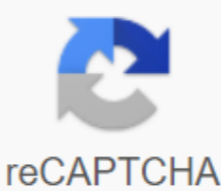




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Bio medical waste management rules 2016 pdf

SPECIAL ARTICLE Year : 2017 Volume: 35 Issue : 2 Page : 194-198 Biomedical Waste Management Recommendations 2016: What is done and what should be done Lipika Singhal¹, Arpandeep Kaur Tuli¹, Vikas Gautam² ¹ Department of Microbiology, State Medical College and Hospital, Chandigarh, India² Department of Medical Microbiology, Graduate Institute of Medical Education and Research, Chandigarh, India Date Web Publishing5-July-2017 Correspondence Address:Vikas GautamPostgraduate Institute of Medical Education and Research, Chandigarh IndiaSource:No, Conflict of Interest: NoneCheckDOI: 10.4103/2mmij. IJMM_17_105 The latest Biomedical Waste Management Guidelines (BMW), which were introduced in 2016, are simplified and simplified so that they can easily be followed by different health facilities. BMW categories have been reduced from ten (in 1998) to four in the latest (2016) guidelines. Many changes have been made to these latest guidelines, which have been summarized in the article below. The segregation of hospital waste plays a very important role, so waste must be sorted at the source of the generation according to the category to which they belong, as in the new guidelines. New treatment plants have been introduced, such as plasma pyrolysis, encapsulation, inertization, and we need to wash with older objects, such as the burning of toxic fumes (dioxins and furans), which are harmful to both health and the environment. We may even think about using these treatment plants to remove antimicrobial resistance genes during the treatment of waste that is generated from hospitals. Keywords: 2016 guidelines, biomedical waste, categories, differences, responsibilities, schedules How to cite this article: Singhal L, Tuli AK, Gautam V. Biomedical Recommendations for Waste Management 2016: What is done and what should be done. Indian J Med Microbiol 2017;35:194-8 How to quote this URL:Singhal L, Tuli AK, Gautam V. Biomedical Recommendations for Waste Management 2016: What is done and what needs to be done. Indian J Med Microbiol (serial online) 2017 (cited 2020 Sep 30);35:194-8. Available from: let the waste of patients not contaminate the lives of healthy. Biomedical waste (BMW) means any waste that is generated during the diagnosis, treatment or immunization of people or animals or research activities related to them, or in the production or testing of biological or medical camps, including the categories mentioned in Schedule I, inculcated to these rules. Infectious waste includes all those medical wastes that can transmit viral, bacterial, fungal or parasitic diseases. She is in themselves, both infectious human and animal waste, as well as waste generated in any laboratory and during the time of the Practice. Any waste that may pose a threat to human health and life is called hazardous waste. Infectious waste is hazardous in nature, and if the infectious component is mixed with common noncommunicable waste in a black bag, the entire bulk of this black bag waste becomes potentially infectious and should be treated as infectious waste. Thus, hospital waste, in addition to the risk to patients and the workforce that process these wastes, poses a serious threat to public health and the environment. Taking due course the mismanagement of BMW, the Ministry of Environment and Forests notified BMW Rules (management and processing) in July 1998. BMW's management rules subsequently underwent timely changes to meet existing needs. To date, four amendments have been made in 2000, 2003 and 2011, with these latest guidelines coming into force on 28 March 2016. This article comprehensively discusses the major changes that should be implemented by the medical institution instead of the new BMW 2016 rules. These new rules are more comprehensive in nature and contain important features of the BMW (M and H) rules, 1998 with several new provisions added to these new rules. Bmw (M) Rules 2016 contains 4 schedules, 5 forms and 18 rules. Below are the major changes to the new rules compared to the previous version of Table 1, Table 2, Table 3, Table 4. Table 2: Changes in Schedules Here to View Table 3: Changes in Click Forms here to viewLet's, have an idea in detail, changes in schedule content, and since there are no changes to Schedule IV, so this has not been discussed. Schedule I Schedule I of BMW's 1998 Rules, BMW was classified into ten categories depending on the type of waste, and in the new 2016 rules, BMW's classification was made according to the color code and the type of waste with handling/recycling options that are described below. Major changes in the number of categories in these new rules to avoid confusion with a large number of categories, and the number of containers with a new colored container (white) added for sharpness. The key steps for BMW's safe and scientific management in any institution are processing, segregation, disinfection, storage and proper removal. The most appropriate way to define BMW categories is that waste is sorted into colored plastic bags or containers after determining the category to which BMW belongs to Table 4. BMW should be divided into containers/bags only at the time of waste generation and should not be opened bag/container after the waste has been entered into it. Schedule IIB Schedule II rules BMW 1998, BMW was According to the color code, container type, waste category and treatment options. Schedule II of the 2016 BMW Rules and the removal of BMW (including plasma pyrolysis and dry thermal sterilization). Standards for the treatment and disposal of biomedical waste (2016) Every medical facility that deals with BMW must establish the necessary treatment facilities, such as an autoclave and microwave system, or make sure that the necessary waste treatment takes place in the general treatment facilities of BMW (CBMWTF) or any other BMW treatment plants. A major change in the new rules is that if the CBMWTF service is available within a 75 km radius, the on-site processing and disposal facility should not be installed by any occupier. Before starting its operations, every CBMWTF operator must create the necessary equipment for BMW's processing, such as an incinerator, autoclave or microwave oven and treatment plants. Another issue raised in these new rules is the use of chlorinated plastic bags. Within 2 years of the date of notification of these rules, the use of chlorinated plastic bags, gloves and bags of blood should be discontinued. The CBMWTF operator should not dispose of such plastic by incineration, and the bags must comply with the Bureau of Indian Standards (BIS). The bags used to store and transport BMW must be consistent with the BIS. Until the standards are published, carry bags must be considered in accordance with the Plastic Waste Management Regulations, 2011.Rationale: This makes the installation and operation of general treatment plants viable. Segregation, packaging, transportation and storage There are two major changes to this schedule. First, as indicated in previous guidelines, untreated waste should not be stored for 48 hours. The appointed powers must be informed along with the reasons for this. Secondly, microbiological and other clinical laboratory waste must be pre-treated by sterilization for entry 6 or disinfection into log 4, in accordance with guidelines from the World Health Organization (WHO) or the National AIDS Organization (NACO) before packing and sending them to CBMWTF. The rationale: This will improve the segregation of waste at the source and direct proper processing and disposal. This will eliminate the receipt of a permit within 48 hours, which is almost impossible. Schedule IIISchedule III of BMW 1998 contains a label for bmw container/bags. Schedule III of BMW's 2016 rules includes prescribed authorities and related responsibilities that are following. The list of prescribed authorities and the relevant Operator: Ensure that the BMW occupier is treated, stored, transported and disposed of properly after treatment without any harm to human health and the environment To ensure the timely collection of BMW from the medical facilitiesThe authorities should be immediately informed of health facilities/institutions that do not engage in segregated BMWTo provide training to all of its employeesIn conducting appropriate pre-placement and periodic medical examination and immunization of all their employees and records for the same Occupational Safety by providing protective equipment to develop a system of reporting on unintentional accidents in Form III with an annual report even zero reportinga log of treatment equipment in accordance with waste treatment, The weight of the party must be maintained. The time, date, duration of the treatment cycle and the total number of hours of equipment to be noted in the journal. Responsibilities of medical institutions: Initially, in 1998 guidelines, every occupier of the BMW generation institution had to take all measures to ensure that the waste is processed without any negative effects on human health and the environment. Supplements made in the 2016 Biomedical Waste Regulations, microbiological waste, blood samples and blood bags must be pre-treated by disinfection or sterilization in place just as prescribed by WHO or NACO guidelines, which should then be sent to CBMWTF for final removal. The use of chlorinated plastic bags, gloves and blood bags should be discontinued Health Workers and others involved in BMW's treatment must be trained during induction, and at least once a year, after which all of its medical professionals and others involved in BMW's treatment to protect against diseases including hepatitis B and tetanus tetanus accidents caused by fire hazards, explosions occurring during the treatment of BMW and the treatment of BMW The new guidelines have been simplified and the rules have been simplified to follow by different health facilities. However, there is always room for improvement. Antibiotic resistance is a burning problem today, and it is often awarded to specific genes called antibiotic resistance genes. The main cause of the accumulation of these genes in the environment is human activity, including waste generated by various health institutions and the inability of treatment plants to remove these genes during processing. As noted in various Indian water matrixes, a very high risk factor poses potential environmental concerns, especially in pharmaceutical industrial wastewater. This is something we need to focus on prioritizing so that our country does not face severe consequences from the point of view of the environment, agriculture and medicine. Hospitals are the main source of antibiotics that are released into the environment and to reduce these residues, research to improve knowledge about the dynamics of the release of antibiotics from is important. In addition, new technologies need to be adapted quickly in our country. Most medical waste is incinerated, and this practice is short-lived due to environmental considerations. The burning of solid and regulated medical waste in the health system poses many problems, such as the release of toxic air pollutants and toxic ash residues, which are the main source of dioxins in the environment. Public concern about the emissions of incinerators and their toxic emissions, as well as the creation of strict rules for the incineration of medical waste, is forcing many health facilities to reconsider their choice in the treatment of medical waste. New non-incendary technologies can be adapted to create a toxin-free environment. Financial support and sponsorshipNil.Conflicts of interestThere is not a conflict of interest. 1.Ministry of Environment and Forests, notify N. S.O.630 (E). Rules of Biomedical Waste (Management and Processing), 1998. Herald of India, Extraordinary, Part II, Section 3 (ii), dated July 27, 1998. 10-20. 460. 2.Singh IB, Sarma RK. Hospital waste disposal system and technology. J Acad Hosp Adm 1996-1997;8-9:33-9. 3.Chitnis V, Vaid K, Chitnis D.S. Biomedical Waste in Laboratory Medicine: Audit and Management. Indian J Med Microbiol 2005;23:6-13. (PUBMED) (Full text) 4.Acharya DB, Meeta S. Hospital Waste Management Book. 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Seasonal and temporary fluctuations in the release of antibiotics in hospital wastewater: Assessment using continuous and capture samples. PLoS One 2013;8:e68715. 10.Gautam V, Thapar R, Sharma M. Biomedical Waste Management: Burning Vs. Environmental Safety. Indian J Med Microbiol 2010;28:191-2. (PUBMED) (Full text) Table 1, Table 2, Table 3, Table 4 4 bio medical waste management rules 2016 upsc. bio medical waste management rules 2016 in hindi. bio medical waste management rules 2016 pib. bio medical waste management rules 2016 ppt. bio medical waste management rules 2016 rajasthan. bio medical waste management rules 2016 summary. bio medical waste management rules 2016 haryana. bio-medical waste management rules 2016 tamil nadu

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