

**BEFORE THE NATIONAL GREEN TRIBUNAL
PRINCIPAL BENCH, NEW DELHI**

(By Video Conferencing)

Original Application No. 710/2017

Shailesh Singh Applicant(s)

Versus

Sheela Hospital & Trauma Centre,
Shahjahanpur & Ors. Respondent(s)

WITH

Original Application No. 711/2017

Shailesh Singh Applicant(s)

Versus

Kailash Hospital and Heart Institute &Ors. Respondent(s)

WITH

Original Application No. 712/2017

Shailesh Singh Applicant(s)

Versus

Shri Ganga Charan Hospital (P) Ltd., Bareilly & Ors. Respondent(s)

WITH

Original Application No. 713/2017

Shailesh Singh Applicant(s)

Versus

Katiyar Nursing Home, Hardoi & Ors. Respondent(s)

(With report dated 18.07.2020)

Date of hearing: 20.07.2020

**CORAM: HON'BLE MR. JUSTICE ADARSH KUMAR GOEL, CHAIRPERSON
HON'BLE MR. JUSTICE S. P. WANGDI, JUDICIAL MEMBER
HON'BLE DR. NAGIN NANDA, EXPERT MEMBER**

Respondent(s): Mr. Rajkumar, Advocate for CPCB

ORDER

1. Present proceedings are in continuation of earlier order dated 22.01.2020. The issue raised in these applications is non - compliance of the provisions of Bio-medical Waste Management Rules, 2016 (BMW Rules) by the States and UTs.

2. The matter was reviewed vide order dated 22.01.2020 with reference to earlier proceedings and the report of the CPCB. It was noted by the Tribunal in an earlier order that unscientific disposal of bio-medical waste had potential of serious diseases such as Gastrointestinal infection, Respiratory infection, Eye infection, Genital infection, Skin infection, Anthrax, Meningitis, AIDS, Haemorrhagic fevers, Septicaemia, Viral Hepatitis type A, Viral Hepatitis type B and C, etc. Such unscientific disposal also causes environmental pollution leading to unpleasant smell, growth and multiplication of vectors like insects, rodents and worms and may lead to the transmission of diseases like typhoid, cholera, hepatitis and AIDS through injuries from syringes and needles contaminated with various communicable diseases. The Tribunal referred to the news article published in "Dainik Jagran" dated 06.10.2017 stating as follows:-

"That the Gautam Buddha Nagar is the only district where a survey of 66 hospitals was conducted in October 2017 where 23 were found doing the management of Biomedical waste. 18 hospitals of which have been issued notices by the Regional Officer, UPPCB, GuatamBudh Nagar."

3. Reference was also made to the report of the CAG placed on its website in May, 2017 as follows:

“Inadequate facility of bio-medical waste (BMW) treatment. As per the report paragraph 2.1.9.5 there were 8,366 Health Care Establishments (HCEs) out of which 3,362 HCEs were operating without authorization. Total BMW generated in the State was 37,498 kg/day out of which only 35,816 kg/day was treated and disposed of. BMW of 1,682 kg/day was being disposed of untreated due to inadequate treatment facility. But UPPCB failed to monitor unauthorised operation and untreated disposal of BMW and did not take any action against the defaulters.”

4. The Tribunal also referred to earlier directions and the report of the CPCB about the status of compliance dated 15.11.2019 based on information received from different States/UTs. The information related to the monitoring of the Health Care Facilities (HCFs), grant of authorizations, adequacy of common treatment facilities, constitution of State/District Advisory Committees, Barcodes system in every HCF and CBWTFs, training and capacity building of the Departments and workers, installation of online systems for monitoring, giving of reports, compliance of standards, etc. The Tribunal held that there was need for consolidated status report with statistics and recommendations. We may also mention that one of the directions in order of the Tribunal dated 15.7.2019 was to require preparation of District Environment Plans as per Articles 243G, 243W and 243ZD read with Schedules 11 and 12 of the Constitution. The District Magistrate as head of the District Planning Committee was to monitor compliance of environmental norms, including Bio Medical Waste Management Rules once every month and send a report to the Chief Secretary. Relevant part of the order is extracted below:

“We find it necessary to add that in view of Constitutional provisions under Articles 243 G, 243 W, 243 ZD read with Schedules 11 and 12 and Rule 15 of the Solid Waste Management Rules, 2016, it is necessary to have a District Environment Plan to be operated by a District Committee (as a part of District Planning Committee under Article 243 ZD) with representatives from Panchayats, Local Bodies, Regional Officers, State PCB and a suitable officer representing the administration, which may in turn be chaired and monitored by the District Magistrate. Such District Environment Plans and Constitution of District Committee may be placed on the website of Districts concerned. The monthly report of monitoring by the District Magistrate may be furnished to the Chief Secretary and may be placed on the website of the District and kept on such websites for a period of one year. This may be made operative from 1.08.2019.”

5. In above background, the CPCB has filed a consolidated report on 18.07.2020 with reference to the action points in terms of earlier orders including preparation of action plans, monitoring compliance and recovering compensation for violations. The CPCB received revised reports from 33 States/UTs and assessed the compliance status. The overall bio-medical waste management scenario has been summarized as follows:

*“(i) An inventory of about **2,70,416 nos. of Healthcare Facilities (HCFs)** with 97,382 bedded and 1,73,831 non-bedded HCFs was reported. Out of these 2,70,416 nos of HCFs, only **1,10,356 HFCs are authorized** till the year 2019.*

*(ii) Total generation of bio-medical waste is about **614 tonnes per day out of which about 534 tonnes per day is treated** through CBWTFs as well as captive treatment facilities.*

(iii) About 57 tonnes per day of biomedical waste is treated by captive treatment facilities and about 472 tonnes per day of biomedical waste is treatment by CBWTF.

(iv) Summary of bio-medical waste management scenario in the country is given below:

- No. of Healthcare Facilities (HCFs)	:2,70,416
- No. of bedded HCFs	:97,382
- No. of non-bedded HCFs	:1,73,831

- No. of beds	:22,06,362
- No. of CBWTFs	:200*+28**
- No. of HCFs granted authorization	:1,10,356
- No. of HCFs having Captive Treatment Facilities	:12,326
- No. of Captive Incinerators Operated by HCFs	:120
- Quantity of bio-medical waste generated in Tonnes/day	:614
- Quantity of bio-medical waste treated in Tonnes/day	:534
- No. of HCFs violated BMW Rules	:27,301
- No. of show-cause notices/Directions issued to defaulter HCFs	:16,956

Note: (i)*-CBWTFs in operation (ii) **-CBWTFs under installation

State specific data pertaining, generation, treatment and disposal of biomedical waste including details of waste management infrastructure is summarized into a data **Table given at Annexure V.**”

6. In Para 4 of the report, it is stated that State of Rajasthan and Nagaland have not yet filed their revised action plans. In para 5.1 under the heading ‘Inventory of all healthcare facilities (HCFs) and biomedical waste general’, it is stated that 25 States/UTs have completed their inventories and **10 States/UTs namely; Assam, Kerala, Mizoram, West Bengal, Jharkhand, Chhattisgarh, Goa, Gujarat, Meghalaya and Uttarakhand have yet to do it.** In para 5.2 under the heading ‘Authorization to all Healthcare Facilities including non-bedded HCFs’, it is stated that as per the Annual report submitted by SPCBs/PCCs, **out of 2,70,416 healthcare facilities, only 1,11,122 no. of health care facilities have applied for authorization and 1,10,356 HCFs have obtained authorized** under BMWM Rules, 2016. Thus, apart from those who have applied and those who have obtained authorization, **there are about 50,000 HCFs who have neither applied nor taken the**

authorization. The said States may expedite the process and complete the same positively by 31.12.2020 and file a compliance report with the CPCB. In para 5.3 under the heading 'Facilitate setting-up adequate number of Common Biomedical Waste Treatment Facilities (CBWTFs) to cover entire State or all HCFs', it is stated that **there is no CBWTF in seven States and UTs namely; Andaman & Nicobar, Arunachal Pradesh, Goa, Lakshadweep, Mizoram, Nagaland and Sikkim** to cater service of treatment and disposal of biomedical waste and these States are managing disposal of biomedical waste with existing captive treatment facilities installed by HCFs or by deep burial of waste. These States have reported that they are under the process of setting up of new CBWTFs. In para 5.5 under the heading 'Implementation status of Barcode system', it is stated that only 4 States have implemented the barcode system. The remaining have either partially implemented or not established such system. In para 5.6 under the heading 'Monitoring of Healthcare Facilities other than hospitals/clinics such as Veterinary Hospitals, Animal Houses, AYUSH Hospitals, etc', it is stated that Andaman & Nicobar, Assam, Jammu & Kashmir, Manipur, Andhra Pradesh, Chhattisgarh, Karnataka, Meghalaya, Nagaland, Rajasthan and Tripura have not provided any information regarding monitoring of veterinary hospitals, animal houses etc. CPCB has conducted random inspections of veterinary hospitals/animal houses, whereby following common discrepancies were observed:

- **Majority of veterinary Hospitals have not obtained authorization** obtained from prescribed authority, that is the SPCBs/PCCs;

- The **Hospitals have not registered with the CBWTFs** for treatment and disposal of BMW generated in their veterinary hospitals;
- **No segregation of waste at source is practiced through separate color-coded collection bins;**
- **No records are maintained about waste generation, collection, transportation, treatment and disposal, etc.**

CPCB has communicated the above short-comings to Departments of Animal Husbandry of all the concerned States.

7. In para 5.7 under the heading 'Monitoring infrastructure of SPCBs/PCCs', it is stated that various States/UTs have not given any information regarding their monitoring infrastructure. In para 5.9 under the heading 'Installation of OCEMS by CBWTFs and transmission of data to servers of SPCBs/ CPCB', it is stated that 150 out of 200 CBWTFs have connected with Central server of CPCB for transmission of online continuous Emission Monitoring Systems. CBWTFs in States/UTs namely Gujarat, Tamil Nadu, MP and West Bengal have installed CBWTFs in all facilities, however **some of the CBWTFs are yet to connect with CPCB server. State-wise list of connectivity of with CPCB server is given at Annexure-V.**

8. The above gaps need to be bridged having regard to the significance of scientific disposal of bio-medical waste. Individual averments with regard to the concerned hospitals mentioned in O.A Nos. 710/2017, 711/2017, 712/2017 and 713/2017 may also be verified and appropriate action taken in accordance with law and a specific report

given by the concerned State PCBs to the CPCB. **CPCB may include such information in its next report.**

9. We also reiterate earlier direction for constitution of District Planning Committees to monitor District Environment plans covering important environmental issues. Monitoring at District level may go long way in protection of environment and public health and compliance of Constitutional mandate. It will be appreciable that the State PCBs/PCCs collect information on the subject from the District Magistrates and furnish reports in this regard to the CPCB. We also find it necessary to require PCBs/PCCs to ascertain status of compliance of norms by the CBWTFs, specially that no biomedical waste is disposed by CBWTFs at any place in an illegal manner and report the same to the CPCB.

10. Let all the States/UTs which are lacking in compliance take further steps and give their reports to the CPCB online. A further consolidated report be compiled by the CPCB based on information collected from all the State PCBs/PCCs as on 30.11.2020. The report may be filed by 31.12.2020 by e-mail at judicial-ngt@gov.in preferably in the form of searchable PDF/ OCR Support PDF and not in the form of Image PDF.

A copy of this order be sent to Chief Secretaries of all the States/UTs, State PCBs/PCCs, CPCB, Ministries of Environment Forest & Climate Change, Health and Family Welfare, Jal Shakti, Housing and Urban Affairs and Defence Govt. of India, by e-mail. State PCBs/PCCs may forward a copy of this report to the District Magistrates in their respective jurisdiction for compliance.

List for further consideration on 12.01.2021

Adarsh Kumar Goel, CP

S. P. Wangdi, JM

Dr. Nagin Nanda, EM

July 20, 2020

Original Application No. 710/2017 with other connected matters

AK