*(This format should be filled for each BMW generation station/ward separately)*

**Name of the District:**

**Name of the HCF:**

**Name BMW Generation Station/Ward/Lab/OT:**

**Inspection Month:**

**Date:**

**Time:**

**Name of Monitoring Officer:**

**Designation:**

**Scoring Process:** Response to the questions can be either yes, partial or no. Score of yes is to be taken as 2, of partial to be taken as 1, no to be taken as 0. No response is to be given in cells coloured black.

S.No.	Question	Response (code 2 for Yes, 1 for partial & 0 for No)			Score
		Yes	Partial	No	
1	Are colour coded bins & bags placed as per BMW management plan				
2	Do BMW bins have the right colour bags as per the guidelines (i.e. red bin has red bag etc.)				
3	On opening the BMW bins, did you find only properly segregated waste in it				
4	Are color bags replaced on regular basis				
5	Are BMW bins being filled in a proper way, i.e. no over-flowing was observed				
6	Does sweeper follow proper procedure in removing and changing BMW bags				
7	Are the BMW bins and wall behind them clean				
8	Are posters on BMW segregation displayed above BMW bins and hand washing displayed above washbasins				
9	Is disinfectant solution available in the ward				
10	Is the needle cutter in the ward functional				
11	Do Nurses/Lab technicians use the needle cutter on a regular basis				
12	Was staff able to answer the questions related to BMW segregation				
13	Have patients been told to discard general waste in black color bins bags				
14	Does the head of department monitor BMW segregation during rounds				
15	Does staff use the personal protective equipment during duty (like mask, gloves, cap etc.)				
	<b>TOTAL SCORE (MAX 30)</b>				

**Any Other Comments:**



## ANNEXURE 2

Checklist for Biomedical Waste Generation Points																
Name of generation point-														Month-		
S. No.	Dates	Generation Point In-charge (8.00 am-2.00 pm) (No/Partial/Good)				Generation Point In-charge ( 2.00 pm-8.00 pm) (No/Partial/Good)				Generation Point In-charge( 8.00 pm-8.00 am) (No/Partial/Good)				Bag Evacuation Time		
		Yellow Bin	Red Bin	Blue Bin	PPC	Yel low Bin	Red Bin	Blue Bin	PPC	Yellow Bin	Red Bin	Blue Bin	PPC	8.00 AM	2.00 PM	8.00 PM
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
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### ANNEXURE 3- CONSUMABLES SUPPLY RECORD

Person Receiving the Supply				
Date of receipt of Supply				
S.NO.	NAME OF ITEM	UNIT	QUANTITY RECEIVED ON	QUANTITY RECEIVED ON
1	A set of Red, Yellow, Blue & Black color Bins of 12 lt	No. of Sets		
2	A set of Red & Yellow color Bins of 40 lt	No. of Sets		
3	One Blue color Bin of 25 lt	Nos.		
4	A set of Red & yellow colour Bags of 12 lt	No. of Sets		
5	A set of Red & yellow color Bags of 40 lt	No. of Sets		
6	Polycarbonate Jars/White Puncture Proof Containers	Nos.		
7	Manual Hub Cutter	Nos.		
8	Trolleys	Nos.		
9	Wheel Barrows	Nos.		
10	Gum Boot	Nos.		
11	Face Mask	Nos.		
12	Gloves	Nos.		
13	Apron	Nos.		
14	Goggles	Nos.		
15	Plastic Helmet	Nos.		

### ANNEXURE 4 BIOMEDICAL WASTE STORAGE SHED CLEANING RECORD

Date of Cleaning	Name of Cleaner	Date of Inspection	Person Inspecting the Shed	Designation & Department	Remark			Signature
					Good	Average	Poor	



Annexure 6

Item No. 01 to 04

Court No. 1

**BEFORE THE NATIONAL GREEN TRIBUNAL**

**PRINCIPAL BENCH, NEW DELHI**

Original Application No. 710/2017  
(I.A. No. 105/2019)  
With

Original Application No. 711/2017

(M.A. No. 1497/2017 & M.A. No. 280/2018)

With

Original Application No. 712/2017

With

Original Application No. 713/2017

Shailesh Singh

Applicant(s)

Versus

Sheela Hospital & Trauma Centre, Shahjhanpur & Ors.

Respondent(s)

With

Shailesh Singh

Applicant(s)

Versus

Kailash Hospital and Heart Institute & Ors.

Respondent(s)

With

Shailesh Singh

Applicant(s)

Versus

1 Shri Ganga Charan Hospital (P) Ltd., Bareilly & Ors.

Respondent(s)

With

Shailesh Singh

Applicant(s)

Versus

Katiyar Nursing Home, Hardoi & Ors.

Respondent(s)

Date of hearing: 12.03.2019

**CORAM: HON'BLE MR. JUSTICE ADARSH KUMAR GOEL,  
CHAIRPERSON HON'BLE MR. JUSTICE S.P. WANGDI,  
JUDICIAL MEMBER HON'BLE MR. JUSTICE K.  
RAMAKRISHNAN, JUDICIAL MEMBER HON'BLE DR.  
NAGIN NANDA, EXPERT MEMBER**

For Applicant(s):

For Respondent (s):

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Navin Chawla and Mr. Ramesh Jerath,

Advocates for R-3

Mr. Kamal Kumar and Mr. Mizan Siddiqui,  
Advocates for R-2

Mr. Kamaljeet Singh, AAG for State of Punjab

Ms. Pinky Anand, ASG, Mr. Giji Gorge and Mr.  
Hemant Arya, Advocates

Mr. Dinesh Jindal, LO, DPCC  
Mr. Pradeep Misra and Mr. Daleep

Dhyani, Advocates for UPPCB

Mr. Rahul Verma, Addl. AG  
Mr. Sriansh Prakash, Advocate for MoEF&CC

Mr. Suyash Singh, Vyom Raghuvanshi,  
Advocates

Mr. Anant Agarwal and Ms. Sweta Rani,

Advocates

Ms. Nupoor Singal, Advocates for HSPCB

Mr. Mukesh Verma, Advocate for UEPPCB

**ORDER**

1. The issue raised in these applications is non-compliance of the provisions of Bio-medical Waste Management Rules, 2016 (BMW Rules).
2. Adverse consequences on the public health on account of improper management of the waste generated by the health care facilities (HCFs) are well known. Bio-medical waste is infectious and hazardous.
3. In the application, it is alleged that most of the hospitals are disposing of waste in haphazard and improper manner. Mandatory requirement of segregation, pre-treatment, safe

storage, training and immunization of health workers, occupational safety of health workers, health check-up, maintaining records, furnishing reports by the occupiers, operators, including transporters, is not taking place. Mandatory authorisation has not been taken by the HCFs. There is no monitoring mechanism. Even the prescribed authorities are not sending the requisite information to the Central Pollution Control Board (CPCB). No annual reports are placed on the websites as required. This results, *inter-alia* in followings diseases:-

“

<i>Infection Type</i>	<i>Transmission Path</i>
<i>Gastrointestinal infection</i>	<i>Faeces or/ and vomiting liquid</i>
<i>Respiratory infection</i>	<i>Respiratory secretions, saliva</i>
<i>Eye infection</i>	<i>Eye secretions</i>
<i>Genital infection</i>	<i>Genital secretions</i>
<i>Skin infection</i>	<i>Purulent secretions</i>
<i>Anthrax</i>	<i>Secretions of skin lesions</i>
<i>Meningitis</i>	<i>LCR</i>
<i>AIDS</i>	<i>Blood, semen, vaginal secretions</i>
<i>Haemorrhagic fevers</i>	<i>Biological fluids and secretions</i>
<i>Septicaemia</i>	<i>Blood</i>
<i>Viral Hepatitis type A</i>	<i>Faeces</i>
<i>Viral Hepatitis type B and C</i>	<i>Blood, biological fluids</i>

”

4. Further averments in the application are that inadequate bio-medical waste management also causes environmental pollution, unpleasant smell, growth and multiplication of vectors like insects, rodents and worms and may lead to the transmission of diseases like typhoid, cholera, hepatitis and AIDS through injuries from syringes and needles contaminated with various communicable diseases. The matter has been reported in the Newspapers. Specific reference has been made to the news article published in *Dainik Jagran* dated 06.10.2017 stating as follows:-

*“That the Gautam Buddha Nagar is the only district where a survey of 66 hospitals was conducted in October 2017 where 23 were found doing their wilfulness in the management of Bio-medical waste. 18 hospitals of which have been issued notices by the Regional Officer, UPPCB, Guatam Budh Nagar.”*

5. The applicant has also annexed photographs of dumping of bio-medical waste along with general solid waste at Sheela Hospital, Shahjahanpur, Dr. Wasim Hospital, Shahjahanpur and Govt. District Hospital, Shahjahanpur.
6. Reference has been made to Report of the CAG placed on the website in May, 2017 records failure on the part of Uttar Pradesh Pollution Control Board (UPPCB) as follows:-

*“Inadequate facility of bio-medical waste (BMW) treatment. As per the report paragraph 2.1.9.5 there were 8,366 Health Care Establishments (HCEs) out of which 3,362 HCEs were operating without authorization. Total BMW generated in the State was 37,498 kg/day out of which only 35,816 kg/day was treated and disposed of. BMW of 1,682 kg/day was being disposed of untreated due to inadequate treatment facility. But UPPCB failed to monitor unauthorised operation and untreated disposal of BMW and did not take any action against the defaulters.”*

The report further states that there is no proper monitoring mechanism. There is no monitoring of veterinary institutions and animal houses. This is one of the reasons for pollution of the rivers including Gaumati river in Lucknow and Ganges in Banaras. The UPPCB, as regulator, is a failure in the matter. 63 districts in the State of UP have no bio-waste treatment plants.

7. Vide order dated 15.11.2017, the Tribunal prohibited handing over of bio-medical waste to rag pickers. The State PCB and other official agencies were required to file data showing the status of compliance of the BMW Rules. In the course of time, this Tribunal also issued notices to the States of Punjab, Haryana and Uttarkhand. The States have filed some of the data on the subject but that data does not show full compliance.
8. On 06.02.2019, this Tribunal considered the data with respect to the State of UP and found that neither the data was complete nor the authorities of the State of UP were serious in handling the situation. The Tribunal gave one month time to give complete data and also required furnishing of Performance Guarantee in the sum of Rs. 10 crores.

9. Accordingly, at the time of hearing, data of number of HCFs, authorised HCFs, unauthorised HCFs and the action taken against unauthorised HCFs has been given which is as follows:-

<i>Sl. No.</i>	<i>Details</i>	<i>Govt. HCFs</i>	<i>Private HCFs</i>	<i>Total</i>
1.	Total number of HCFs	5240	12784	18024
2.	Total number of HCFs Authorised	1089	6648	7737
3.	Number of applications under process	4151	2038	6189
4.	Total number of HCFs without authorised	4151	6136	10287
5.	Action taken against the unauthorised HCFs	4151	338	4489
6.	Total number of notices given as CMOs for unauthorised HCFs	4151	3760	7911

10. As per the status report furnished today on behalf of State of UP, State Advisory Committee has been constituted, Manual on bio-medical waste management has been distributed, customised online software bio-medical waste management information systems (BMW MIS) have been developed, all divisional Additional Directors (ADs), Chief Medical Officers (CMOs), Chief Medical Superintendents (CMSs) have been sensitized on bio-medical waste management, checklist as well as monitoring formats have been developed and disseminated, IEC materials on bio-medical waste management have been developed and distributed in all District –level hospitals and an automated bio-medical waste collections data system (ABCD) for real-time data on biomedical waste collection as well as tracking of CBWTF vehicles has been developed and is being pilot tested in Lucknow District. Steps have also been taken for safe collection sheds, allocation of budget for such collection, arrangement for deep burial pits and for pre-treatment laboratory have been made. Pre-treatment waste guidelines have also been issued. Phasing out of plastic bags, gloves and blood bags has been proposed. There will be segregation of bio-medical waste and other waste and training will be provided as per Rules. Immunization of health care workers and establishment of bar code system will be ensured, apart from other steps stipulated under various clauses of Rule 4 will be taken. Steps have also been taken under Schedule – III, Rule 6 and 9. An action plan has also been filed for bio-medical waste management.
11. What is shown to have been done is too little and too late. Most of the steps are still at proposal stage and not at implementation stage. Only action claimed to have been taken against the violators appears to be that notice has been issued which by itself may be of no consequence unless further follow up action is promptly concluded.
12. In view of the seriousness of consequence of failure to comply with BMW Rules on the health of the citizens, stern action is called for such as prosecution, recovery of deterrent compensation to ensure that violation of Rules of such significance does not remain a profitable activity. The regulatory authorities cannot rest content by lip sympathy to the cause by environment protection. Admittedly, not a single person is shown to have been convicted even after the authorities have found large scale violation. No compensation is shown to have been recovered from the violators. No scale of compensation has been laid down. Even action plan on these subjects is not to be found. Without punishment of the guilty and visiting the guilty with serious consequences in a prompt manner, there can be no meaningful rule of law.



13. The problem of non-compliance of BMW Rules may not be confined to the State of UP alone or to the States of Punjab, Haryana and Uttarakhand. Such failure is widespread throughout.
14. Rule 13 of the BMW Rules require every occupier or operator of common bio-medical waste facility to submit its annual report to the prescribed authority. The prescribed authorities are to send information to the CPCB on or before 30th July every year. The CPCB is to give a report to the Ministry of Environment, Forest and Climate Change (MoEF&CC) on or before 31st August every year. The reports are to be made available online on the website of occupiers, State PCBs and CPCB.
15. In view of the above, we direct all the States and Union Territories to ensure that reports in terms of Rule 13 are furnished to the CPCB positively within one month or on or before 30th April, 2019 for the period the reports are due as per rules. The CPCB may furnish a status report of compliance of BMW Rules after proper analysis to this Tribunal within one month thereafter by e-mail at [ngt.filing@gmail.com](mailto:ngt.filing@gmail.com). It is made clear that any failure in this regard will result in the defaulting States being required to pay compensation to be deposited with the CPCB at the rate of Rupees one Crore per month after 01.05.2019. All the States may also prepare their respective action plans for compliance of Rules within one month and furnish the same to the CPCB. The CPCB may give its comments on the action plan to this Tribunal within one month thereafter by e-mail at [ngt.filing@gmail.com](mailto:ngt.filing@gmail.com).
16. The Tribunal while considering the matter of degradation of environment on account of failure of compliance of environmental norms, in its order dated 16.01.2019 in Original Application No. 606 of 2018, directed the Chief Secretaries of all the States to remain present in person after acquainting themselves with the status of compliance of various Rules, including BMW Rules. So far, five Chief Secretaries have appeared in person for the States of Himachal Pradesh, Haryana, Punjab, Uttarkhand and Delhi. It has been found that there is no satisfactory compliance of the said Rules in the said States. The Chief Secretaries have been directed to monitor such compliance personally atleast once in a month and furnish a quarterly report to this Tribunal and to appear again after six months.
17. The CPCB has undertaken an exercise to prepare a scale of compensation to be recovered from the polluters for violations vide order dated 03.08.2018 in Original Application No. 593 of 2017, *Paryavaran Suraksha Samiti & Anr. Vs. Union of India & Ors.* CPCB has filed reports before this Tribunal in regard to compensation for not setting up ETP, CETP, STP which matter was considered vide order dated 19.02.2019. CPCB may now also undertake study and prepare a scale of compensation to be recovered from violators of BMW Rules within one month from today. This will not debar the State PCBs from performing their duty of recovering compensation from the polluters or laying down their own scale which should not less than the scale fixed by CPCB. The

scale must be deterrent rendering violation of Rules to be non-profitable and which should be adequate to remedy the situation.

18. The State of UP may modify its action plan in the light of above observations and furnish its report to the CPCB within one month. CPCB may furnish its comments on the revised action plan within one month thereafter.
19. The State of UP has not yet furnished the performance guarantee, as required in terms of order dated 06.02.2019 and has filed an application being I.A. No. 105 of 2019 for clarification.
20. We clarify that the performance guarantee is to be furnished to the satisfaction of CPCB which may now be furnished within one month from today undertaking to fully comply with the above order, failing which the amount will stand forfeited and utilised by CPCB for restoration of the environment.
21. A copy of this order be sent to all the Chief Secretaries, State PCBs and CPCB by e-mail.
22. The applications will stand disposed of except for consideration of the above reports.

List for consideration of reports on 15.07.2019.

Adarsh Kumar Goel, CP

S.P. Wangdi, JM

K. Ramakrishnan, JM

Dr. Nagin Nanda, EM

March 12, 2019

Original Application No. 710/2017 and other connected matters  
(I.A. No. 105/2019)

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## Annexure 7

### STANDARD OPERATING PROCEDURE (SOP) for DISTRICT MONITORING COMMITTEE (DMC)

The **Biomedical Waste Management Rules, 2016** mandate constitution of **District Monitoring Committees (DMCs)** in Districts under the chairmanship of District Magistrate to monitor the compliance of the provisions of these rules in the health care facilities (HCFs) generating bio-medical waste and in the common bio-medical waste treatment and disposal facilities (CBWTFs), where the bio-medical waste is treated and disposed of.

#### 1- **Constitution of District Monitoring Committee (DMC)**

DMC to be constituted in accordance with Office order (No. 3295/ 55/ Parya/ 2016/ 108(Parya)/2016) from the Office of Additional Chief Secretary, Dept. of Environment & Forests, UP (attached).

#### 2- **Composition of DMC**

The composition of DMC, as provided in the above mentioned Order:

- (i) District Magistrate: Chairman
- (ii) Chief Medical Officer: Member Secretary
- (iii) Regional Officer, UPPCB (of concerned Regional office): Member
- (iv) Municipal Commissioner/Executive Officer of Municipal body based at District Headquarter: Member
- (v) Additional District Magistrate (ADM)/Officer-in-charge of Municipal Body: Member
- (vi) District Chairman of Indian Medical Association (IMA): Member
- (vii) Three representatives of NGOs nominated by DM: Members

Additional members/experts may be included as required by the committee

Suggested additional members:

- CMSs of district level HCFs of the district
- Representative (one each) of CBWTFs providing services to HCFs in that district

#### 3- **Roles & Functions of DMC:**

The broad role of the DMC is to monitor the compliance of the provisions of these rules in the health care facilities (HCFs) generating bio-medical waste and in the common bio-medical waste treatment and disposal facilities (CBWTFs), where the bio-medical waste is treated and disposed of. Under this, the DMC's role is to:

- Conduct periodic review meetings on the matter of BMW management in the district.
- Review status of authorisation (from UPPCB) of HCFs and CBWTFs.
- Review status of implementation of BMW Management Rules, 2016.
- Review status of contracts between HCFs and CBWTFs for collection, transportation, treatment & disposal of BMW and supply of consumables.
- Review status of contracts between HCFs and CBWTFs for collection, transportation, treatment & disposal of BMW and supply of consumables.
- Review status of training and immunisation of personnel engaged in handling and management of BMW in HCFs, CBWTFs or any other.
- Review status of segregation of BMW at places of generation.
- Review of BMW MIS and action on significant alerts.

- Conduct quarterly inspection of CBWTFs' treatment facilities located in their district. Details of the same are attached (Section 5).
- Promote establishment of new CBWTFs and facilitate allocation of land for the same.
- Review of complaints/feedback from HCFs, CBWTFs, local bodies, public or others.
- Documents proceedings of the meetings and present a six-monthly report to State Advisory Committee and copy of the same to CPCB, New Delhi and UPPCB, Lucknow.

#### 4- **DMC Meetings**

The Chairman shall chair the DMC meetings. The Member Secretary shall schedule and coordinate the meeting in consultation with the Chairman.

**Frequency of Meeting:** The DMC shall convene every 2 months and no later than once every three months.

#### **Agenda of DMC Meetings:**

- **Issues to be presented by CMO:**
  - a) Action taken on minutes of last DMC meeting
  - b) Status of implementation of BMW management in HCFs
    - i. Status of contracts between HCFs and CBWTFs for services and consumables
    - ii. Review of HCF inspection reports
    - iii. Status of trainings received by healthcare personnel on BMW
      - Total number of healthcare personnel
      - Total number of healthcare personnel trained (cumulative)
      - Total number of healthcare personnel trained since last DMC meeting
      - Total number of healthcare personnel not trained
    - iv. Review of month-wise data on BMW collection from DHM/F/C, CHC/BPHCs, private HCFs
    - v. Status of consumables supply to HCFs
  - c) CBWTF inspection by DMC:
    - Date of DMC inspection.
    - If inspection not undertaken, then why?
    - Inspection outcomes
  - d) Status of payments to CBWTFs
- **Issues to be presented by RO, UPPCB:**
  - a) Status of Authorisation of HCFs (public and private) and CBWTF located in the district:
    - i) No. of applications received
    - ii) No. of authorisations granted
    - iii) No. of applications pending and reason thereof
    - iv) No. of HCFs/CBWTFs that have not yet applied for authorisation
    - v) Steps proposed to address gaps
  - b) Status of operation of CBWTFs
  - c) Promotion and support for establishment of new CBWTFs
- **Others:**
  - d) BMW MIS records and action on alerts (Section
  - e) Action on feedback and complaints
  - f) Any other

### **Record of DMC Meetings:**

- Documents proceedings of the meetings (Minutes of Meetings)
- Present a six-monthly report to State Advisory Committee and copy of the same to CPCB, New Delhi and UPPCB, Lucknow.

### **5. CBWTF Inspection by DMC:**

The Member Secretary/CMO shall schedule DMC inspection of CBWTF treatment facility in consultation with the Chairman.

- The District Monitoring Committee (DMC) of home district (where CBWTF treatment facility is located) shall undertake inspection of the concerned CBWTF treatment facility and vehicle fleet once every quarter.
- The inspection committee constituted under the DMC shall include:
  - Officer nominated by DM not lower than the rank of SDM
  - CMO or representative nominated by the CMO
  - Regional Officer (RO), UPPCB
  - Healthcare personnel from District Hospitals (M/F/C): two nominated by DM
  - One IMA member nominated by District President IMA
  - Nodal Officer (BMW Management Committee) from nearby Medical College
  - One representative of EM Cell, DGMH

### **The quorum for the inspection team shall comprise:**

- Officer nominated by DM not lower than the rank of SDM
- CMO or representative nominated by the CMO
- Regional Officer (RO), UPPCB or representative nominated by the RO
- One representative of EM Cell, DGMH.
- One other team member.
- Inspection shall be scheduled after giving prior notice to the CBWTF.
- Inspection shall be done in accordance with the given checklist for CTF Facility Inspection (enclosed). The report shall be finalised at the site itself and counter-signed by CBWTF incharge. A copy of the report shall be made available to the CBWTF.
- The CBWTF shall provide all assistance and shall facilitate the inspection by providing access to required records, information, on-site treatment facilities etc.
- After the DMC Inspection, an Inspection Score shall be given to the CBWTF.
- The DMC CBWTF Inspection Score shall be entered by the DMC in the BMW MIS.

### **6. DMC Data on BMW MIS (Management Information System):**

The Member Secretary shall be responsible for ensuring that records and data pertaining to DMC is entered regularly on the BMW MIS.

The following data shall be maintained and entered by the DMC on the BMW MIS.

- Data on DMC members.
- Record of meetings, minutes of DMC meetings.
- Six-monthly DMC report to State Advisory Committee.
- Score of DMC Inspection of CBWTF treatment facility, including date of inspection and inspection team members.
- Detailed scoring of Inspection checklist.
- Photos of CBWTF treatment facility Inspection