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ANNUAL REPORT ON BIO-MEDICAL WASTE MANAGEMENT (2005)

MAHARASHTRA POLLUTION CONTROL BOARD

Health Facilities (HCF) under Schedule VI of the Rules	Total no. of HCF	Total no. of beds	No. of OPD (OPD) facility at a hospital/clinic/ambulance facility as also used by other HCF	No. of HCF having own treatment and disposal facilities	No. of HCF notified by notified authority	No. of HCF covered under this	Total no. of treatment operations (including OPD)				Total quantity of BMM generated (kg/day)	Total quantity of BMM treated (kg/day)	No. of Health Facilities under BMM Rules	Total No. of Health Facilities under BMM Rules		
							Inpatient	Outpatient	Emergency	Others						
A Hospital and nursing home as also with registration of 30 beds and above	230	27413	1	2028	1	230	2068	2	75	2	63	47134	47134	37	37	
B Hospital and nursing home as also with registration below 30 beds	37	2274	13	18	36	208	217	11	3	14	3	29	20734	10714	11	70
C with 200 beds and above but less than 500 beds	50	14095	2	37	14	73	23	5	13	4	4	29	26015	26015	2	2
D with 50 beds and above but less than 200 beds	132	17190	41	200	57	111	129	40	45	40	31	34410	41010	3	3	
A with less than 10 beds	1028	9900	47	1448	1307	1007	49	248	13	127	104	10714	10714	1028	1028	
C with other treatment providing facilities including less than 20 beds	1214	100	10	240	34	73	114	47	48	29	1	147	1000	1000	1174	1174
Total	3628	47914	75	1408	1300	1072	1062	31	4	107	10	10000	10000	391	391	

DISCUSSION
 on
Medical Waste Management
 Submitted in partial fulfillment of the
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 Master of Architecture
 Submitted by
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Solid Waste Management: A Case Study of Ahmedabad

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Abstract— Due to population upsurge and urbanization, solid waste management is now one of the chief issues to deal with as it affects quality of life. Ahmedabad is the 7th largest city of India and generates about 4000 Metric tons of waste daily. The foremost segments responsible for the emission of GHGs are energy supply with 26% followed by industrial activities with 19%, while the commercial areas including buildings and residential with 8% and waste sector with 3%. Out of the total emissions from waste sector, the solid waste contributes nearly 22 % of total greenhouse gas emission in Indian context which in turn is the 3% of the total sectorial emissions. The studies reveal that this MSW comprises of more than 50% of organic waste in Indian context as it contains vegetable, food waste, animal dung, paper, cloth and other biodegradable components as well.^[1] This study aims at providing an overview of the stages of waste management i.e. Prevention, Minimization, Reuse, Recycle, Energy recovery, Disposal and its composition at the Ahmedabad city level. It also provides a further insight of feasibility and aids of adopting segregation at source and decentralisation of swm in order to provide better future. A sample survey of Ghatlodiya that was carried out by JTC Agency which revealed that vast majority of people are willing to segregate as per law (87%+). [2] Decentralization and segregation at source can be beneficial as compared to current cost of INR 1000 per ton for solid waste management, cost can reduce to 418 per ton and also can lead to better standard of living of society. Out of 4000 MT generated daily only 800 MT would be needed to dispose daily which would lead to 80% volume reduction then current scenario. As only 800MT tones would be disposed, it would further lead to reduction in GHGs emission and thus would help lower carbon footprint.

Key words: Solid Waste Management, AMC, Composition, Green House

I. INTRODUCTION

The waste management hierarchy consists of six stages i.e. Prevention, Minimization, Reuse, Recycle, Energy recovery, Disposal. Economic development, urbanization and civilizing living standards in cities, have headed to an increase in the quantity and difficulty of generated waste. Prompt growth of inhabitants and industrial development degrades the urban environment and places severe strain on natural resources, which destabilizes reasonable and justifiable development. Unsystematic management and dumping of solid waste which is an obvious cause of degradation of the environment in most of the cities of the developing countries. Municipal corporations of the developing countries are not able to handle increasing quantity of solid waste, which results in higher volume of landfill heaps.

Per capita waste generation increasing by 1.3% per annum. With urban population increasing between 3-3.5% per annum. Yearly increase in waste generation is around 5% annually. India produces more than 55 million tons of municipal solid waste annually. Urban local bodies (ULBs) spend between Rs500/- to Rs1500/- per ton on solid waste management out of which 60%- 70% is spent on collection, 20%-30% on transportation and less than 5% on treatment and disposal which is very essential to prevent environmental pollution. Ahmedabad is in the top ten cities generating solid waste in India. The associated cost for processing and disposing 80% of this waste at an average cost of 1000 INR per MT is approximately Rs10 crore per day. Hence there it is very much essential to segregate the solid waste at source.^[1]

The present study has been carried out from a detailed waste assessment and possible alternatives to increase efficiency of processing and disposal of solid waste at city level.



Fig. 1: Solid waste management profile of Ahmedabad (source AMC)

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REVIEW

BIOMEDICAL WASTE MANAGEMENT IN DENTAL OFFICE *

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ABSTRACT

Various of hazardous or non-hazardous wastes are generated by health-care establishments during clinical examination investigations for diagnosis, treatment, prevention and research activities on human and animal diseases. India contributes 2.23 million ton/yearly, being the maximum in the world. Dental surgeons contribute to biomedical wastes not only in the form of sharps, blood-soaked materials, human tissues etc., but also certain dental materials which may be hazardous to the environment. The Dental fraternity should ensure that biomedical wastes are handled safely to protect human health and the environment. The details should be trained about disposal of Biomedical Waste Management and Handling Rules, 1996.

Key Words : Biomedical waste, dental waste, hospital waste, waste management.

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INTRODUCTION

As with any other field, development in health-care sector has brought with it its own menace i.e. heaps of biomedical wastes. Lack of knowledge and willpower, careless approach and indiscriminate methods of disposal of this waste make the situation graver as serious diseases such as hepatitis and AIDS (HIV) can spread among waste handlers and general public. 85% of hospital wastes are actually non-hazardous; whereas 15% are hazardous (10% are infectious and 5% non-infectious).¹ Biomedical waste has become a serious global health hazard, including India.² Biomedical wastes (BMW) are generated in hospitals, research institutions, health care teaching institutes, clinics, laboratories, blood banks, animal houses and veterinary health-care centres.³ India generates approximately 2.0 kg/head/day of hospital waste (10-15% is bio-medical waste). Showing concern about the seriousness of the issue, the honorable Supreme Court of India directed the government of India to formulate certain rules and regulations, now known as the Biomedical Wastes

(Management and Handling) rules, 1996. These rules were amended in 2000 and 2003.⁴ According to these rules, the health care establishments are held responsible for segregation, disinfection and eco-friendly disposal of their wastes.⁵ In addition to routine biomedical wastes of any healthcare facility i.e. human tissue, blood-soaked materials and sharps etc., the dental surgeons also generate hazardous wastes in the form of various dental materials. So the same BMW rules also apply to dental fraternity.⁶

HAZARDS OF BIOMEDICAL WASTE

1. Increased risk of nosocomial infections in patients.
2. Change in microbial ecology and spread of antibiotic resistance.
3. Infections like HIV/AIDS, HBV and HCV to health care workers, waste management operators outside hospitals, and scavengers on waste disposal sites.
4. Physical injuries
5. Public sensitivity about the visual impact of recognizable human body parts.
6. Environmental hazards of improperly operated biomedical waste

treatment equipment like incinerators.⁷

TYPES OF HAZARDOUS DENTAL WASTE

1. Mercury containing wastes
 - (a) Elemental mercury
 - (b) Scrap amalgam
2. Silver containing wastes
 - (a) Spent x-ray fixer
 - (b) Undeveloped film
3. Lead containing wastes
 - (a) Lead foil packets
 - (b) Lead aprons
4. Biomedical wastes
 - (a) Anatomical biomedical wastes (human tissue)
 - (b) Non-anatomical biomedical wastes (blood soaked materials)
 - (c) Sharps
 - (d) Chemicals, disinfectants and sterilizing agents

1. MERCURY CONTAINING WASTES

(A) Elemental Mercury: When released, mercury is toxic to the environment. So

- Liquid elemental mercury should be replaced with pre-capsulated amalgam.
- Alternatively, mercury free amalgam can be used.
- Store unused elemental mercury in a tightly sealed and break resistant container.

*This article is abridged from the forthcoming book by the authors named 'Biomedical Waste Disposal' published by Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.

Project report on biomedical waste management in hospital pdf. Biomedical waste management project report pdf.

Loading Previewworry, the forecast is currently unavailable. You can download the paper by clicking the button above. A project is a commitment to one or more people to develop and create a service, product or goal. Project management is the process of supervision, organization and guidance of an entire project at the end. Here are more facts about the project management. Project Manager Help Together Mere Work Teams Competent Project Manager All people involved in a project to ensure that tasks are executed cooperatively and with regard to the task/teem effects from other persons for the results of the project. For example, when a new builder is built, a project manager will schedule the electrical cables installation before scheduling the installation of lighting devices and elimics equipment Ctrico. If the lighting crew is programmed before the structure is connected, the lighting team loses time arriving on the spot only to find out that they can do their job. Project managers also schedule meetings between various teams to promote cooperation and increase communication on projects. In the above example, the project manager may schedule a meeting during which electricians explain the electrical installation, wall exchange and receptacle arrangement for lighting suppliers Q. Both teams communicate their needs and concerns to help the project to advance without delays. According to the Project Management Institute, five main management processes are used to see a project through conclusion. The five processes are: starting the monitoring and closing control planning in the beginning phase, the main individuals share ideas about a proposed project. Phases planning, the project is set and the hours are created to complete the project in a defined time frame. The execution of the project requires the organization and scheduling of supplies, materials and workers for the project. Monitoring and control in project management The process of inspecting work, crunching repair numbers and keeping track of deadlines. Closing the project involves cleaning the site, rotating the project to the owner, collecting payments, and scheduling p of a project. Project Management focuses on key areas of knowledge product management. While project managers do not need to have in-depth knowledge of all important areas, they need to have a basic understanding of the limits p and concerns p each area of knowledge. Project managers need to see a project in its entirety and understand the p relationships between cost, quality, resource acquisition, human resources, communication, risk management and stakeholder management. Project Management requires that the Management Competent Project Manager document organizes all documentation, including invoices, emails, bids, proposals, p and project changes. The Project Manager ensures that documents are sent on time and to the correct companies, agencies or individuals. The project manager is also responsible for the secure storage of all project documents. Project Management helps meet the Goals Management Project A relatively new field of practice and study, but it has become a proven 3 to meet the high goals and bring diverse groups of people to a common purpose. More from questionswerd.net Who are leaders, organizers and 3 what we do projects, products and services where we work understanding poverty Data and global statistics, research and publishing us and 3 in work of poverty and development with jobs, acquisition, training and events Covid-19 For Covid-19 Vaccines 1. Report of the Biophysical Waste Management Project by: Rochan Banga Class: XII-E 2. Recognition I Proud to present my research project in biology in biological waste management "This project would not have been viable without the proper strict guidance of Professor Biology Mrs. Anita Kaul and Mrs. Manisha Sharma. Who guided me along this project in all possible ways? An investigative project involves several laboratory experiments, which have t o get the observations and conclude reports on a significant note. So I'd like to thank you, ma'am. Anita Kaul and you, Manisha Sharma for systematically guiding me and ensuring that, in completing all my research easily. Rigorous hard work put into this project to make sure it's for the best. I hope it's for the best. I hope this project will be a foundation for the next generation of students and gui de them in all possible ways. 3. Contents 1. Introduction 2. Biomedical Waste Classification © dices 3. Bio-waste sources © dices 4. Problems related to tobiloma residues © dic 5. Need for Bio Waste Management © dices Invalid 6. Bio waste management process © dices 7. Bio waste management rules © dices 8. Benefits of bio-waste © Gesture dices 9. Recommendations 10. Conclusion 11. Bibliography 4. INTRODUCTION The management of bio-waste © dicos recently emerged as a matter of great concern not only to hospitals, nursing authorities, but also © m to the environment. Bio-mother waste © dices generated from units of health depend on several factors, such as © all waste management, type of health units, occupation of the health units, specialization of the health units, offer of reusable facilities in use, availability of infrastructural resources, etc. The appropriate management of biomedical waste © dicos became a world-wide humanitarian peak today. Though the dangers of mother's management biomedical have aroused the world's concern, especially in the light of its long-range effects on man, health and environment. Now, it is a well-established fact that there are many adverse and harmful effects for the environment, including humans, which are caused by the à €

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