Octa Journal of Environmental Research International Peer-Reviewed Journal Oct. Jour. Env. Res. Vol. 5(1): 001-005 Available online http://www.sciencebeingjournal.com

Research Article



ANALYSIS OF BIO-MEDICAL WASTE OF A PRIVATE HOSPITAL IN PATIALA CITY, PUNJAB, INDIA

K.C. Goyala*, S.K. Nirmal Goyal^b and Ratulbir Goyal^c ^a·Director, Career Education, Patiala ^b·Director-cum-Principal, Senior Secondary Model School, Punjabi University, Patiala. ^c·Govt. Medical College, Amritsar Punjab *Corresponding author's E-mail: kgcp9760@yahoo.com Received: 5th Jan. 2017 Revised: 19th Jan. 2017 Accepted: 31st Jan. 2017

Abstract: Hazardous bio-medical waste (BMW) management is a concern for every health organization. Inadequate management of BMW may have serious health consequences and a significant impact on the environment as well. Therefore, disposal of BMW in a scientific manner is of paramount importance. The aim of the present study was to analyze (i) variation in quantity of solid BMW per bed per day, (ii) variation of physico-chemical parameters of BMW leachate. The various parameters studied in the present study were pH, SS, BOD, COD and O&G. This study was carried out from January 2016 to December 2016 at monthly interval in a 150 bedded Private Hospital of Patiala city in the state of Punjab in India. The waste generation rate was found to be 0.41 kg per bed per day. The BMW was treated in four categories – yellow, blue, white and red, as per Bio-Medical Waste Management Rules, 2016. The absence of proper waste management, lack of awareness about BMW and poor control of waste disposal are the most critical problems connected with healthcare waste. The results of the study demonstrate that the proper handling of BMW is very imperative.

Keywords: Bio-medical waste, Hazardous waste, Health, Hospital, Patiala city, Segregation. Postal Address: #97, Dhaliwal Colony, Opp: Income Tax Office, Patiala-147001, Punjab (India). Mobile: 09814296086

INTRODUCTION

Medical care is vital for our life, health and wellbeing. But the waste generated from medical activities represents a real problem of the living world. Bio-medical waste (BMW) carries a higher potential for infection than any other type of wastes (Chauhan and Kishore, 2002; Manohar et al., 1998; Joe and Krishnan, 2004). The collection of BMW and its proper disposal has become a prime concern for both the medical and the general community. According to WHO (1999), 10-25% of healthcare waste is hazardous, and if not properly segregated, the entire 100% will be converted into hazardous. Hospital waste management has been brought into focus in India recently, particularly with the notification of Bio-Medical Waste (Management and Handling) Rules, 1998/2016. These rules apply to all those who generate, collect, store,

dispose, treat or handle BMW in any manner. The rules also make it mandatory for the healthcare facilities to segregate, disinfect and dispose their waste in an eco-friendly manner. The 2016 notification brings down the number of BMW categories to four- yellow, blue, white and red. Studies carried out in India showed that awareness and practices on BMW management among health care personnel is far below the acceptable level (Mathur et al., 2011; Bansal et al., 2011; Sharma, 2010; Saini et al., 2012). It has been estimated that annually about 0.33 million tonnes of hospital waste is generated in India and the waste generation rate ranges from 0.5 to 2.0 kg per bed per day (Patil and Shekdar, 2001; Khajuria and Kumar, 2007). Lack of knowledge about segregation, collection. transport, storage, treatment and disposal of BMW has led to the accumulation of toxic heavy

metals from the hazardous BMW into the surrounding environment. When these elements exceed their standard value, they become toxic to environment and human health. The disposal of hospital waste can be very hazardous, particularly when it gets mixed with municipal solid waste and is dumped in illegal landfills. This can lead to a higher degree of environmental pollution, apart from posing serious public health risks such as AIDS, Hepatitis, Plaque, Cholera, etc. (Acharaya and Singh, 2000; Neema and Gareshprasad, 2002). Alumneef and Memish (2003) reported that the total amount of municipal waste a city generates, only 1 to 1.5% is hospital waste of which 10–15% is considered infectious.

EXPERIMENTAL

Study Area: The present study has been carried out in a Private Hospital *i.e.* Amar Hospital (A.H.), Bank colony, Patiala city in the state of Punjab in India. The bed capacity of the hospital is 150. It is located on the globe in between 30°18' N to 30º22' N latitudes and 76º21' E longitudes. The city is in the south-east of Punjab state in northern India. Patiala is the fourth largest city in the state of Punjab and has emerged as a major education center. The climate of Patiala city is favorable for human comfort and also for cultivation of various crops.

Quantification of Solid BMW: The bio-medical waste (BMW) per bed per day was guantified every month during the study period from January 2016 to December 2016. The collected waste was segregated in containers of different colours namely, yellow, blue, white and red.

BMW	per	bed	per	day	=

 $12 \times 30 \times$ Number of beds @ 80% bed occupancy

Qualitative Estimation of BMW Leachate: The qualitative analysis of BMW leachate was carried out every month from January 2016 to December 2016. Parameters studied were pH, suspended solids (SS), bio-chemical oxygen demand (BOD), chemical oxygen demand (COD) and oil and grease (O&G).

RESULTS AND DISCUSSION

The results of variation in BMW (category wise) generated in the Amar Hospital (A.H.) selected for the present study from January 2016 to December 2016 at monthly interval has been shown in Table 1 and Figure 1. Average BMW generated per bed per day @ 80% bed occupancy was 0.41 kg. This value is found within limits (0.5-2.0 kg/bed/day) as described in CPCB (2000) guidelines. Table 2 and Figure 2 depict the results of variation of BMW leachate at monthly interval from January 2016 to December 2016 for five different parameters - pH, SS, BOD, COD and O&G. Under experimental conditions, the pH of the leachate sample was found to be ranging from 6.70 - 8.50 with an average of 7.50. The pH has no direct effect on health. However pH below a certain limit can induce the formation of some toxic compounds. The value for SS varied from 153.00 mg/L to 238.00 mg/L with an average of 197.08 mg/L. The BOD and COD values indicate the extent and presence of organic matter in the leachate. The leachate samples were rich in organic matter. The experimental concentration range was between 112.00 mg/L to 154.00 mg/L with an average of 129.00 mg/L for BOD and 224.00 mg/L to 258.00 mg/L with an average of 243.58 mg/L for COD. The value for O&G ranged from 12.00 mg/L to 20.00 mg/L with an average of 16.25 mg/L. Chaurasia et al., (2014) also depicted same type of results for a District Hospital Satna in MP in India. According to BMW Management Rules (2016), the effluent generated or treated from the premises of occupier or operator of a common bio-medical waste treatment and disposal facility, before discharge into the sewer should conform to the following limits:

Parameters	Permissible Limits
рН	6.5–9.0
Suspended solids	100mg/L
Oil and grease	10 mg/L
BOD	30 mg/L
COD	250 mg/L

It is very clear from the results of the present study that value for pH is within permissible limit but SS, BOD and O&G are very high than the

permissible limit. COD is also about to cross the upper limit. Fikru (2004) and, Yemane and Millogo (2000) observed that the open burning of wastes in holes or similar enclosures and incineration were the most common types of methods for disposal of wastes. Sandhu and Singh (2003) emphasized that BMW management is not only for generator and operators but also for the general community. Pandey and Chaplot (2005) reported that even in metropolitan cities only a few hospitals strictly comply with BMW Rules, 1998.

Table 1. BMW Generated in kg (category wise) by Private Hospital (A.H.) in Patiala City (January 2016 to December 2016)

Month	Yellow Blue		White	Red	Total
Month	TCHOW	Dide	(Sharp/Translucent)	neu	Total
January	674.43	656.95	138.41	0.00	1469.79
February	694.83	646.08	166.65	0.00	1507.56
March	512.08	544.87	104.28	0.00	1161.23
April	550.50	569.32	102.63	0.00	1222.45
Мау	697.32	613.68	92.33	0.00	1403.33
June	606.66	501.20	145.35	0.00	1253.21
July	648.50	571.67	116.51	0.00	1336.68
August	695.65	699.86	161.81	0.00	1557.32
September	770.19	699.86	170.04	0.00	1640.09
October	717.77	0.00	147.85	756.75	1622.37
November	798.75	0.00	164.21	723.52	1686.48
December	755.09	0.00	146.79	673.80	1575.68
Waste generated per year	8121.77	5503.49	1656.86	2154.07	17436.19
Waste generated per month	676.81	458.62	138.07	179.51	1453.01
Waste generated per day	22.56	15.29	4.60	5.98	48.43
Waste generated per bed per day	0.19	0.13	0.04	0.05	0.41

Number of Beds: 150 (Occupancy @ 80% = 120)

Table 2. Analysis of BMW Leachate of Private Hospital in Patiala City (January 2016 to December 2016)

Month	рН	SS (mg/L)	BOD (mg/L)	COD (mg/L)	O&G (mg/L)
January	6.70	153.00	112.00	242.00	18.00
February	7.30	168.00	124.00	252.00	16.00
March	7.20	208.00	154.00	234.00	14.00
April	7.00	238.00	126.00	236.00	20.00
May	7.80	212.00	134.00	248.00	18.00
June	7.30	178.00	138.00	245.00	16.00
July	7.30	198.00	112.00	242.00	12.00
August	8.50	178.00	122.00	224.00	14.00
September	7.70	210.00	124.00	240.00	18.00
October	8.20	216.00	136.00	248.00	17.00
November	7.80	192.00	126.00	258.00	14.00
December	7.20	214.00	140.00	254.00	18.00
Mean	7.50	197.08	129.00	243.58	16.25
Permissible limit	6.50-9.00	100.00	30.00	250.00	10.00





Figure 2. Average qualitative analysis of BMW Leachate (category wise) generated (kg) per bed per day

CONCLUSION

The solid BMW and BMW leachate may be very harmful for the society and the environment. Appropriate education and training of the healthcare personnel is required for effective hospital waste management in Patiala city. It is the ethical and social responsibility of all dealing with medical care to dispose-off the BMW in a scientific manner. BMW should be segregated into different colored containers/bags at the point of generation in accordance with schedule II of BMW Rules. A safe and reliable method for handling of BMW is essential.

Acknowledgments: Authors are thankful to the authorities of Amar Hospital in Patiala city for their kind co-operation and help in providing the data of bio-medical waste analysis.

REFERENCES

- Acharya, D. B. and M. Singh (2000). The book of hospital waste management. Minerva Press, New Delhi, India,1st edn., 272pp.
- Almuneef M and Z.A. Memish (2003). Effective medical waste management: It can be done. *American Journal of Infection Control*, 31(3): 188-192.
- Bansal M, A. Mishra, P. Gautam, R. Changulani, D. Srivastava and N.S.Gour (2011). Biomedical waste management, awareness and practices in a district of Madhya Pradesh. *Natl J Community Med.*, 2(3):452-7.
- Bio-Medical Waste (Management and Handling) Rules (1998/2016). Gazette notification by ministry of Environment and Forests, Government of India.
- Chauhan Maya Singh and Malviya Kishore (2002). Existing solid waste management in hospitals of Indore city. *Indian J Environ Sci.*, 6(1):43-49.

- Chaurasia S, R. Singh, A.D. Gupta and S. Kumar (2014). Overview on Biomedical waste of District Hospital Satna (MP), India. *Int J Curr Sci.*, 10(E): 49–53
- CPCB (2000). Manual on Hospital Waste Management, India.
- Fikru, T. (2004). Assessment of Injection Safety at Health Facilities in Four Woredas of Oromia Region and NNPR, report submitted to Injection Safety Project, JSI. Addis Ababa, 27pp.
- Joe Joseph and A.C.G. Krishnan (2004). Hospital Waste Management in the Union Territory of Pondicherry: An exploration. Govt. of Pondicherry institution. *Journal of the American Medical Association*, 262(12): 1635-1640.
- Khajuria A. and A. Kumar (2007). Assessment of healthcare waste generated by Government hospital in Agra city, India. *Our Nature*, 5:25-30.
- Manohar D., P.R. Reddy and B. Kotaih (1998). Characterization of solid waste of a super specialty hospital-a case study. *Ind J Environ Health*, 40 (4): 319-326.
- Mathur V., S. Dwivedi, M.A. Hassan and R.P. Mishra (2011). Knowledge, attitude and practice about biomedical waste management among healthcare personnel: A cross-sectional study. *Indian J Community Med.*, 36:143-5.

- Neema SK, Gareshprasad KS, (2002) Plasma pyrolysis of medical waste. *Current Science*, 83:3.
- Pandey J. and K. Chaplot (2005). Environmental status Evaluation of Bio-medical waste at Udaipur. *Ind. J. Environ. Prot.*, 25(11):1016–1020.
- Patil, A.D. and A.V. Shekdar (2001). Health care waste management in India. *J. Environ. Management*, 63 (2): 211-220.
- Saini S., S.S. Nagarajan and R.K. Sarma (2012). Knowledge, attitude and practices of biomedical waste management amongst staff of a tertiary level hospital in India. *Journal of the Academy of Hospital Administration*, 17(2):1-12.
- Sandhu T.S. and N. Singh (2003). A Hazard Going Unnoticed – Biological Waste is a Threat to the Community at Large, The Tribune, Online edition, Chandigarh, India, Monday, June 30.
- Sharma S. (2010). Awareness about bio-medical waste management among health care personnel of some important medical centres in Agra. *International Journal of Environmental Science and Development*, 1(3):251-6.
- WHO (1999). Safe Management of Waste from Health care activities. Geneva: WHO, 1999.
- Yemane B. and J. Millogo (2000). *Report of Injection Safety Survey in Ethiopia*. Geneva, Switzerland, 22pp.

Sources of Support: None. Conflict of interest: None. Declared.