# Biomedical Waste and its Management: A Review

Rajasmith Paul McGrath<sup>1</sup>, Mohamed Sali Abdulla<sup>2</sup>, Joseph Renita Cresenciya<sup>3</sup>, Murali Dheepthi<sup>4</sup>.

#### How to cite this article:

Rajasmith Paul McGrath, MohamedSali Abdulla, Joseph Renita Cresenciya, et al. Biomedical Waste and its Management: A Review. Indian Journal of Waste Management. 2020;4(1):27–31.

#### Abstract

Biomedical wastes (BMW) are wastes that are generated during diagnosis, treatment, or immunization of human beings or animals or in research activities. With increase in the healthcare facilities the amount of biomedical waste generated per day was also increased. They are very different from other house hold wastes or industrial wastes. Bio Medical Wastes are hazardous and can be injurious to humans or animals and deleterious to environment as it can transmit infections, particularly HIV, Hepatitis B and C and Tetanus, to the people who handle it or come in contact with it. Since it is hazardous in nature its management is extremely important and this is the biggest challenge in present day times. These wastes must be treated using adequate treatment method. The Ministry of Environment and Forests has published the Bio-Medical Waste Rules, 1998 to regulate the proper disposal and management of biomedical wastes.

Keywords: Classification; Conclusion and Suggestions; Definition; Effects of BMW; Sources; Treatment of BMWs.

### **Biomedical Wastes**

These are any wastes generated during the process of diagnosis and treatment or immunization of human beings or animals or in research activities contributing to the biological production or testing <sup>1,21</sup>

### Classification:

According to World Health Organisation the biomedical wastes are classified into eight categories,

- i. General Waste
- ii. Pathological
- iii. Radioactive

- iv. Chemical
- v. Infectious to potentially infectious waste
- vi. Sharps
- vii. Pharmaceuticals
- viii. Pressurized containers.2

The hazardous biomedical wastes are classified into two types.

#### **Potentially Infectious Wastes:**

- Dressings and swabs contaminated with blood, pus and body fluids.
- Laboratory waste including laboratory culture stocks of infectious agents.

**Author's Affiliation:** <sup>1-4</sup>Doctor of Pharmacy, Department of Pharmacy Practice, Arulmigu Kalasalingam College of Pharmacy, Krishnankoil, TamilNadu, India – 626 126., India.

Corresponding author: Rajasmith Paul McGrath, Doctor of Pharmacy, Department of Pharmacy Practice, Arulmigu Kalasalingam College of Pharmacy, Krishnankoil, TamilNadu, India - 626 126, India.

E-mail: paulmcgrath006@gmail.com

- Potentially infected material: Excised tumours and organs, placenta removed during surgery, extracted teeth etc.
- Potentially infected animals used in diagnostic and research studies.
- Sharps, which include needle, syringes, blades etc.
- Blood and blood products. 3,23,24

### Potentially Toxic Wastes

• Radioactive waste:

They are contaminated radionuclides. These are obtained from in vitro analysis of body fluids and tissue, in vitro imaging and therapeutic procedures. 4.25,26

#### Chemical Waste

They are generally disinfectants, X-ray processing solutions, monomers and associated reagents, base metal debris (dental amalgam in extracted teeth).

### Pharmaceutical Waste

They are anaesthetics, sedatives, antibiotics, analgesics etc.<sup>5,27</sup>.

Sources

The major sources of biomedical wastes are,

- Hospitals, Nursing homes, Primary health care centre.
- 2. Research centres and Laboratories.
- 3. Blood banks

The other minor sources of biomedical wastes are,

- 1. Ambulance services
- 2. Cosmetic piercings and acupuncturists
- 3. Funeral services
- 4. Vaccination centres. 6,28,29.

## Effects of Biomedical wastes

The inappropriate treated wastes generated in health care institutions which may be hazardous, infectious and non-infectious can cause a direct health impact on the health care workers and on the environment. Up to 85% of the wastes generated in hospitals are non-infectious.<sup>7,22,30</sup>. But some of the infections like hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency (HIV) virus are commonly transmitted to the

community by biomedical wastes.<sup>8,31,32</sup> The wastes that are treated in a wrong method may pollute the environment that in turn affects the health of the community.<sup>9,33,34</sup>

### Treatment of Biomedical Wastes:

### 1. Autoclave

Autoclaves are used to sterilize medical equipments; it can apply both heat and pressure via steam, throughout the period of sterilization. <sup>10,35,36</sup> In biomedical waste treatment autoclaves are used to kill the microorganisms present in wastes that are disposed by landfills. Up to 90% of medical wastes are processed by autoclaves. 11,37 The reusable medical instruments are often sterilized by autoclaves. Steam is more efficient in sterilization of low-density materials like plastics, metal pans, bottles, and flasks. 12,38,39 High-density polyethylene and polypropylene plastics do not facilitate steam penetration thus should not be sterilized by steam. Infectious wastes and other hazardous wastes should be separated; infectious wastes that contain non-infectious hazards should not be sterilized in autoclave. 13,40

#### Incineration

Increased temperature cause dry oxidation. This reduces organic combustible wastes to inorganic incombustible wastes and decrease the volume and weight of the wastes that are disposed in outer land fields. The advantage of incineration is it does not require any pre-treatment. The major disadvantage of incineration is it requires large capital for modern technologies. 15,42

### Microwave Irradiation

In this method, the microbes are killed by the heat produced from electromagnet rays. Its frequency lies between 300 and 300,000 MHz and most of the microorganisms are killed in the frequency of about 2450 MHz. Limitation: It should not be used for the treatment of cytotoxic, hazardous and radioactive waste. 16,43

## Deep Burial

A pit of about 2 m is dug. It is first half filled with wastes, and then it is covered with lime within 50 cm of the surface and the rest of the pit is filled with soil.

### Disposal of sharps:

The discarded needles and lancets that have been used either in animal or in human are called sharps. The sharps after disinfection are disposed in a pit lined with brick concrete which is covered by a concrete slab with a steel pipe.<sup>17</sup>

### Conclusion and Suggestion

Healthcare facilities which generate biomedical wastes should have treatment facilities and ensure the proper disposal of treated wastes. 18,44

Some suggestions are given below:

Biomedical wastes marked vehicles should be increased.

- The leakage of biomedical wastes should be prevented during any transhipment.
- Biomedical wastes should not be mixed with other hazardous wastes.
- Awareness about the colour code about biomedical wastes must be created and followed. Fig. 1 shows the colour coding for the containers of the healthcare wastes.
- All the staffs dealing with biomedical wastes in any of its state should be trained regularly in order to prevent their hazardous consequences.
- Each district should be constituted with a biomedical wastes management board (BMW Management board).<sup>19</sup>

Bag Colour	Description
	Infectious waste contaminated with chemicals  Clinical waste, infectious, containing chemicals from healthcare  For clinical waste incineration only
Yellow	Classed as Hazardous waste
Orange	Infectious waste (not containing chemicals or medicinal contamination) Clinical waste, infectious, containing chemicals from healthcare Suitable for alternative treatment or clinical waste incineration Classed as Hazardous waste
Purple	Cytotoxic and cytostatic waste Clinical waste, cytotoxic and cytostatic waste, infectious For incineration only Classed as Hazardous waste
Yellow &Black	Offensive/hygiene waste Offensive waste, municipal or from healthcare For incineration, landfill ,energy from waste or other authorised disposal/recovery Classed as Non-hazardous waste
Red	Anatomical waste for incineration Indicative treatment/disposal required is incineration in a suitably permitted facility For clinical waste incineration only Classed as Hazardous waste
	Medicinal waste for incineration Indicative treatment/disposal required is incineration in a suitably permitted facility Can be classed as Hazardous waste
Blue	Domestic (municipal) waste Mixed municipal waste Classed as Non-hazardous waste
White	Dental Amalgam  Dental amalgam and mercury including spent and out-of-date capsules, excess mixed amalgam and contents of amalgam separators  For recovery

### Reference:

- Govt of India. Ministry of Environment and Forests Gazette notification No 460 dated July 27. New Delhi:1995:10-20.
- WHO Standard precautions in health care [Internet].
   Who.int. Available from: https://www.who.int/csr/resources/publications/standardprecautions/en/.
- 3. Laboratory Diagnosis, Biosafety and Quality Control. National Institute of Communicable Diseases and National AIDS Control Organization, Delhi. Pages 26-41.
- Environment Management for control of Hospital infections: Proceedings of 7<sup>th</sup> conference of hospital infection society–India, CME- 9 January 2003. CMC, Vellore.
- 5. Wilson HF, Edward Bellinger G, Mjor A. Dental practice and the environment. Int Dent J. 1998; 48: 161-6
- Hem C. Hospital Waste; An environmental hazard and its management. 1999, Enviro News Archive. 5 No. 3.
- 7. Anita R, Monika X, Ratika M. An overview on characterization, utilization and leachate analysis of biomedical waste incinerator ash. Journal of Environmental Management. 2012;108:36-41.
- Blenkharn J. Standards of clinical waste management in UK hospitals. Journal of Hospital Infection. 2006;62(3):300–303.
- 9. Tiwari A, Kadu P. Biomedical Waste Management Practices in India-A Review. International Journal of Current Engineering and Technology. 2013;3(5):2030-2033.
- 10. Jang YC, Lee C, Yoon OS, Kim H. Journal of Environmental Management. 2006; 80:107–115.
- 11. A Shukla; M Shukla and P Ahuja , International E-Journal, 2013, 8–27
- 12. Hegde V, Kulkarni RD and Ajantha GS. Biomedical waste management. Journal of Oral and Maxillofacial Pathology. 2007;11(1):5–9.
- 13. Agarwal D. Neglected Dimension of Health Care System: Biomedical Waste. International Journal for Scientific Research and Development. 2015;3(8):131–132.
- 14. World Health Organisation (WHO). Safe Health-Care Waste Management: A Policy Paper; 2004.
- Pathak S. Management of Hosppital Waste: A Jaipur Scenario. Proceedings of National Workshop on Management and Hospital Waste. 1998: 31–33.
- Chudasama R, Rangoonwala M, Seth A, et al. Biomedical Waste Management: A study of knowledge, attitude and practice among healthcare Personnel at tertiary care hospital in Rajkot. Journal of Research in Medical and Dental Science. 2013;1(1):17–22.

- 17. Hazardous waste [Internet]. GOV.UK. Available from: https://www.gov.uk/healthcare-waste.
- Choudhary A and Slathia D. Biomedical Waste Management: A caste Study of Gandhinagar Hospital, Jammu. International Journal of Environmental Research and Development. 2014; 4(4):287–290.
- 19. Shekdar AV, Patil AD, Health-care waste management in India. Journal of Environmental Management. 2001;63(-): 211–220.
- Manika Barar, Arpita Kulkhestha. Biomedical Waste Management: Need of Today A Review. International Journal of Science and Research. 2015;4(12): 2417–2421.
- 21. Babu B, Parandae A, Rajalakshmi R, et al. Management of Biomedical Waste in India and Other Countries: A Review. J Int Environmental Application and Science. 2009;4(1):65–78.
- JAFRI A. Characterization and Impact of Biomedical Waste BMW and Management Strategies at Lucknow city [Internet]. Hdl.handle.net. [cited 21 March 2020]. Available from: http://hdl.handle.net/10603/89915.
- 23. Shah C. Biomedical Waste Management: A Move towards Green Environment. Asia Pacific Journal of Management and Entrepreneurship Research. 2012;1(3):5–20.
- 24. Pasupathi P, Sindhu S, Ponnusha B, Ambika A. Biomedical waste management for health care industry. International Journal of Biological and Medical Research. 2011;2(1):472–486.
- 25. Vichal R, Pooja R, Shalini B. Bacteriological Profile of Biomedical Waste: Management Guidelines. Journal of Indian Academy of Forensic Medicine. 2011;33(2):145–148.
- 26. Anishta S, Reema K, Kirti S, Anupam W. From policy table to bin-side: an urgent need to address bio-medical waste management in India. Indian Journal of Scientific Research. 2014;5(1):153–162.
- 27. Mensudar R, Karthick A, Amudha D. Biomedical Waste Management-Green Dentistry. Biomedical and Pharmacology Journal. 2011;4(1).
- 28. Farzadkia M, Moradi A, S Mohammadi M, et al. Hospital waste management status in Iran: a case study in the teaching hospitals of Iran University of Medical Sciences. Waste Management and Research. 2009;27(4):384–389.
- Arun S, Ashok A, Vijender Kumar A, et al. Evaluation of Bio-Medical Waste Management Practices In A Tertiary Care Hospital Of Rohilkhand Region In Uttar Pradesh, India. International Journal of Medical Science and Public Health. 2014;3(10):1187– 1191.
- 30. Vikas T, Ramesh A. Healthcare waste management research: A structured analysis and review (2005–2014). Waste Management and Research. 2015;33(10):855–870.

- 31. Windfeld E, Brooks M. Medical waste management : A review. Journal of Environmental Management. 2015;163:98-108.
- 32. Caniato M, Tudor T, Vaccari M. International governance structures for health-care waste management: A systematic review of scientific literature. Journal of Environmental Management. 2015;153:93-107.
- 33. Varsha HT, Ali FM, Kishor P, et al. Awareness Towards Biomedical Waste Management: A Review. Critical Review In Pharmaceutical Sciences. 2013;2(3):12-18.
- 34. Qadir M, Murad R, Faraz N. Hospital waste management; tertiary care hospitals. Professional Med J. 2016;23(7):802-806.
- 35. Hossain MS, Santhanam A, Nik Norulaini et al. Clinical solid waste management practices and its impact on human health and environment A review. Waste Management. 2011;31(4):754-766.
- 36. Hassan MM, Ahmed SA, Anisur Rahman K, Biswas TK. Pattern of medical waste management: existing scenario in Dhaka City, Bangladesh. BMC Public Health. 2008;8(36).
- Mehta A, Singh S. A review on biomedical Waste, its effect and management. International Journal of Advance and Innovative Research. 2019;6(2):112-116

- 38. Singh R, Jurel S, Tripathi S, et al. Mercury and other biomedical waste management Practices among dental practitioners in India. BioMed Research International. 2014;2014:1-6.
- 39. Chakraborty S, Veeragowda B, Gowda L, et al. Biomedical waste management. Advances in Animal and Veterinary Sciences. 2013;2(2):67-72.
- 40. Yuwono A and Ersa N. Evaluation of Medical Solid Waste Management: A Case Study of Two Hospitals in Bogor, Indonesia. International Journal of Applied Environmental Sciences. 2018;13(3):323-337.
- 41. Mbongwe B, Mmereki B and Magashula A. Healthcare waste management: Current practices in selected healthcare facilities, Botswana. Waste Management. 2008;28(1):226-233.
- 42. Yadav M. Hospital Waste: A Major Problem. JK Practioner. 2001;8(4):276-282.
- 43. Das S and Biswas R. Awareness and practice of biomedical waste management among healthcare providers in a Tertiary Care Hospital of West Bengal, India. International Journal of Medicine and Public Health. 2016;6(1):19-25.
- 44. Rai D, Patel N and Srivastava A. Assessment of Biomedical Waste Disposal and Management in Three Hospitals of Rishikesh, India. International Journal of Research in Advent Technology. 2018;6(10):2610-2616.