

Session 3:

**BIOMEDICAL WASTE MANAGEMENT RULES-2016 and
amendment 16.03.2018, 19.02.2019, 10.05.2019**

“A Holistic Approach in Healthcare Facilities”

Session Objectives

By the end of this session participants will be able to:

- Explain rules under Bio Medical Waste Management 2016
- Define role of occupier
- Describe the duties of Central/State Govt. and Pollution control board

Bio-Medical Waste [Management & Handling] Rules 1998

(Notified on 20th July, 1998)

AMENDMENTS

1st Amendment Rules vide S.O. 201 (E) Dated 06/03/2000

2nd Amendment Rules vide S.O. 545 (E) Dated 02/06/2000

3rd Amendment Rules vide S.O.1096 (E) Dated 19/09/2003

Bio-Medical Waste [Management & Handling] Rules 2011 DRAFT RULES
(could not finalized due to issues related to categorization of waste and emission standards for incinerators)

Bio-Medical Waste [Management & Handling] Rules 2015
(placed on the Website on 07.04.2015 for objections/suggestion from general public)

Bio-Medical Waste Management Rules 2016
(Notified on 28th March,2016)

Bio-Medical Waste Management Rules (Amendments) 2018
Notified on 16th March 2018

Bio-Medical Waste Management Rules (Amendments) 2019
Notified on 19th February 2019

Bio-Medical Waste Management Rules (Amendments) 2019
Notified on 10th May 2019

Most significant changes made by recently published BMW Management (Amendment) Rules:

1. Hypochlorite concentration brought down to 1-2%.
2. Cardboard boxes for blue waste to be replaced by puncture proof and leakproof boxes and containers.
3. Deadline for phasing out of chlorinated plastic bags and gloves shifted to 27th March 2019.
4. Bar coding guidelines to be issued by CPCB by 27th March, 2019.
5. HCFs with less than 10 beds have to establish STP by 31st December 2019.

Important provisions in BMW Rules 2016

Rule : 1 Application

- The rules come into force from the 28 March 2016
- **Application** The rules shall apply to all persons who Generate, collect, receive, store or handle BMW in any form including:
 - **Hospitals, Nursing Home, Clinics, Dispensaries,**
 - **Veterinary Institution, Animal Houses, Ayush Hospitals**
 - **Pathological Lab, Blood Bank,**
 - **Health Camps, Vaccination Camp, Blood Donation Camp, Forensic Lab.**

Rule : 2

- These rules shall not apply to -
- Radioactive waste
- Hazardous waste
- Solid waste (MSW)
- Lead acid batteries
- E-waste
- Hazardous micro organism (Genetically Modified Organisms)

Rule 3: Definitions

Definitions –

Act

Authorization

Bio-Medical Waste

Forms and Schedules

CBWTF

Occupier

Prescribed Authorities

Rule 4: Duties of Occupier

- Rule 4(a): Safe handling of BMW
- Rule 4(b): Make provisions for safe ventilated and secured storage.
- Rule 4(c): Pretreatment of laboratory waste, blood samples as per the guideline of WHO & NACO.
- Rule 4(d): Phase out of use of chlorinated bag, gloves etc. (Shall not include urine bags, effluent bags, abdominal bags and chest drainage bags, Amendment 10th May 2019)
- Rule 4(g): Provide training to all HCF workers & details of training shall be provided in the Annual Report.
- Rule 4(h): Immunize all the healthcare workers.
- Rule 4(i): Establish a Bar Code System for BMW transportation.
- Rule 4(o): Report major accident caused by fire etc.
- Rule 4(p): Annual report shall be display on Hospitals website.
- Rule 4(q): Inform to SPCB if operator not lifting the waste.

Rule 5: Duties of Operator of CBWTF

Rule 6: Duties of Authorities

Rule 7: Treatment & Disposal

Rule 8: Segregation, Packing, Transportation and Storage

Rule 9: Prescribed Authority – State Pollution Control Board

Rule 10: Procedure for Authorization

- One time authorization for the occupier providing treatment or services for non-bedded occupiers.
- **Every application of authorization shall be disposed of by the NPCB within a period of 90 days, failing which it shall be deemed that the authorization is granted under these rules.**
- Occupier has to submit fresh application in Form-II for modification of conditions of authorization and any change or variation in activities related to BMW generation, handling, treatment and disposal.

AUTHORISATION

- (1) Every occupier of an institution **generating, collecting, receiving, storing, transporting, treating, disposing and/or handling** bio-medical waste in any other manner shall make an application in Form II to the prescribed authority for grant of authorisation.
- (2) Every operator of a bio-medical waste facility shall make an application in Form II to the prescribed authority for grant of authorisation.
- (3) Every application in Form II for grant of authorisation shall be accompanied by a fee as may be prescribed by the Government of the State or Union Territory.



NAGALAND POLLUTION CONTROL BOARD

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NPCB/CON/AUTH/261

Dated 17/10/2017

NOTIFICATION

AUTHORIZATION FEE UNDER BIOMEDICAL WASTE (MANAGEMENT & HANDLING) RULES

The revised authorization fee was approved during NPCB Board Meeting held on 13/10/2017.

OCCUPIER

Hospitals, nursing homes, clinics, dispensaries, research and pathological laboratories, blood banks, slaughter houses and research laboratories, storing, generating, collecting, receiving, storing, transporting, treating, disposing, and/ or handling biomedical wastes in any other matter.

Private Healthcare Facilities

Sl.No.	Bed capacity	Rate
1	With 500 beds and above	30000 per year
2	With 300 beds and above but less than 500 beds	20000 per year
3	With 200 beds and above but less than 300 beds	15000 per year
4	With 100 beds and above but less than 200 beds	12000 per year
5	With 50 beds and above but less than 100 beds	8000 per year
6	With 25 beds and above but less than 50 beds	5000 per year
7	Less than 25 beds	3000 per year
8	All other institutions generating biomedical wastes not included in the above categories	2000 per year

Government Healthcare Facilities

Sl.No.	Bed capacity	Rate
1	With 500 beds and above	15000 per year
2	With 300 beds and above but less than 500 beds	10000 per year
3	With 200 beds and above but less than 300 beds	7500 per year
4	With 100 beds and above but less than 200 beds	6000 per year
5	With 50 beds and above but less than 100 beds	4000 per year
6	With 25 beds and above but less than 50 beds	2500 per year
7	Less than 25 beds	1500 per year
8	All other institutions generating biomedical wastes not included in the above categories	1000 per year

OPERATOR

Any other institutions such as CBMWTF engaged in the biomedical facility for collection, receiving, storing, transporting, treatment, disposing and / or handling biomedical waste shall apply for authorization accompanied by the fees as prescribed below.

Sl.No.	Capital Investment	Rate
1	Above 10 crore	20000 per year
2	Above 5 crore but less than 10 crore	10000 per year
3	Less than 5 crore	5000 per year

Member Secretary

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"FORM IV"

[See rule 8]

(Authorization for operating a facility for collection, treatment, storage, transport and disposal of biomedical waste)

1. File number of authorization and date of issue

No.NPCB/BMW/AUTH/172 Dated 11/09/2018

2. **M/s. PRIMARY HEALTH CENTRE CHUNLIKHA**, is hereby granted an authorization to operate a facility for collection, storage, transport and disposal of biomedical waste on the premises situated at **P.O. Tseminyu, Kohima, Nagaland.**

3. This authorization shall be valid upto **11/09/2019.**

4. The authorization is subject to the conditions stated on Annexure-I and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

Dated: 11/09/2018

Member Secretary

- Authorization: [List of Govt. Health Facilities](#)
- Online payment available:
- *Name of Bank:* Bank of Baroda
- *Beneficiary Name:* Chairman, Nagaland Pollution Control Board
- *Bank Acc. No.:* 78730100005067
- *IFSC code:* BARB0VJDIMA
- *MICR code:* 797012005

Rule 11: Advisory Committee

Rule 12: Monitoring of implementation of the Rules

➤ Every state govt. shall constitute district level monitoring committee in each district under Chairmanship of District Collector to monitor the compliance of Rules in HCFs and CBWTF

➤ The district level monitoring committee shall comprise of CMO, Representative of NPCB, PHE, Local Body, CBWTF, NGO, IMA

Rule 13: Annual Reports

Rule 14: Maintenance of Records

Rule 15: Accident Reporting

Rule 16: Appeal

Rule 17: Site for CBWTF

Rule 18: Liability of the occupier, operator of a facility

Schedules

Schedule-I

- BMW categories are defined as yellow, red, white and blue
- Types of wastes are divided as per colour code categories

Schedule-II

Standards of treatment and disposal of BMW

Schedule-III

List of prescribed authorities

Schedule-IV

Labels and Forms of BMW

Notes :

- Deep burials are prohibited in towns and cities
- Deep burial only permitted in Rural Areas where there is no access to common facility with prior approval of SPCB.

Common issues of BMW Management

1. Training of HCF Staff & refresher courses for management.
2. Proper Segregation of the waste at source.
3. Proper marking, handling & storage of BMW.
4. Prevent illegal disposal of BMW in municipal bins.
5. Prevent illegal disposal of untreated plastic contents of BMW.
6. Provision of adequate Liquid Waste Treatment.
7. Provision of adequate safety measures/protective gears.
8. Proper record keeping of BMW including Expired Medicines and waste sharps/syringes.
9. Immunization and regular Health check up of Staff indulged in BMW Management.

Salient features of BMW Management Rules, 2016 include the following:

- (a) The ambit of the rules has been expanded to include vaccination camps, blood donation camps, surgical camps or any other healthcare activity
- (b) Phase-out the use of chlorinated plastic bags, gloves and blood bags within two years;
- (c) Pre-treatment of the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilization on-site in the manner as prescribed by WHO or NACO;

- (d) Provide training to all its health care workers and immunize all health workers regularly;
- (e) Establish a Bar-Code System for bags or containers containing bio-medical waste for disposal;
- (f) Report major accidents;
- (g) Existing incinerators to achieve the standards for retention time in secondary chamber and limit emission standards of Dioxin and Furans within two years;
- (h) Bio-medical waste has been classified into 4 categories instead 10 to improve the segregation of waste at source;

(i) Procedure to get authorisation simplified. The validity of authorization synchronized with validity of consent orders for Bedded HCFs. One time Authorisation for Non-bedded HCFs

(j) State Government to provide land for setting up common bio-medical waste treatment and disposal facility

(k) No occupier shall establish on-site treatment and disposal facility, if a service of Common Bio-Medical Waste treatment facility is available at a distance of seventy-five kilometer.

(l) Operator of a common bio-medical waste treatment and disposal facility to ensure the timely collection of bio-medical waste from the HCFs and assist the HCFs in conduct of training

Thank You