


Biomedical waste of human and animal tissues organs and infected body parts are to be disposed using

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WASTE BIO-MEDICAL (BMW) Biomedical waste is generated during the diagnosis, treatment or immunization of humans or animals or in the research activities that concern you or in the production or testing of biological agents. It includes waste such as human anatomical waste, animal waste, microbiological waste and biotechnologies, wastes, discarded drugs and cytotoxic drugs, land waste, solid waste, liquid waste, incineration ash, chemical waste. These wastes are potentially dangerous because of potentially infectious nature as it can pose a serious threat to human health, if its management is indiscriminate and non-scientific. First, biomedical waste management was not an integral part of the health program. The negligence of the health waste management program, in the past, has been reflected in various articles in newspapers and public disputes in various courts, including the Hon'ble Supreme Court and this is also evident from the sporadic epidemics experienced in different parts of the country. Biomedical wastes made up of human anatomical waste such as tissues, organs and parts of the body Animal waste generated during research by veterinary hospitals Microbiology and biotechnology waste from laboratory, cultural stocks or samples of microorganisms, live or attenuated vaccines, human waste and animals used in the research Rules emphasize the segregation of biomedical waste from generation source. Segregation of biomedical waste from generation sources helps: I. minimize the mixing of biomedical waste with those of urban solid waste generated within HCF; II. to reduce the volume of waste to be treated/treated; III. to minimize treatment costs; IV. to minimize toxic emissions; and V. to facilitate effective recovery of useful plastics etc. Bio- Medical waste is divided into 10 categories of waste: 1.Human and anatomical waste 2.Animal waste 3. Microbiology and biotechnology Waste 4. Waste Sharps 5. Discarded medicines and outdated medicines 6.Refused soiled 7.Refused solid waste 8.Rejected 9. incineration ash 10. Chemical waste 1. Human and anatomical waste 2. Animal waste 3. Microbiology and biotechnology waste 4. Sharp waste 5. Discarded medicines and outdated drugs 6. Ground waste 7. Solid waste 8. Liquid waste 9. incineration ash 10. CATEGORIES of chemical wastePROFESSIONAL AND PROCESSING AND PROPOSAL OPERATIONS The option for the treatment and disposal of biomedical waste in category is indicated below: Waste category Class and description Treatment and disposal [Option] No. 1 Human anatomical waste, (human tissues, organs, parts of the waste body) Inceneration @/ Deep burial* 2 Animal wastes (Wastes made up of animal tissues, organs, body parts, body fluids, blood and blood products, objects contaminated by blood and liquids, surgical treatment and autopsy and animal waste used in research, animal wastes generated This includes both used and unused cutting edges) Disinfection by chemical/autoclaving/microwaving treatment and mutilation. shredding and disposal in landfill / recycling (for PVC, plastic and glass) No. 5 Disposable medicines (Wastes made of obsolete drugs, contaminated and discarded) Incineration @ or destruction and disposal in dumplings No. 6 Soiled wastes (Wastes generated by dirty cotton, condiments, chalk limes, bed linen, blood contaminated material including packing materials) Incineration @ self-claving / microwaving No. 7 No. 9 Incineration wax (sh from incineration of bio-medical waste) Disposal in municipal landfill No. 10 Chemical waste (chemicals used in the production of biological, chemical products used in disinfection, such as insecticides, etc.) Chemical treatment@ and discharge into liquid waste and safe disposal for solids @@@ Chemical treatment using at least 1% other equivalent chemical hypochloride solution. It must be ensured that the chemical treatment assures disinfection. ## Mutilation/shredding must be such as to prevent unauthorized reuse. @ There will be no chemical pretreatment before incineration. Chlorinated plastics should not be incinerated. * The burialmust be an option available only in cities with population less than five lakhs and in rural areas. CODING COLOR & TYPE OF CONTAINER FOROF CARBONE Container type Container type Treatment options Yellow Yellow plastic bags non chlorinated plastic bags Human anatomical waste, animal anatomical waste, animal waste Incineration or pyrolysis of plasma or deep burial* Disposable or discarded medicinal products Return to manufacturer or supplier for incineration at > 1200° C Chemical wastes Incineration or pyrolysis of plasma or Encapsulating in hazardous waste, storage and disposal (TSDF) Differentiated collection system leading to the effluent treatment system After the recovery of resources, chemical liquid waste must be pretreated before mixing with other waste water. Non-chlorinated yellow plastic bags or suitable packaging materials Discarded linen, mattresses, contaminated sheets with blood or body fluids Non-chlorinated chemical disinfection followed by incineration pyrolysis or Plasma or for energy recovery Safe plastic bags of autoclave or containers Microbiology, biotechnology and other clinical laboratory waste Pre-treated to sterilize with non-chlorinated chemical products The processed waste must be sent to registered recyclers for energy recovery. Plastic waste should not be sent to landfill sites. White (translucent) drilling test, leak test, tamper-proof containers Exhaust sharps including Autoclaving metals or Dry Heat Sterilization Blue Glassware Box cardboard with colored blue marking Disinfection or through autoclaving or microwaving or hydroclaving and then sent for recycling. * Deep burial disposal is only permitted in rural or remote areas where a common bio-medical waste treatment plant cannot be accessed. This will be done with prior approval by the authority prescribed according to the standards. The deep burial structure is based on the provisions and guidelines issued by the CPCB from time to time. BIO-MEDICAL CONTACTS/BAGHS Several labels for biomedical containers and bags are required for the safe identification and management of these waste. These labels for storage/transport of biomedical waste are as follows: NEW TECHNOLOGY FOR BIO-MEDICAL WASTE TREATMENT As for Bio-medical Waste (Management & Handling) Rules, 1998 & as amended, any Health Care Facility (HCF) or Common Biomedical Waste Treatment Facility (CBWTF) The operator wishing to use other cutting-edge technologies other than those provided for in List I of said Regulation, will approach the Central Pollution Control Board (CPCB) to obtain the standards set out to allow the prescribed authority to take intothe granting of authorization. For the purpose of evaluating new newfor the treatment of biomedical waste and to suggest appropriate standards for such technologies, an expert committee has been reconstituted by CPCB. The CPCB has granted conditional or provisional approval to new technologies (excluding those notified pursuant to the BMW Regulation) for the treatment of biomedical waste, pursuant to the BMW Regulation, as follows: (1) Plasma pyrolysis; (2) Sharpened waste Dry and encapsulation sterilization (3) Chemical disinfection (Static/Mobile) The treatment technology "Plasma Pyrolysis" can be used for the treatment and disposal of biomedical waste in which the destruction of biomedical waste can be obtained similar to incineration. In case of plasma pyrolysis, biomedical waste is treated at high temperature under controlled condition to form gases such as methane, hydrogen and carbon monoxide that are subjected to combustion (oxidation) in the secondary chamber. In the process of plasma pyrolysis, waste is converted into small clinkers that can be disposed of in protected landfills. CPCB granted provisional approval to the "Plasma Pyrolysis Technology" as an additional option for the treatment of bio-medical waste categories 1, 2, 5 & 6 of BMW rules. A Pilot Scale Plasma Pyrolysis System Sharps Deterilization of dry heat and encapsulation The technology "Waste Sharp Dry Heat Sterilization & Encapsulation" is based on the "dry hot dirt" especially for the treatment of the category of waste no. 04 (i.e. sharp waste) as listed in the list of BMW rules, 1998. The approval of this technology is granted by the CPCB under the Biomedical Waste Regulation (management and management), 1998 as amended under the conditions. Dry heat sterilization and encapsulation of the waste treatment equipment Sharps and the container used for the collection of waste sharps and the container after the treatment. Dry Heat Sterilization System Canister before and after the treatment of waste sharpened by dry heat sterilization & encapsulation of chemical disinfection of bio-medical waste (Static/Mobile) This technology is based on the "shredding followed by chemical disinfection" of biomedical waste. Provisional approval of this technology is provided by CPCB for the treatment of biomedical waste on an experimental basis for the evaluation/effectiveness of technology. This is a non-brushed technology, in which bio-medical waste is shredded beyond recognition and sterilized so as to make it suitable for disposal along with municipal solid waste. CPCB granted provisional approval to the "Plasma Pyrolysis Technology" as an additional option for the treatment of bio-medical waste categories 1, 2, 5 & 6 of BMW rules. Chemical DisposalBio-medical Waste Treatment Technology - Static Unit Chemical Disinfection Cum Disinfection Technology Bio-medical Waste Treatment Technology - BIO-MEDICAL WASTE Mobile Unit (AGEMANMENT AND HANDLING) RULES Bio-medical Waste (Management & Handling) Rules, 1998 were notified by the Ministry of the Environment and Forests (MoEF) below(Protection) Act, 1986. In the exercise of the powers conferred by Article 6, 8 and 25 of the Environmental Act (protection) 1986 (29 of 1986) and in the supersession of the Biomedical Waste Regulation (management and management), 1998 and further changes made by the central government, the G.S.R 343(E) of 28 March 2016 published the Biomedical Waste Management Regulation, 2016. These rules apply to all people who generate, collect, receive, store, transport, dispose, or manage biological waste in any form, including hospitals, nursing homes, clinics, dispensaries, veterinary institutes, animal houses, pathological laboratories, blood banks, ayush hospitals, clinical institutes, research institutes or education, health fields, medical or surgical fields, vaccination fields, forensic laboratories, forensic schools. The authority prescribed for the application of the provisions of these rules concerning all health structures located in any State/Territory of the Union is the respective State Control Council (SPCB)/ Inquiry Control Committee (PCC) and in the case of medical establishments of the Armed Forces under the Ministry of Defense is the General Manager, the Medical Services of the Armed Forces (DGAFMS). These rules establish the duties of the Occupier or the Operator of a Facility for Treatment of Common Biomedical Waste and the identified authorities. According to these rules, each occupant or operator who manages bio-medical waste, regardless of the quantity is necessary to obtain authorization from the respective authority prescribed, namely the State Pollution Control Council and the Pollution Control Committee, as the case may be. These rules consist of four programmes and five forms. Biomedical Waste Management Rules, 2016 (Amended) - 10.05.2019 Biomedical Waste Management Rules, 2016 (Amended) - 19.02.2019 Biomedical Waste Management Rules, 2016 (Amended) - 16.03.2018 Biomedical Waste Management Rules, 2016 Biomedical Waste Management and Management Rules, 1998 OTHER INFORMATION People at risk of the dangers of medical procedures are as follows: Protection of personnel in case of transmission danger Collection of blood samples Health Patient Contaminated needle, gloves, needle or container skin drilling, Sample blood transfer hand contamination (in laboratory) Sample container outside personnel, Broken container, Serology Serum Sample Splash and Virology Laboratory staff Skin punching, sample spray, Broken container, Perforated Perforated Gloves For moreon Bio-Medical Waste you can access CPCB ENVIS Newsletter Bio-Medical Waste - An overview

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