

BEFORE THE HON'BLE NATIONAL GREEN TRIBUNAL,

Principal Bench, New Delhi

Original Application No. 710/2017

With

Original Application No. 711/2017

With

Original Application No. 712/2017

With

Original Application No. 713/2017

In the Matter of:

Shailesh Singh

Applicant(s)

Versus

Sheela Hospital & Trauma Centre, Shahjahanpur & Ors.

Respondent(s)

With

Shailesh Singh

Applicant(s)

Versus

Kailash Hospital and Heart Institute & Ors.

Respondent(s)

With

Shailesh Singh

Applicant(s)

Versus

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

Respondent(s)

With

Shailesh Singh

Applicant(s)

Versus

Katiyar Nursing Home, Hardoi & Ors.

Respondent(s)

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(B. Vinod Babu)

Scientist-'E'

Central Pollution Control Board,
Parivesh Bhawan, East Arjun Nagar,
Delhi- 110032

Place: Delhi

Date: 18.07.2020

**Consolidated Report on Status of Compliance to Biomedical Waste Management Rules, 2016
in the matter of O.A. No. 710 of 2017 filed by Shailesh Singh before Hon'ble National Green
Tribunal**

1. Background:

1.1 Hon'ble National Green Tribunal (hereinafter referred as Hon'ble NGT) heard the matters of Original Application No. 710 of 2017; titles as Shailesh Singh versus Sheela Hospital & Trauma Centre, Shahjhanpur & Ors. with O.A. No. 711 of 2017, O.A. No. 712 of 2017 and O.A. No. 713 of 2017 regarding non-compliance to Biomedical Waste Management Rules, 2016 (hereinafter referred as BMW Rules, 2016) in States. As per the Application most of the hospitals are disposing off biomedical waste in haphazard and improper manner and has not taken authorisation under BMW Rules, 2016 from State Pollution Control Boards (hereinafter referred as SPCBs).

After hearing the matter, Hon'ble NGT has passed the following three orders which pertains to preparation of action plans for compliance to BMW Rules, 2016 by concerned Governments of States and Union Territories, review and analysis of action plans by CPCB for further action.

2. Orders of Hon'ble National Green Tribunal

2.1 Order dated 12.03.2019:

Hon'ble Tribunal had passed the following directions in its hearing dated 12.03.2019:

- (i) Preparation of Action Plan on Compliance to BMW Rules, 2016 for every State by State Health Department and submitted the same to CPCB. Further, CPCB was directed to prepare comments on Action Plan prepared by State.*
- (ii) Chief Secretaries to monitor compliance to BMW Rules personally atleast once in a month and furnish a quarterly report to this Tribunal and to appear again after six months.*
- (iii) CPCB should prepare a scale of compensation to be recovered from violators of BMW Rules*

Copy of the order dated 12.03.2019 is given at **Annexure I**.

2.2 Order dated 15.07.2019:

The above matter of O.A. No. 710 of 2017 was heard again by Hon'ble NGT on 15.07.2019 wherein the CPCB's report on State Level Action Plan was discussed and was accepted by Hon'ble Tribunal. The said order also directed following action points with respect to effective management of Biomedical Waste:

- "States/UTs may furnish complete inventory of HCFs and BMW generation within two months and where the inventories are incomplete, the same may be completed.*
- The States which have not set up common treatment and disposal facility must do so within two months as per Rules.*
- The States who have not furnished the information on the barcode system may also furnish such information at the earliest but not beyond two months. The States which*

have not yet constituted State Level Advisory Committee may also do so within two months.

- *The action plans and their execution must be carried out having regard to the key performance indicators.*
- *The States which have inadequate action plans, not satisfactory action plans, needing further actions must also do the needful within two months*
- *Chief Secretaries may personally monitor compliance of environmental norms (including BMW Rules) with the District Magistrate once every month.*
- *The District Magistrates may conduct such monitoring twice every month.*
- *District Environment Plan to be operated by a District Committee 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.*
- *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.*
- *CPCB may file further progress report in the matter after coordination through the concerned authorities of the State including State Pollution Control Boards / other health departments....”*

Copy of the order dated 15.07.2019 is given at **Annexure II**.

2.3 Order dated 22.01.2020:

Hon’ble Tribunal had made the following directions and directions in its hearing dated 21.01.2020:

“.....While statistics for individual States have been given in respect of the above action points, with recommendations of CPCB, there is no consolidated status report in terms of the said statistics and recommendations. Consolidated information only mentions the status of furnishing of action plan, complete, incomplete or otherwise. Neither counsel for the applicant nor counsel for the CPCB is in a position to assist this Tribunal with such analysis to enable the Tribunal to proceed further. Deficiencies noticed by the CPCB from the reports received from the States need to be identified and conveyed to the respective States for remedial action forthwith and follow up action taken by said States preferably within one month from today.”

“.....Let a proper analysis of the reports of the States/UTs be prepared in terms of statistics under different heads and recommendations for further action”

Copy of the order dated 22.01.2020 is given at **Annexure III**.

3. Action Taken by Central Pollution Control Board

- 3.1 In compliance to order of Hon'ble NGT dated 12.03.2019, CPCB submitted a comprehensive report, wherein Key Performance Indicators were identified for further assessment of compliance to BMW Rules, 2016 by States/UTs. CPCB also submitted the revised action plan for every State with recommendations. CPCB also prepared the Guidelines for Imposition of Environmental Compensation against Healthcare Facilities and Common Biomedical Waste Treatment Facilities. In its Order dated 15.07.2019, Hon'ble NGT accepted the afore-said CPCB report as well as CPCB guidelines for Environmental Compensation and passed directions for States to follow these guidelines to take action against defaulting HCF or CBWTF and also directed to revise their action plans.
- 3.2 In compliance to Order dated 15/07/2020, CPCB filed a report on revised State level action plans on compliance to BMW Rules, 2016, as per the information received from concerned authorities in the State and State Pollution Control Boards / Pollution Control Committees. Further, as directed by Hon'ble NGT, CPCB communicated shortcomings observed in the action plan to respective States/UTs Boards and State Health Departments vide letter dated 07.02.2020. Copy of the said letter given at **Annexure IV**.

4. Revised State Level Action Plan

Revised reports received from 33 States namely Andaman & Nicobar, Chandigarh, DD & DNH, Haryana, Himachal Pradesh, Jammu & Kashmir, Lakshadweep, Madhya Pradesh, Odisha, Puducherry, Sikkim, Tamil Nadu, Uttar Pradesh, Assam, Kerala, Mizoram, West Bengal, Jharkhand, Maharashtra, Delhi, Arunachal Pradesh, Telangana, Bihar, Goa, Gujarat, Meghalaya, Tripura and Uttarakhand and Andhra Pradesh. Rajasthan and Nagaland have not yet submitted the revised action plan.

5. Compliance status of States based on Key Performance Indicators:

CPCB in its earlier report identified Key Performance Indicators (KPIs) to assess the compliance status of BMW Rules, 2016, which were accepted Hon'ble Tribunal to revise the action plan. The list of 12 Key Performance Indicators identified to assess the effectiveness of implementation of said Rules are given below;

- (i) Inventory of all Healthcare Facilities and biomedical waste generation;
- (ii) Authorization to all Healthcare Facilities including non-bedded HCFs;
- (iii) Facilitate setting-up adequate number of Common Biomedical Waste Treatment Facilities (CBWTFs) to cover entire State or all HCFs;
- (iv) Constitution of State Advisory Monitoring Committee and District Level Monitoring Committee;
- (v) Implementation status of Barcode system;
- (vi) Monitoring of Healthcare Facilities other than hospitals/clinics such as Veterinary Hospitals, Animal Houses, AYUSH Hospitals etc.;
- (vii) Monitoring infrastructure of SPCBs/PCCs, Training and Capacity Building of officials of SPCBs/PCCs and Healthcare Facilities;

- (viii) Installation of OCEMS by CBMWTs as a self-monitoring tool and transmission of data with servers of SPCBs/ CPCB;
- (ix) Preparation of Annual Compliance Status Reports;
- (x) Compliance by Common Facilities (emission/discharge standards, barcoding, proper operation, etc.);
- (xi) Compliance by Healthcare Facilities (Segregation, pre-treatment, on-site storage, barcoding and other provisions etc.);

The compliance to the BMW Rules, 2016 has been assessed based on the action plans submitted by the State Governments and SPCBs / PCCs and the annual report information on biomedical waste management. As per the revised status report from the States/UTs, it is observed that some States have completed the action plan effectively however some States are in process of completion or no action has been taken.

As per annual report information, over-all bio-medical waste management Scenario is summarized below;

- (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 HCFs 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 treated 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**.

Performance of States based on Key performance indicators is given below;

5.1 Inventory of all Healthcare Facilities (HCFs) and biomedical waste generation:

Inventory of all healthcare facilities including non-bedded HCFs like Clinic, AYUSH hospitals etc. generating biomedical waste is one of the key indicators. This key indicator helps to quantify amount of biomedical waste generated from HCFs which will further help in management and proper treatment and disposal of biomedical waste.

As per the revised action plan submitted by States/UTs, 25 out of 35 States/UTs, have completed inventory of all HCFs generating biomedical waste however, 10 States/UTs namely Assam, Kerala, Mizoram, West Bengal, Jharkhand, Chhattisgarh, Goa, Gujarat, Meghalaya, Uttarakhand, have taken some initiatives or under process of completing inventory of all HCFs generating biomedical waste. Maharashtra submitted that tender has been floated for inventory of HCFs.

5.2 Authorization to all Healthcare Facilities including non-bedded HCFs:

BMWM Rules, 2016, stipulates that authorization is mandatory for every bedded as well as non-bedded Healthcare Facilities. As per the Annual report submitted by SPCBs/PCCs, out of 2,70,416 healthcare facilities, only 1,11,122 no. of healthcare facilities have applied for authorization and 1,10,356 HCFs have obtained authorized under BMWM Rules, 2016.

States/UTs namely Chandigarh, Odisha and Tamil Nadu have completed authorization of all HCFs including non-bedded HCFs. Whereas States/UTs namely Andaman & Nicobar, Assam, DD & DNH, Haryana, Himachal Pradesh, Kerala, Lakshadweep, Madhya Pradesh, Maharashtra, Mizoram, Puducherry, Sikkim, Uttar Pradesh, West Bengal, Jharkhand, Manipur, Delhi, Arunachal Pradesh, Telangana, Bihar, Andhra Pradesh, Chhattisgarh, Goa, Gujarat, Karnataka, Meghalaya, Nagaland, Punjab, Rajasthan, Tripura, Uttarakhand have reported that authorization of HCFs is under process. State health department of Jammu & Kashmir has not indicated any plan or status of authorization of HCFs in the report submitted.

5.3 Facilitate setting-up adequate number of Common Biomedical Waste Treatment Facilities (CBWTFs) to cover entire State or all HCFs:

States/UTs namely Chandigarh, DD & DNH, Haryana, Kerala, Madhya Pradesh, Puducherry, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Telangana, Punjab, Gujarat and Rajasthan have facilitated setting up of adequate number of CBWTFs.

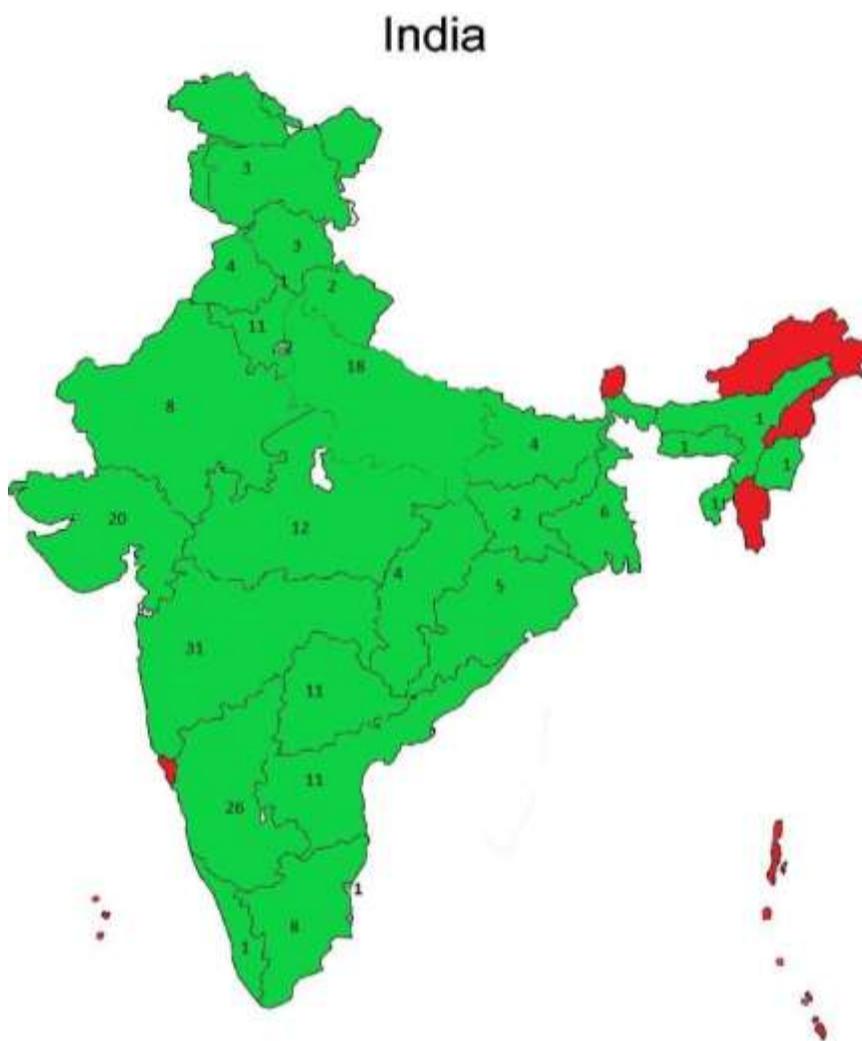
There is no CBWTF in seven States and UTs namely Andaman & Nicobar, Arunachal Pradesh, Goa, Lakshadweep, Mizoram, Nagaland and Sikkim to cater service of treatment and disposal of biomedical waste and these States are managing disposal of biomedical waste with existing captive treatment facilities installed by HCFs or by deep burial of waste. These States have reported that there are under the process of setting up of new CBWTFs

States/UTs namely Assam, Himachal Pradesh, Jammu & Kashmir, Maharashtra, Odisha, Bihar, Andhra Pradesh, Chhattisgarh, Tripura, Meghalaya and Uttarakhand have reported that they are in the process of setting up new CBWTFs to ensure effective coverage in the State.

State-wise details of CBWTFs is given below:

S. No.	Name of the State/UT	No. of CBWTFs
1	Andaman Nicobar	Nil
2	Andhra Pradesh	11
3	Arunachal Pradesh	Nil
4	Assam	1
5	Bihar	4
6	Chandigarh	1
7	Chhattisgarh	4
8	Daman & Diu and Dadra & Nagar Haveli	1
9	Delhi	2
10	Goa	Nil
11	Gujarat	20
12	Haryana	11
13	Himachal Pradesh	3
14	Jharkhand	2
15	Jammu & Kashmir	3
16	Karnataka	26
17	Kerala	1
18	Lakshadweep	Nil
19	Madhya Pradesh	13
20	Maharashtra	31
21	Manipur	1
22	Meghalaya	1
23	Mizoram	Nil
24	Nagaland	Nil
25	Orissa	5
26	Puducherry	1
27	Punjab	4
28	Rajasthan	8
29	Sikkim	Nil
30	Tamil Nadu	8
31	Telengana	11
32	Tripura	1
33	Uttarakhand	2
34	Uttar Pradesh	18
35	West Bengal	6
	Total	200

Map showing availability CBWTFs in States is given below:



5.4 Constitution of State Advisory Monitoring Committee and District Level Monitoring Committee:

All the States/UTs except Gujarat have Constituted State Advisory Monitoring Committee and District Level Monitoring Committees. Gujarat has submitted that constitution of district level advisory committee and State Level Advisory committee is under consideration.

5.5 Implementation status of Barcode system:

4 States namely Chandigarh, DD & DNH, Telangana and Punjab have implemented bar code system. Whereas Assam, Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra, Odisha, Puducherry, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Bihar, Andhra Pradesh, Chhattisgarh, Gujarat, Karnataka, Rajasthan and Uttarakhand have partially implemented bar code system in HCFs and CBWTFs. Jammu & Kashmir has allotted bar codes to HCFs but not yet implemented.

Andaman & Nicobar, Lakshadweep, Mizoram, Sikkim, Arunachal Pradesh, Goa and Nagaland have stated that bar code system will be established after CBWTFs are operational. Tripura, Manipur and Meghalaya have not provided information regarding implementation of bar code system.

5.6 Monitoring of Healthcare Facilities other than hospitals/clinics such as Veterinary Hospitals, Animal Houses, AYUSH Hospitals etc.:

As per Rule 9(3) of the BMWM Rules, 2016, following duties are stipulated for state department of Animal Husbandry and Veterinary:

- Grant of license to health care facilities or nursing homes or veterinary establishments with a condition to obtain authorisation from the prescribed authority for bio-medical waste management.
- Monitoring, Refusal or Cancellation of license for health care facilities or nursing homes or veterinary establishments for violations of conditions of authorisation or provisions under these Rules.
- Publication of list of registered health care facilities with regard to bio-medical waste generation, treatment and disposal.
- Undertake or support operational research and assessment with reference to risks to environment and health due to bio-medical waste and previously unknown disposables and wastes from new types of equipment.
- Coordinate with State Pollution Control Boards for organizing training programmes to staff of health care facilities and municipal workers on bio-medical waste.
- Constitution of Expert Committees at National or State level for overall review and promotion of clean or new technologies for bio-medical waste management.
- Organizing or Sponsoring of trainings for the regulatory authorities and health care facilities on bio-medical waste management related activities.
- Sponsoring of mass awareness campaigns in electronic media and print media.

States/UTs namely Chandigarh, DD & DNH, Haryana, Himachal Pradesh, Lakshadweep, Maharashtra, Mizoram, Odisha, Puducherry, Sikkim, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Kerala, Madhya Pradesh, Arunachal Pradesh, Telangana, Bihar, Gujarat, Uttarakhand, Goa and Punjab are monitoring compliance of veterinary hospitals, animal houses etc. however quantitative figures on number of such HCFs, violations observed, number of directions issued, etc. are not provided by any of the States.

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.

5.7 Monitoring infrastructure of SPCBs/PCCs:

Monitoring infrastructure of State Boards is very essential to verify the compliance to the BMWM Rules, 2016 by Healthcare Facilities and Common Biomedical Waste Treatment Facilities.

State Boards of Haryana, Himachal Pradesh, Maharashtra, Puducherry, Jharkhand, Delhi, Arunachal Pradesh, Telangana, Bihar, Uttarakhand and Goa have assessed the requirement for enhancing their monitoring infrastructure.

Andaman & Nicobar, Assam, Jammu & Kashmir, Kerala, Lakshadweep, Madhya Pradesh, Mizoram, Odisha, Sikkim, Uttar Pradesh, Manipur, Chhattisgarh, Karnataka, Meghalaya, Nagaland, Punjab, Rajasthan and Tripura have not provided any information regarding monitoring infrastructure of SPCBs/PCCs.

Chandigarh, DD & DNH, Tamil Nadu, West Bengal, Andhra Pradesh and Gujarat have submitted that the existing monitoring infrastructure is adequate.

5.8 Training and Capacity Building of officials of SPCBs/PCCs and Healthcare Facilities:

States namely Andaman & Nicobar, Assam, Chandigarh, DD & DNH, Haryana, Himachal Pradesh, Kerala, Lakshadweep, Madhya Pradesh, Maharashtra, Mizoram, Odisha, Puducherry, Sikkim, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Manipur, Delhi, Arunachal Pradesh, Telangana, Bihar, Andhra Pradesh, Punjab, Rajasthan, Arunachal Pradesh, Goa, Meghalaya and Tripura has provided information regarding training and capacity building programs organized for officials of SPCBs/PCCs and HCFs.

Nagaland and Uttarakhand has submitted proposal for training and building capacity program for officials of SPCBs/PCCs and HCFs.

Jammu & Kashmir, Chhattisgarh, Gujarat and Karnataka have not submitted any information on training and capacity building programs for officials of SPCBs/PCCs and HCFs.

5.9 Installation of OCEMS by CBWTFs and transmission of data to servers of SPCBs/ CPCB;

States/UTs namely Assam, Chandigarh, Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Puducherry, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Telangana, Bihar, Tamil Nadu, Andhra Pradesh and Gujarat has submitted that all CBWTFs has installed OCEMS.

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-VI**.

5.10 Preparation of Annual Compliance Status Reports:

All the States/UTs have submitted Annual Report Information for year 2018 on Biomedical Waste Management.

5.11 Compliance by Common Biomedical Waste Treatment Facilities:

The guidelines prepared by CPCB for Imposition of Environmental Compensation by defaulting Healthcare Facilities and Common Biomedical Waste Treatment Facilities were forwarded to SPCBs/PCCs for taking appropriate action against defaulting facilities.

As per revised action plans, States/UTs namely Assam, Chandigarh, Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra, Puducherry, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Telangana, Bihar, Andhra Pradesh, Gujarat and Punjab have indicated that they are monitoring compliance of CBWTFs, however quantitative figures on number violations observed, number of directions issued, etc. are not provided by any of the States.

5.12 Compliance by Healthcare Facilities:

BMWM Rules, 2016 stipulates duties for Healthcare Facilities for ensuring proper handling and disposal of biomedical waste generated by them. State Boards are the prescribed authority to monitor the status of compliance to BMWM Rules by HCFs. Further, State Health Governments are also responsible for prepare a list of number of HCFs in the State / UT and monitor them for compliance to provisions under BMWM Rules, 2016 and if required they may cancel license of HCFs in case of any violation to said Rules.

Most of the States/UTs reported as regularly monitoring HCFs for compliance to BMWM Rules, 2016, however quantitative figures on number violations observed, number of directions issued, etc. are not provided by any of the States.

In compliance to Order dated 21/01/2020 of Hon'ble NGT, Action Plans submitted by SPCBs /PCCs have been scrutinized on the basis of key performance indicators and actions initiated by them as detailed in section 5. The same has been summarized in **Table-1** given below;

Table-1 : State Wise Status of Action Plans based on the Key Performance Indicators

S. No.	Key Performance Indicator	Action plan completed by the State	Action plan is proposed and under process / some initiative to comply with provisions by the State	Action Plan Proposed / No action taken /indicator not included in action plan/ inadequate infrastructure
1.	Inventory of all Healthcare Facilities and biomedical waste generation	Andaman & Nicobar, Chandigarh, DD & DNH, Haryana, Himachal Pradesh, Jammu & Kashmir, Lakshadweep, Madhya Pradesh, Odisha, Puducherry, Sikkim, Tamil Nadu, Uttar Pradesh, Manipur, Delhi, Arunachal Pradesh, Telangana, Bihar, Andhra Pradesh,	Assam, Kerala, Mizoram, West Bengal, Jharkhand, Chhattisgarh, Goa, Gujarat, Meghalaya, Uttarakhand	Maharashtra

S. No.	Key Performance Indicator	Action plan completed by the State	Action plan is proposed and under process / some initiative to comply with provisions by the State	Action Plan Proposed / No action taken /indicator not included in action plan/ inadequate infrastructure
		Karnataka, Nagaland, Punjab, Rajasthan, Tripura		
2.	Authorization to all Healthcare Facilities including non-bedded HCFs	Chandigarh, Odisha, Tamil Nadu	Andaman & Nicobar, Assam, DD & DNH, Haryana, Himachal Pradesh, Kerala, Lakshadweep, Madhya Pradesh, Maharashtra, Mizoram, Puducherry, Sikkim, Uttar Pradesh, West Bengal, Jharkhand, Manipur, Delhi, Arunachal Pradesh, Telangana, Bihar, Andhra Pradesh, Chhattisgarh, Goa, Gujarat, Karnataka, Meghalaya, Nagaland, Punjab, Rajasthan, Tripura, Uttarakhand	Jammu & Kashmir,
3.	Facilitate setting-up adequate number of Common Biomedical Waste Treatment Facilities (CBWTFs) to cover entire State or all HCFs	Chandigarh, DD & DNH, Haryana, Kerala, Madhya Pradesh, Puducherry, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Telangana, Punjab, Rajasthan	Andaman & Nicobar, Assam, Himachal Pradesh, Jammu & Kashmir, Lakshadweep, Maharashtra, Mizoram, Odisha, Sikkim, Arunachal Pradesh, Bihar, Andhra Pradesh, Chhattisgarh, Goa, Gujarat, Nagaland, Tripura, Uttarakhand	Manipur, Karnataka, Meghalaya
4.	Constitution of State Advisory Monitoring Committee and District Level	Andaman & Nicobar, Assam, Chandigarh, DD & DNH, Haryana, Himachal Pradesh, Jammu & Kashmir, Kerala,	Gujarat	

S. No.	Key Performance Indicator	Action plan completed by the State	Action plan is proposed and under process / some initiative to comply with provisions by the State	Action Plan Proposed / No action taken /indicator not included in action plan/ inadequate infrastructure
	Monitoring Committee	Lakshadweep, Madhya Pradesh, Maharashtra, Mizoram, Odisha, Puducherry, Sikkim, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Manipur, Delhi, Arunachal Pradesh, Telangana, Bihar, Andhra Pradesh, Chhattisgarh, Goa, Karnataka, Meghalaya, Nagaland, Punjab, Rajasthan, Tripura, Uttarakhand		
5.	Implementation status of Barcode system	Chandigarh, DD & DNH, Telangana, Punjab	Assam, Haryana, Himachal Pradesh, Jammu & Kashmir, Kerala, Madhya Pradesh, Maharashtra, Odisha, Puducherry, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Bihar, Andhra Pradesh, Chhattisgarh, Gujarat, Karnataka, Rajasthan, Uttarakhand	Andaman & Nicobar, Lakshadweep, Mizoram, Sikkim, Manipur, Arunachal Pradesh, Goa, Meghalaya, Nagaland. Tripura
6.	Monitoring of Healthcare Facilities other than hospitals/clinics such as Veterinary Hospitals, Animal Houses, AYUSH Hospitals etc.	Chandigarh, DD & DNH, Haryana, Himachal Pradesh, Lakshadweep, Maharashtra, Mizoram, Odisha, Puducherry, Sikkim, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Delhi,	Kerala, Madhya Pradesh, Arunachal Pradesh, Telangana, Bihar, Punjab	Andaman & Nicobar, Assam, Jammu & Kashmir, Manipur, Andhra Pradesh, Chhattisgarh, Goa, Gujarat, Karnataka, Meghalaya, Nagaland, Rajasthan. Tripura, Uttarakhand
7.	Monitoring infrastructure of SPCBs/PCCs.	Chandigarh, DD & DNH, Tamil Nadu, West Bengal, Andhra Pradesh	Haryana, Himachal Pradesh, Maharashtra, Puducherry, Jharkhand, Delhi,	Andaman & Nicobar, Assam, Jammu & Kashmir, Kerala, Lakshadweep, Madhya Pradesh,

S. No.	Key Performance Indicator	Action plan completed by the State	Action plan is proposed and under process / some initiative to comply with provisions by the State	Action Plan Proposed / No action taken /indicator not included in action plan/ inadequate infrastructure
			Arunachal Pradesh, Telangana, Bihar	Mizoram, Odisha, Sikkim, Uttar Pradesh, Manipur, Chhattisgarh, Goa, Gujarat, Karnataka, Meghalaya, Nagaland, Punjab, Rajasthan, Tripura, Uttarakhand
8.	Training and Capacity Building of officials of SPCBs/PCCs and Healthcare Facilities	Andaman & Nicobar, Assam, Chandigarh, DD & DNH, Haryana, Himachal Pradesh, Kerala, Lakshadweep, Madhya Pradesh, Maharashtra, Mizoram, Odisha, Puducherry, Sikkim, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Manipur, Delhi, Arunachal Pradesh, Telangana, Bihar, Andhra Pradesh, Punjab, Rajasthan. Tripura	Meghalaya, Nagaland, Uttarakhand	Jammu & Kashmir, Chhattisgarh, Goa, Gujarat, Karnataka
9.	Installation of OCEMS by CBMWTs as a self-monitoring tool and transmission of data with servers of SPCBs/ CPCB	Assam, Chandigarh, Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Puducherry, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Telangana, Bihar, Tamil Nadu, Andhra Pradesh, Gujarat	Jammu & Kashmir, Maharashtra, Chhattisgarh, Karnataka, Punjab, Rajasthan, Uttarakhand	Andaman & Nicobar, Lakshadweep, Mizoram, Sikkim, Manipur, Arunachal Pradesh, Goa, Meghalaya, Nagaland, Tripura
10.	Preparation of Annual Compliance Status Reports	Andaman & Nicobar, Assam, Chandigarh, DD & DNH, Haryana, Himachal Pradesh, Jammu & Kashmir, Kerala, Lakshadweep, Madhya Pradesh, Maharashtra, Mizoram, Puducherry, Sikkim, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Manipur, Delhi, Arunachal Pradesh, Telangana, Bihar, Andhra Pradesh, Odisha, Chhattisgarh, Goa, Gujarat, Karnataka, Meghalaya, Nagaland, Punjab, Rajasthan, Tripura, Uttarakhand		

S. No.	Key Performance Indicator	Action plan completed by the State	Action plan is proposed and under process / some initiative to comply with provisions by the State	Action Plan Proposed / No action taken /indicator not included in action plan/ inadequate infrastructure
11.	Compliance by Common Facilities (emission/discharge standards, barcoding, proper operation, etc.)	Assam, Chandigarh, Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra, Puducherry, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Telangana, Bihar, Andhra Pradesh, Gujarat, Punjab	Arunachal Pradesh	Andaman & Nicobar, Jammu & Kashmir, Lakshadweep, Mizoram, Odisha, Sikkim, Manipur, Chhattisgarh, Goa, Karnataka, Meghalaya, Nagaland, Rajasthan, Tripura, Uttarakhand
12.	Compliance by Healthcare Facilities (Segregation, pre-treatment, on-site storage, barcoding and other provisions etc.)	Andaman & Nicobar, Assam, Chandigarh, DD & DNH, Haryana, Himachal Pradesh, Kerala, Lakshadweep, Madhya Pradesh, Maharashtra, Mizoram, Puducherry, Sikkim, Tamil Nadu, Uttar Pradesh, West Bengal, Jharkhand, Delhi, Telangana, Bihar, Andhra Pradesh, Goa, Gujarat, Karnataka, Punjab		Arunachal Pradesh , Jammu & Kashmir, Odisha, Manipur, Chhattisgarh, Meghalaya, Nagaland, Rajasthan, Tripura, Uttarakhand

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Item No. 01 to 04

Court No. 1

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

Original Application No. 710/2017
(I.A. No. 105/2019)

With

Original Application No. 711/2017
(M.A. No. 1497/2017 & M.A. No. 280/2018)

With

Original Application No. 712/2017

With

Original Application No. 713/2017

Shailesh Singh

Applicant(s)

Versus

Sheela Hospital & Trauma Centre, Shahjhanpur & Ors.

Respondent(s)

With

Shailesh Singh

Applicant(s)

Versus

Kailash Hospital and Heart Institute & Ors.

Respondent(s)

With

Shailesh Singh

Applicant(s)

Versus

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

Respondent(s)

With

Shailesh Singh

Applicant(s)

Versus

Katiyar Nursing Home, Hardoi & Ors.

Respondent(s)

Date of hearing: 12.03.2019

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

For Applicant(s): Ms. Preeti Singh and Mr. Sunklan Porwal,
Advocates
For Respondent (s): Mr. Pratap Shanker, Mr. S. Shantanu, Mr.
Navin Chawla and Mr. Ramesh Jerath,
Advocates for R-3
Mr. Kamal Kumar and Mr. Mizan Siddiqui,
Advocates for R-2
Mr. Kamaljeet Singh, AAG for State of Punjab
Ms. Pinky Anand, ASG, Mr. Giji Gorge and Mr.
Hemant Arya, Advocates
Mr. Dinesh Jindal, LO, DPCC
Mr. Pradeep Misra and Mr. Daleep
Dhyani, Advocates for UPPCB
Mr. Rahul Verma, Addl. AG
Mr. Sriansh Prakash, Advocate for MoEF&CC
Mr. Suyash Singh, Vyom Raghuvanshi,
Advocates
Mr. Anant Agarwal and Ms. Sweta Rani,
Advocates
Ms. Nupoor Singal, Advocates for HSPCB
Mr. Mukesh Verma, Advocate for UEPPCB

ORDER

1. The issue raised in these applications is non - compliance of the provisions of Bio-medical Waste Management Rules, 2016 (BMW Rules).
2. Adverse consequences on the public health on account of improper management of the waste generated by the health care facilities (HCFs) are well known. Bio-medical waste is infectious and hazardous.
3. In the application, it is alleged that most of the hospitals are disposing of waste in haphazard and improper manner. Mandatory requirement of segregation, pre-treatment, safe

storage, training and immunization of health workers, occupational safety of health workers, health check-up, maintaining records, furnishing reports by the occupiers, operators, including transporters, is not taking place. Mandatory authorisation has not been taken by the HCFs. There is no monitoring mechanism. Even the prescribed authorities are not sending the requisite information to the Central Pollution Control Board (CPCB). No annual reports are placed on the websites as required. This results, *inter-alia* in followings diseases:-

<i>Infection Type</i>	<i>Transmission Path</i>
<i>Gastrointestinal infection</i>	<i>Faeces or/and vomiting liquid</i>
<i>Respiratory infection</i>	<i>Respiratory secretions, saliva</i>
<i>Eye infection</i>	<i>Eye secretions</i>
<i>Genital infection</i>	<i>Genital secretions</i>
<i>Skin infection</i>	<i>Purulent secretions</i>
<i>Anthrax</i>	<i>Secretions of skin lesions</i>
<i>Meningitis</i>	<i>LCR</i>
<i>AIDS</i>	<i>Blood, semen, vaginal secretions</i>
<i>Haemorrhagic fevers</i>	<i>Biological fluids and secretions</i>
<i>Septicaemia</i>	<i>Blood</i>
<i>Viral Hepatitis type A</i>	<i>Faeces</i>
<i>Viral Hepatitis type B and C</i>	<i>Blood, biological fluids</i>

4. Further averments in the application are that inadequate bio-medical waste management also causes environmental pollution, 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 matter has been reported in the Newspapers. Specific reference has been made 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 their wilfulness in the management of Bio-medical waste. 18 hospitals of which have been issued notices by the Regional Officer, UPPCB, Guatam Budh Nagar.”

5. The applicant has also annexed photographs of dumping of bio-medical waste along with general solid waste at Sheela Hospital, Shahjahanpur, Dr. Wasim Hospital, Shahjahanpur and Govt. District Hospital, Shahjahanpur.
6. Reference has been made to Report of the CAG placed on the website in May, 2017 records failure on the part of Uttar Pradesh Pollution Control Board (UPPCB) 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.”

The report further states that there is no proper monitoring mechanism. There is no monitoring of veterinary institutions and animal houses. This is one of the reasons for pollution of the rivers including Gaumati river in Lucknow and Ganges in Banaras. The UPPCB, as regulator, is a failure in the matter. 63 districts in the State of UP have no bio-waste treatment plants.

7. Vide order dated 15.11.2017, the Tribunal prohibited handing over of bio-medical waste to rag pickers. The State PCB and other official agencies were required to file data showing the status of compliance of the BMW Rules. In the course of time, this Tribunal also issued notices to the States of Punjab, Haryana and Uttarkhand. The States have filed some of the data on the subject but that data does not show full compliance.
8. On 06.02.2019, this Tribunal considered the data with respect to the State of UP and found that neither the data was complete nor the authorities of the State of UP were serious in handling

the situation. The Tribunal gave one month time to give complete data and also required furnishing of Performance Guarantee in the sum of Rs. 10 crores.

9. Accordingly, at the time of hearing, data of number of HCFs, authorised HCFs, unauthorised HCFs and the action taken against unauthorised HCFs has been given which is as follows:-

“

Sl. No.	Details	Govt. HCFs	Private HCFs	Total
1.	Total number of HCFs	5240	12784	18024
2.	Total number of HCFs Authorised	1089	6648	7737
3.	Number of application under process	4151	2038	6189
4.	Total number of HCFs without authorised	4151	6136	10287
5.	Action taken against the unauthorised HCFs	4151	338	4489
6.	Total number of notices given as CMOs for unauthorised HCFs	4151	3760	7911

”

10. As per the status report furnished today on behalf of State of UP, State Advisory Committee has been constituted, Manual on bio-medical waste management has been distributed, customised online software bio-medical waste management information systems (BMW MIS) have been developed, all divisional Additional Directors (ADs), Chief Medical Officers (CMOs), Chief Medical Superintendents (CMSs) have been sensitized on bio-medical waste management, checklist as well

as monitoring formats have been developed and disseminated, IEC materials on bio-medical waste management have been developed and distributed in all District –level hospitals and an automated bio-medical waste collections data system (ABCD) for real-time data on biomedical waste collection as well as tracking of CBWTF vehicles has been developed and is being pilot tested in Lucknow District. Steps have also been taken for safe collection sheds, allocation of budget for such collection, arrangement for deep burial pits and for pre-treatment laboratory have been made. Pre-treatment waste guidelines have also been issued. Phasing out of plastic bags, gloves and blood bags has been proposed. There will be segregation of bio-medical waste and other waste and training will be provided as per Rules. Immunization of health care workers and establishment of bar code system will be ensured, apart from other steps stipulated under various clauses of Rule 4 will be taken. Steps have also been taken under Schedule – III, Rule 6 and 9. An action plan has also been filed for bio-medical waste management.

11. What is shown to have been done is too little and too late. Most of the steps are still at proposal stage and not at implementation stage. Only action claimed to have been taken against the violators appears to be that notice has been issued which by itself may be of no consequence unless further follow up action is promptly concluded.

12. In view of the seriousness of consequence of failure to comply with BMW Rules on the health of the citizens, stern action is called for such as prosecution, recovery of deterrent compensation to ensure that violation of Rules of such significance does not remain a profitable activity. The regulatory authorities cannot rest content by lip sympathy to the cause by environment protection. Admittedly, not a single person is shown to have been convicted even after the authorities have found large scale violation. No compensation is shown to have been recovered from the violators. No scale of compensation has been laid down. Even action plan on these subjects is not to be found. Without punishment of the guilty and visiting the guilty with serious consequences in a prompt manner, there can be no meaningful rule of law.

13. The problem of non-compliance of BMW Rules may not be confined to the State of UP alone or to the States of Punjab, Haryana and Uttarakhand. Such failure is widespread throughout.

14. Rule 13 of the BMW Rules require every occupier or operator of common bio-medical waste facility to submit its annual report to the prescribed authority. The prescribed authorities are to send information to the CPCB on or before 30th July every year. The CPCB is to give a report to the Ministry of Environment,

Forest and Climate Change (MoEF&CC) on or before 31st August every year. The reports are to be made available online on the website of occupiers, State PCBs and CPCB.

15. In view of the above, we direct all the States and Union Territories to ensure that reports in terms of Rule 13 are furnished to the CPCB positively within one month or on or before 30th April, 2019 for the period the reports are due as per rules. The CPCB may furnish a status report of compliance of BMW Rules after proper analysis to this Tribunal within one month thereafter by e-mail at ngt.filing@gmail.com. It is made clear that any failure in this regard will result in the defaulting States being required to pay compensation to be deposited with the CPCB at the rate of Rupees one Crore per month after 01.05.2019. All the States may also prepare their respective action plans for compliance of Rules within one month and furnish the same to the CPCB. The CPCB may give its comments on the action plan to this Tribunal within one month thereafter by e-mail at ngt.filing@gmail.com.

16. The Tribunal while considering the matter of degradation of environment on account of failure of compliance of environmental norms, in its order dated 16.01.2019 in Original Application No. 606 of 2018, directed the Chief Secretaries of all the States to remain present in person after acquainting themselves with the status of compliance of various Rules,

including BMW Rules. So far, five Chief Secretaries have appeared in person for the States of Himachal Pradesh, Haryana, Punjab, Uttarkhand and Delhi. It has been found that there is no satisfactory compliance of the said Rules in the said States. The Chief Secretaries have been directed to monitor such compliance personally atleast once in a month and furnish a quarterly report to this Tribunal and to appear again after six months.

17. The CPCB has undertaken an exercise to prepare a scale of compensation to be recovered from the polluters for violations vide order dated 03.08.2018 in Original Application No. 593 of 2017, *Paryavarana Suraksha Samiti & Anr. Vs. Union of India & Ors.* CPCB has filed reports before this Tribunal in regard to compensation for not setting up ETP, CETP, STP which matter was considered vide order dated 19.02.2019. CPCB may now also undertake study and prepare a scale of compensation to be recovered from violators of BMW Rules within one month from today. This will not debar the State PCBs from performing their duty of recovering compensation from the polluters or laying down their own scale which should not less than the scale fixed by CPCB. The scale must be deterrent rendering violation of Rules to be non-profitable and which should be adequate to remedy the situation.

18. The State of UP may modify its action plan in the light of above observations and furnish its report to the CPCB within one month. CPCB may furnish its comments on the revised action plan within one month thereafter.

19. The State of UP has not yet furnished the performance guarantee, as required in terms of order dated 06.02.2019 and has filed an application being I.A. No. 105 of 2019 for clarification.

20. We clarify that the performance guarantee is to be furnished to the satisfaction of CPCB which may now be furnished within one month from today undertaking to fully comply with the above order, failing which the amount will stand forfeited and utilised by CPCB for restoration of the environment.

21. A copy of this order be sent to all the Chief Secretaries, State PCBs and CPCB by e-mail.

22. The applications will stand disposed of except for consideration of the above reports.

List for consideration of reports on 15.07.2019.

Adarsh Kumar Goel, CP

S.P. Wangdi, JM

K. Ramakrishnan, JM

Dr. Nagin Nanda, EM

March 12, 2019
Original Application No. 710/2017 and other connected matters
(I.A. No. 105/2019)

A



Item Nos.01 to 04

Court No. 1

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

Original Application No.710/2017
WITH
Original Application No.711/2017
WITH
Original Application No.712/2017
WITH
Original Application No.713/2017

Shailesh Singh

Versus

Applicant(s)

Sheela Hospital & Trauma Centre,
Shahjahanpur &Ors.

Respondent(s)

WITH

Shailesh Singh

Versus

Applicant(s)

Kailash Hospital and Heart Institute&Ors.

Respondent(s)

WITH

Shailesh Singh

Versus

Applicant(s)

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

Respondent(s)

WITH

Shailesh Singh

Versus

Applicant(s)

Katiyar Nursing Home, Hardoi&Ors.

Respondent(s)

Date of hearing: 15.07.2019

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

For Applicant(s): Ms. Preeti Singh and Ms. Swati Jindal, Advocate

For Respondent (s): Mr. Balendu Shekhar, Advocate for MoEF&CC
Ms. Pinky Anand, ASG, Mr. G.G. Gorge, Mr. Hemant Arya, Advocates for State of U.P
Mr. Anant Agarwal, Ms. Sweta Rani, Advocates for Respondent No. 3&5 in O.A No. 712/2019.
Mr. TVS Raghavendra Sreyas, Advocate for APPCB
Mr. Pradeep Misra, Advocate for UPPCB
Mr. Rahul Verma, Addl. A.G for State of Uttarakhand
Mr. Rajat Navet, Advocate for R-9
Ms. Sakshi Popli, Advocate for DPCC
Mukesh Verma, Advocate for State PCB
Mr. Sharmistha, Advocate for APPCB
Ms. Soumyajit Pani, Advocate for State of Odisha
Mr. Suyash Singh, Advocate for Sheela Nursing Home, Chandigarh and Katiyar
Mr. LeishangthemRoshmanikh, Advocate for State of Manipur
Mr. Rahul Khurana, Advocate for State of Haryana and HSPCB
Mr. K.V Jagdishraman G. Indira, Adovocate for UT of Andaman & Nicomabr
Mr. H.S.K EnatoliSema, Advocate for State of Nagaland & NPCB
Mr. Shubham Bhalla, Advocate for UT, Chandigarh.

ORDER

1. 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 12.03.2019. It was noted 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. It was also noted that on 06.02.2019, this Tribunal had required the State of Uttar Pradesh to furnish performance guarantee in the sum of Rs. 10 Crores. We are informed that vide order dated 03.05.2019, the said direction stands stayed by the Hon'ble Supreme Court in *Civil Appeal No(s). 4287-4290/2019, State of Uttar Pradesh & Ors. Etc. v. Shailesh Singh & Ors. Etc.*

5. The Tribunal noted that the steps taken in the State of Uttar Pradesh for compliance of the BMW Rules were inadequate. The regulatory regime was required to be stern in view of impact on public health by unscientific disposal of bio-medical waste. Such unscientific disposal must result in prosecution and recovery of deterrent compensation so that non-compliance is not profitable. The Tribunal noted that not a single person was shown to have been convicted in spite of large violation, nor any compensation was shown to have been recovered. No scale of compensation had been laid down, no action plan had been prepared. The unsatisfactory state of affairs was not confined to the State of Uttar Pradesh, Punjab, Haryana and Uttarakhand who were before the Tribunal but also to the other States. The BMW Rules provide for furnishing of annual reports by the States to the CPCB and by the CPCB to the MoEF&CC and also being made available on the website of the concerned State. The Tribunal directed all the States and UTs to furnish such reports by 30.04.2019, for the period such reports were due before 30.04.2019, failing which the defaulting States will be required to pay compensation at the rate of Rs. 1 Crore per month after 01.05.2019. The States were also required to prepare

their respective action plans within one month. The Tribunal also directed the CPCB to furnish its comments on the action plans and to undertake study and prepare a scale of compensation to be recovered from the violators of BMW Rules without prejudice to the State PCBs taking steps for recovery of compensation from the polluters or laying down their own scales which should not be less than the scale of the CPCB.

6. Accordingly, a report has been filed by the CPCB certain extracts from the report are as follows:

2.3.1 Inventory of HCFs and Biomedical Waste

Generation: *Incomplete inventory on biomedical waste generation is an evident from the fact that biomedical waste generation reported by SPCBs is not proportional to the population in States/UTs. Generation of biomedical waste across States is reported as Bihar (6 %), Delhi (4.4 %), Gujarat (5.21 %), Karnataka (12 %), Kerala (7.35 %), Maharashtra (11.10 %), Rajasthan (4.03 %), Tamil Nadu (8.39 %), Uttar Pradesh (7.81 %) & West Bengal (5.34 %) which is not proportional to population States. Therefore, SPCBs/PCCs should complete inventory of all HCFs (both bedded and non-bedded) to assess quantity of biomedical waste generation as well as to ensure effective treatment and disposal of biomedical waste generated by them.*

As per annual information, out of 559 tonnes, about 518 tonnes of biomedical waste generated per day is treated and disposed through 198 no. of common facilities and 9,841 captive treatment facility installed by Healthcare facilities. However, quantity of biomedical waste

reported is not reliable or accurate since inventory of healthcare facilities and biomedical waste generation is not yet completed by all States.

States initiated Inventory studies: Lakshadweep, Andaman Nicobar, Tripura, Daman & Diu, Delhi, Chandigarh, Telangana, Kerala, Gujarat, Haryana, Punjab, Mizoram, Maharashtra, Puducherry, Rajasthan, Tamil Nadu, Jharkhand, Uttar Pradesh, Himachal Pradesh, Andhra Pradesh, MP and Meghalaya.

States not reported status of inventory study: Jammu & Kashmir, Sikkim, Arunachal Pradesh, West Bengal, Assam and Odisha.

2.3.2 Operation of Healthcare Facilities without

Authorization: *As per BMW Rules, 2016, Healthcare Facilities are required to obtain authorization under said Rules, irrespective of quantity of biomedical waste generation. Annual information indicates that out of 2,38,259 of HCFs, only 97,099 (40%) no. of HCFs have applied for authorization and 84,805 (35%) HCFs are granted authorization under BMW Rules, 2016. This indicates that about 25 % of the identified HCFs are not yet authorized by SPCBs and biomedical waste management by such facilities could not be monitored.*

States namely Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Uttarakhand, Uttar Pradesh & West Bengal permitted use of deep burial pits for the disposal of biomedical waste despite having Common Disposal Facilities.

2.3.5 States without Common Treatment & Disposal

Facilities: States like Arunachal Pradesh, Andaman & Nicobar, Goa, Lakshadweep, Mizoram, and Nagaland & Sikkim are not having CBWTF for the treatment & disposal of biomedical waste.

States namely Andaman Nicobar, Arunachal Pradesh, Assam, J & K, Lakshadweep, Mizoram, Orissa, Puducherry, Sikkim, Uttar Pradesh and West Bengal have not submitted any information on implementation of Barcode system.

2.3.11 Constitution of State Level Advisory Committees: States namely Jammu & Kashmir, Lakshadweep and Sikkim have not yet constituted the said Committees as required under BMWM Rules, 2016.

3.0 Submission of Action Plans by State Governments: States namely Assam, Bihar, Chhattisgarh, Daman & Diu and Dadra & Nagar Haveli, Goa, Jharkhand, Karnataka, Lakshadweep, Manipur, Meghalaya, Punjab, Tamilnadu, Telangana, Uttarakhand and West Bengal have not submitted Action plans within due date for submission, that is one month from order of Hon'ble Tribunal dated 12/03/2019.

3.1 Performance Guarantee by Government of Uttar Pradesh State: In this regard, Uttar Pradesh State has not submitted Performance Guarantee to CPCB on compliance to Action Plan submitted by them.

3.2 Key Performance Indicators: CPCB has identified the following Key Performance Indicators for assessing treatment and disposal of biomedical waste, and effectiveness in implementation of BMWM Rules, 2016;

- (1) *Inventory of all Healthcare Facilities and biomedical waste generation.*
- (2) *Authorization to all Healthcare Facilities including non-bedded HCFs.*
- (3) *Facilitate setting-up adequate number of Common Biomedical Waste Treatment Facilities (CBWTFs) to cover entire State or all HCFs.*
- (4) *Constitution of State Advisory Monitoring Committee and District Level Monitoring Committee.*
- (5) *Implementation status of Barcode system.*
- (6) *Monitoring of Healthcare Facilities other than hospitals/clinics such as Veterinary Hospitals, Animal Houses, AYUSH Hospitals etc.*

Review of Action Plans:

Table 3: Scoring of States/ UTs for effectiveness of Action Plans

S.No	Name of State	Action plan received S.No Name of State from SPCB/PCCs & Score Health Department	Score
1	Sikkim	Health Department	1
2	Arunachal Pradesh	SPCB	1
3	Lakshadweep	Health Department	2.5
4	J&K	Health Department	3
5	Mizoram	Health Department	3
6	Manipur	Health Department	3
7	Uttarr Pradesh	Health Department	3.5
8	Nagaland	Health Department	3.5

A score of 7 and above is indicated as an adequate action plan, score between 4-6.5 considered as satisfactory action plan whereas a score of less than 4 is considered not satisfactory.

2.0 Environmental Compensation for Healthcare Facilities (HCFs):

Environmental Compensation for HCFs = HR x T x S x R x N

Where;

HR – Health Risk factor

T- Type of Healthcare Facility

S – Size of Health Care Facility

R – Environmental Compensation factor

N – Number of days of Violation

HR Health Risk (HR) is a number from 0 to 100 and increasing HR value denotes the increasing degree of health risk due to improper handling of BMW in healthcare facility.

Further, in any case minimum Environmental Compensation in respect to Healthcare Facility shall not be less than Rs.1200/- per day.

2.1 Deterrent Factor for Healthcare Facilities:

Incremental effect on Environmental compensation charges are given below:

Scenario	Applicable ECC
<i>Up to 15 days from target date</i>	<i>Original ECC</i>
<i>Between 15 to 30 days beyond target date</i>	<i>Two times</i>
<i>Fails to comply in 2 nd</i>	<i>Two times</i>

<i>inspections including new violations if any</i>	
<i>Between 30 to 45 days beyond target date</i>	<i>Four times</i>
<i>Fails to comply in 3rd inspections including new violations if any</i>	<i>Four times</i>
<i>Beyond 60 days from target date</i>	<i>Closure of HCF</i>
<i>Fails to comply in 4th consecutive inspection</i>	<i>Closure of HCF</i>

3.0 Environmental Compensation for Common Biomedical Waste Treatment Facility (CBWTF):

Environmental Compensation for CBWTFs = PI x S x R x N
Environmental Compensation

Where;

PI- Pollution Index

S – Size of Operation

R – Environmental Compensation factor

N – Number of days of Violation

Further, in any case minimum Environmental Compensation in respect to Common Biomedical Waste Treatment Facility shall not be less than Rs. 3,000/- per day.

3.1 Deterrent Factor for Common Biomedical Waste Treatment Facilities:

Incremental effect on Environmental compensation charges are given below:

Scenario	Applicable ECC
<i>Up to 30 days from target date</i>	<i>Original ECC</i>
<i>Between 30 to 60 days beyond target date</i>	<i>Two times</i>

<i>Fails to comply in 2nd inspection including new violations if any</i>	<i>Two times</i>
<i>Between 60 to 90 days beyond target date</i>	<i>Four times</i>
<i>Beyond 90 days</i>	<i>Closure of CBWTF</i>
<i>Fails to comply in 3rd consecutive inspection</i>	<i>Closure of CBWTF</i>

7. We have heard learned counsel for the parties available before this Tribunal. We do not see any objection to the recommendations of the CPCB. No meaningful objection has been raised by any of the parties. Accordingly, the report of the CPCB is accepted. The same may be placed on the website of the CPCB for three months. All the States/UTs may take action according to the said report.

8. The States/UTs may furnish complete inventory of HCFs and BMW generation within two months and where the inventories are incomplete, the same may be completed. We place on record our disapproval of the inaction of States in furnishing the inventory studies as well as for incomplete inventories. It is regretful to note that 25% of identified HCFs have not even taken authorization from the concerned State PCBs in absence of which, monitoring of waste management is not taking place. The States which have not set up common treatment and disposal facility must do so within two months as per Rules. The States who have not furnished the information on the barcode system may also furnish such information at the earliest but not beyond two months. The States

which have not yet constituted State Level Advisory Committee may also do so within two months. The action plans and their execution must be carried out having regard to the key performance indicators. The States which have inadequate action plans, not satisfactory action plans, needing further actions must also do the needful within two months realizing their responsibility to the environment and public health which ought to be monitored directly by the Chief Secretaries in terms of order of this Tribunal dated 16.01.2019 in *O.A. No. 606/2018* and further orders in the said matter. By the further order in the said matter in the case of all the States, directions were issued that Chief Secretaries may personally monitor compliance of environmental norms (including BMW Rules) with the District Magistrate once every month. The District Magistrates may conduct such monitoring twice every month. 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. Compliance of this direction may also be seen by the Chief Secretaries of the States/UTs. This may not only comply with mandate of law but provide an institutional mechanism for effective monitoring of environment norms. Needless to say that right to clean environment being part of right to life, such effective monitoring is a must. Such monitoring must include issues specified in the order of this Tribunal dated 16.01.2019, O.A No. 606/2018, Para 40 which is as follows:-

- 
- "a. Status of compliance of SWM Rule, 2016, Plastic Waste Management Rules, 2016 and Bio-Medical Waste Management Rules, 2016 in their respective areas.*
 - b. Status of functioning of Committees constituted by this order.*
 - c. Status of the Action Plan in compliance vide order dated 20.09.2018 in the News Item published in "The Hindu" authored 25 by Shri Jacob Koshy Titled "More river stretches are now critically polluted: CPCB (Original Application No. 673/2018).*
 - d. Status of functioning of Committees constituted in News Item Published in "The Times of India" Authored by Shri Vishwa Mohan Titled "NCAP with Multiple timelines to Clear Air in 102 Cities to be released around August 15" dated 08.10.2018*
 - e. Status of Action Plan with regard to identification of polluted industrial clusters in O.A. No. 1038/2018, News item published in "The Asian Age" Authored by Sanjay Kaw Titled "CPCB to rank industrial units on pollution levels" dated 13.12.2018.*
 - f. Status of the work in compliance of the directions passed in O.A. No. 173 of 2018, Sudarsan Das v. State of West Bengal &Ors. Order dated 04.09.2018.*
 - g. Total amount collected from erring industries on the basis of 'Polluter Pays' principle, 'Precautionary principle' and details of utilization of funds collected.*
 - h. Status of the identification and development of Model Cities and Towns in the State in the first phase which can be replicated later for other cities and towns of the State."*

9. Further important issues flagged for monitoring include training programs for the officers concerned with enforcement of environment norms at the ground level, reuse of treated water, recharge of ground water, conservation of water bodies.¹It has been brought to our notice that State PCBs are facing certain handicaps in performing their functions for want of adequate staff and infrastructure. While this is a matter to be reviewed by concerned Chief Secretaries, the State PCBs/PCCs are free to prepare and execute appropriate plans for utilizing the environment restoration fund with the approval of CPCB. The expenditure may include hiring of experts and consultants, expanding air and water quality monitoring network, procurement of scientific equipment, undertaking restitution remediation and specialized studies on contaminated sites so that there is effective oversight for enforcement of law. Under no circumstances these funds be spent on salaries, logistics etc.
10. The compensation regime suggested by the CPCB may be adopted. It will be open to the State PCBs/PCCs to adopt a higher scale of compensation, having regard to the problems faced in such States/UTs.
11. It is made clear that if even after two months the States/UTs are found to be non-compliant, the compensation will be liable to be recovered from the said States/UTs at the rate of Rs. 1 Crore per month till the non-compliance continues.

¹See order dated 17.05.2019, O.A. No 606/2018, Para No. 27 (vi, vii, viii)

12. The CPCB may file further progress report in the matter after coordination through the concerned authorities of the States, including the State Boards/other Health Departments.
13. The Chief Secretaries may furnish their respective compliance reports as per orders passed in O.A No. 606/2018, *Compliance of Municipal Solid Waste Management Rules, 2016*.

Copies of this order be sent to all the Chief Secretaries, CPCB and MoEF& CC by e-mail for compliance.

List for further consideration on 18.11.2019.

Adarsh Kumar Goel, CP

S.P. Wangdi, JM

K. Ramakrishnan, JM

Dr. Nagin Nanda, EM

July 15, 2019

Original Application No.710/2017 and other connected matters

AK

Item Nos. 01 to 04

Court No. 1

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

Original Application No. 710/2017
WITH

Original Application No. 711/2017
WITH

Original Application No. 712/2017
WITH

Original Application No. 713/2017

(With report dated 15.11.2019)

Shailesh Singh

Applicant(s)

Versus

Sheela Hospital & Trauma Centre,
Shahjahanpur & Ors.

Respondent(s)

WITH

Shailesh Singh

Applicant(s)

Versus

Kailash Hospital and Heart Institute & Ors.

Respondent(s)

WITH

Shailesh Singh

Applicant(s)

Versus

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

Respondent(s)

WITH

Shailesh Singh

Applicant(s)

Versus

Katiyar Nursing Home, Hardoi & Ors.

Respondent(s)

Date of hearing: 22.01.2020

**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
HON'BLE MR. SIDDHANTA DAS, EXPERT MEMBER**

For Applicant(s):

Mr. Rabin Majumdar, Ms. Akansh Srivastava,
Advocates with Dr. BNP Singh

ORDER

1. 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 12.03.2019. It was noted 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 matter was again reviewed on 15.07.2019 in the light of the report of the CPCB particularly with reference to inventory of HCFs and biomedical waste generation, operation of healthcare facilities without authorization, action by the States with no treatment & disposal facilities, implementation of Barcode system, constitution of State Level Advisory Committees, submission of Action Plans by State Governments, key performance indicators, Environmental Compensation for violation by the healthcare facilities and Environmental Compensation for common biomedical waste treatment facility.
5. The recommendations in the report were accepted. All the States/UTs were directed to take further action on that basis. The Tribunal also directed:-

“1to7 xxx xxx xxx

8. The States/UTs may furnish complete inventory of HCFs and BMW generation within two months and where the inventories are incomplete, the same may be completed. We place on record our disapproval of the inaction of States in furnishing the inventory studies as well as for incomplete inventories. It is regretful to note that 25% of identified HCFs have not even taken authorization from the concerned State PCBs in absence of which, monitoring of waste management is not taking place. The States which have not set up common treatment and disposal facility must do so within two months as per Rules. The States who have not furnished the information on the barcode system may also furnish such information at the earliest but not beyond two months. The

States which have not yet constituted State Level Advisory Committee may also do so within two months. The action plans and their execution must be carried out having regard to the key performance indicators. The States which have inadequate action plans, not satisfactory action plans, needing further actions must also do the needful within two months realizing their responsibility to the environment and public health which ought to be monitored directly by the Chief Secretaries in terms of order of this Tribunal dated 16.01.2019 in O.A. No. 606/2018 and further orders in the said matter. By the further order in the said matter in the case of all the States, directions were issued that Chief Secretaries may personally monitor compliance of environmental norms (including BMW Rules) with the District Magistrate once every month. The District Magistrates may conduct such monitoring twice every month. 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. Compliance of this direction may also be seen by the Chief Secretaries of the States/UTs. This may not only comply with mandate of law but provide an institutional mechanism for effective monitoring of environment norms. Needless to say that right to clean environment being part of right to life, such effective monitoring is a must. Such monitoring must include issues specified in the order of this Tribunal dated 16.01.2019, O.A No. 606/2018, Para 40 which is as follows:-

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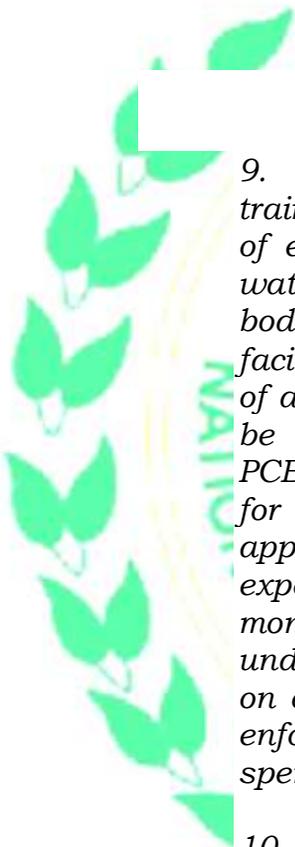
timelines to Clear Air in 102 Cities to be released around August 15” dated 08.10.2018

e. Status of Action Plan with regard to identification of polluted industrial clusters in O.A. No. 1038/2018, News item published in “The Asian Age” Authored by Sanjay Kaw Titled “CPCB to rank industrial units on pollution levels” dated 13.12.2018.

f. Status of the work in compliance of the directions passed in O.A. No. 173 of 2018, Sudarsan Das v. State of West Bengal & Ors. Order dated 04.09.2018.

g. Total amount collected from erring industries on the basis of ‘Polluter Pays’ principle, ‘Precautionary principle’ and details of utilization of funds collected.

h. Status of the identification and development of Model Cities and Towns in the State in the first phase which can be replicated later for other cities and towns of the State.”



9. Further important issues flagged for monitoring include training programs for the officers concerned with enforcement of environment norms at the ground level, reuse of treated water, recharge of ground water, conservation of water bodies.¹It has been brought to our notice that State PCBs are facing certain handicaps in performing their functions for want of adequate staff and infrastructure. While this is a matter to be reviewed by concerned Chief Secretaries, the State PCBs/PCCs are free to prepare and execute appropriate plans for utilizing the environment restoration fund with the approval of CPCB. The expenditure may include hiring of experts and consultants, expanding air and water quality monitoring network, procurement of scientific equipment, undertaking restitution remediation and specialized studies on contaminated sites so that there is effective oversight for enforcement of law. Under no circumstances these funds be spent on salaries, logistics etc.

10. The compensation regime suggested by the CPCB may be adopted. It will be open to the State PCBs/PCCs to adopt a higher scale of compensation, having regard to the problems faced in such States/UTs.

11. It is made clear that if even after two months the States/UTs are found to be non-compliant, the compensation will be liable to be recovered from the said States/UTs at the rate of Rs. 1 Crore per month till the non-compliance continues.

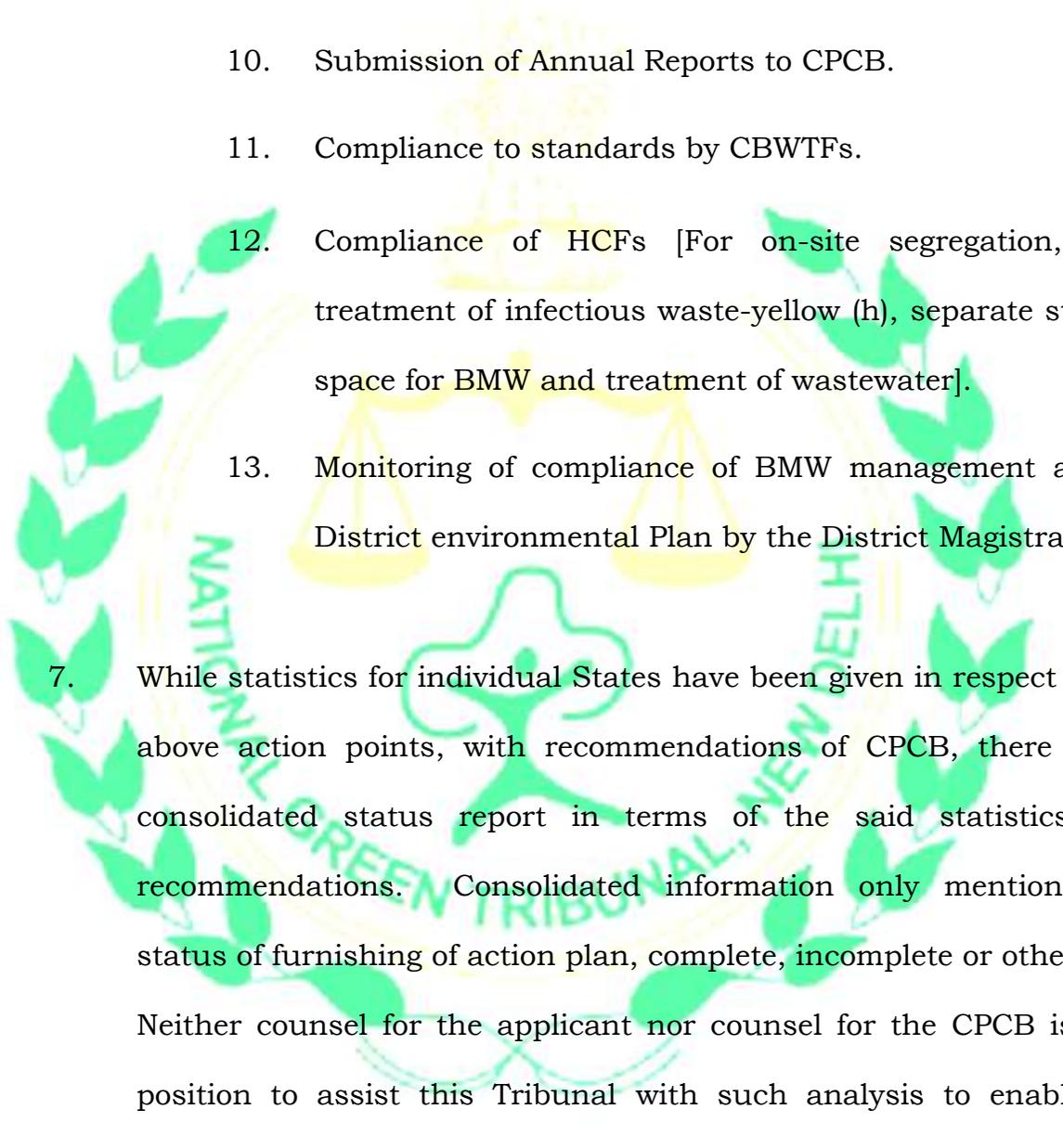
12. The CPCB may file further progress report in the matter after coordination through the concerned authorities of the States, including the State Boards/other Health Departments.

¹See order dated 17.05.2019, O.A. No 606/2018, Para No. 27 (vi, vii, viii)

13. *The Chief Secretaries may furnish their respective compliance reports as per orders passed in O.A No. 606/2018, Compliance of Municipal Solid Waste Management Rules, 2016.”*

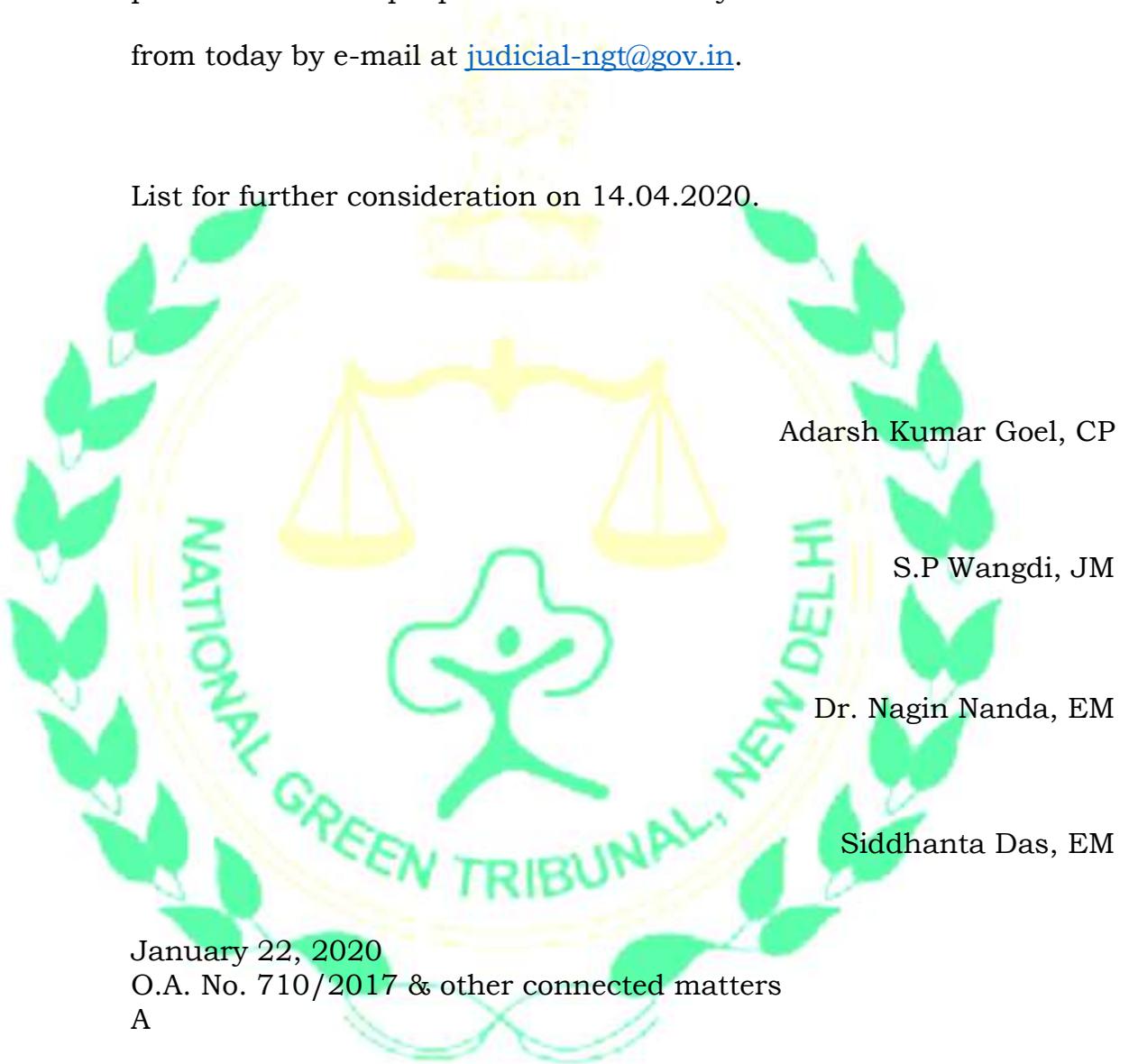
6. The CPCB has filed further report dated 15.11.2019 which sets out the reports from different States/UTs with reference to the following action points:-

1. Complete inventory of HCFs generating biomedical waste.
2. Authorization to all non-bedded HCFs like clinics, laboratories, research institutes as well as veterinary hospitals etc. identified in inventory of HCFs within 3 months.
- 3(i). Adequate number of Common Facilities and to cover all HCFs in the State. [Also to ensure adequate number of Common Biomedical].
- 3(ii). Restriction of Deep Burial pits [should be permitted only if necessary and to ensure that they are constructed as per standards given under BMWM Rules, 2016.]
4. Constitution of State and District Advisory Committees.
5. Barcodes system in every HCF and CBWTFs.
6. Monitoring of Healthcare Facilities other than hospitals/clinics – Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc.
7. Availability of adequate infrastructure with SPCBs/PCCs to monitor compliance.

- 
- 8(i). Training and Capacity Building of officials of health Department and SPCBs.
 - 8(ii). Training and Capacity Building of Healthcare workers in HCFs.
 9. Installation of OCEMS by CBWTFs as a tool for self-monitoring and compliance verification by SPCBs/PCCs.
 10. Submission of Annual Reports to CPCB.
 11. Compliance to standards by CBWTFs.
 12. Compliance of HCFs [For on-site segregation, pre-treatment of infectious waste-yellow (h), separate storage space for BMW and treatment of wastewater].
 13. Monitoring of compliance of BMW management as per District environmental Plan by the District Magistrates.
7. While statistics for individual States have been given in respect of the above action points, with recommendations of CPCB, there is no consolidated status report in terms of the said statistics and recommendations. Consolidated information only mentions the status of furnishing of action plan, complete, incomplete or otherwise. Neither counsel for the applicant nor counsel for the CPCB is in a position to assist this Tribunal with such analysis to enable the Tribunal to proceed further. Deficiencies noticed by the CPCB from the reports received from the States need to be identified and conveyed to the respective States for remedial action forthwith and follow up action taken by said States preferably within one month from today.

8. Let a proper analysis of the reports of the States/UTs be prepared in terms of statistics under different heads and recommendations for further action and counsel who wish to appear should be in a position to provide meaningful assistance and not just remain present without a purpose. The same may be filed within two months from today by e-mail at judicial-ngt@gov.in.

List for further consideration on 14.04.2020.



Speed Post

F.No. B-31011/BMW (42.30)/2019/WMD-I

February 07, 2020

To,

(i) Principal Secretary,
State Health Department(ii) Member Secretary,
SPCBs/PCCs

12406-12474

Sub: Compliance to order dated 22.01.2020, passed by Hon'ble National Green Tribunal, Principal Bench, New Delhi in the matter of O.A. No. 710/2017 – reg.

Sir,

This has reference to the matter of O.A. No. 710 of 2017 filed by Shailesh Singh before Hon'ble National Green Tribunal, New Delhi wherein all States were directed to prepare action plan on compliance to Biomedical Waste Management Rules, 2016 (BMW Rules, 2016) and submit the same to CPCB for review. CPCB reviewed the action plans received from all States and a report on 'State-wise action plan for compliance to BMW Rules, 2016' was filed before Hon'ble NGT. While hearing the matter on 22.01.2020, Hon'ble NGT directed CPCB to communicate the short-comings in the action plans to concerned State for remedial action by States within one month i.e. by 22.02.2020.

Copy of said order dated 22.01.2020 and short-comings in action plan pertaining to State/UT are enclosed for ready reference.

In view of above, it is requested to kindly revise the action plan by including above said short-comings and submit status report to CPCB on or before 22.02.2020. Final action plan with status report may also be forwarded by e-mail to bmw.cpcb@gov.in & youthika.cpcb@nic.in.

Yours faithfully


(B. Vinod Babu)
AD & DH WMD-I

Copy to:

(i) PS to 'MS'

: For kind information of 'MS' please



(B. Vinod Babu)

राष्ट्रीय प्रदूषण नियंत्रण बोर्ड

 11/02/2020

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Short-comings action plan for BMWM Rules, 2016

1. Andaman and Nicobar

- No information is provided regarding authorization of non-bedded HCFs.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the PCC.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Committee to monitor compliance in UT.
- Regular training of PCC officials should be conducted for capacity building.

2. Andhra Pradesh

- Hospitals like Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.

3. Arunachal Pradesh

- PCC should ensure that every HCF is granted authorisation under BMWM Rules, 2016 so as to ensure implementation of said Rules by every HCF.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the PCC.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Committee to monitor compliance in UT.
- Regular training of PCC officials should be conducted for capacity building.

4. Assam

- Action plan for compliance of BMWM Rules, 2016 is not submitted for Assam State. In pursuant to the order dated 15.07.2019, action plan on compliance of said Rules including following recommendations from CPCB:
 - i. Assam SPCB should carry out inventory of number of Healthcare Facilities, biomedical waste generation, its collection, treatment and disposal within three months.
 - ii. Assam SPCB should ensure authorization to non-bedded HCFs like clinics, laboratories, research institutes as well as veterinary hospitals etc. within three months.
 - iii. Barcode system should be implemented in every HCF from where biomedical waste is going out of the premises within 03 months.
 - iv. Deep Burial practiced by Healthcare Facilities should be approved by Assam SPCB and design of deep burial pits should be as per standards given under BMWM Rules, 2016.
 - v. Assam SPCB shall carry out gaps analysis of biomedical waste generation and treatment capacities and requirement of additional CBWTF for the State so that all HCF in the State can send their waste to Common Facilities within 3 months.
 - vi. Evolve a mechanism for monitoring compliance by HCFs for segregation in colour coded bins/containers, pre-treatment to laboratory waste, separate biomedical waste storage space, liquid waste treatment etc. within one month
 - vii. The action plan may address other key action points identified as performance indicators.

5. Bihar

- SPCB should ensure that every HCF is granted authorisation under BMWM Rules, 2016 so as to ensure implementation of said Rules by every HCF.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training and capacity building programmes for PCC officials as well as for HCFs should be conducted.
- CBWTFs and HCFs should be regularly monitored by SPCB.

6. Chandigarh

- PCC should ensure that every HCF is granted authorisation under BMWM Rules, 2016 so as to ensure implementation of said Rules by every HCF.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.

7. Chhattisgarh

- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.
- Every CBWTF is required to install OCEMS as required under BMWM Rules, 2016.
- CBWTFs and HCFs should be regularly monitored by SPCB.

8. Daman, Diu and Dadra Nagar Haveli (DD &DNH)

- PCC should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in UT.
- Regular training of SPCB officials should be conducted for capacity building.

9. Delhi

- PCC should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in UT.
- Regular training of SPCB officials should be conducted for capacity building.

10. Goa

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building

11. Gujarat

- As required under BMWM Rules, 2016, implementation of said Rules should be monitored at District Level through District Level Advisory Committee.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building

12. Haryana

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building

13. Himachal Pradesh

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building

14. Jammu & Kashmir

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should ensure that every HCF (bedded & non-bedded) is registered with CBWTF for treatment & disposal of biomedical waste.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.
- Regular monitoring of HCFs and CBWTFs should be conducted.

15. Jharkhand

- As required under BMWM Rules, 2016, inventory on biomedical waste generating Units needs to be completed by State Health Department and Pollution Control Board.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.
- Every CBWTF is required to install OCEMS as required under BMWM Rules, 2016. State should regularly monitor the compliance status of CBWTF.

16. Karnataka

- State should ensure that every HCF (bedded & non-bedded) is registered with CBWTF for treatment & disposal of biomedical waste.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.
- Every CBWTF is required to install OCEMS as required under BMWM Rules, 2016. State should regularly monitor the compliance status of CBWTF.

17. Kerala

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should ensure that every HCF (bedded & non-bedded) is registered with CBWTF for treatment & disposal of biomedical waste.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.

18. Lakshadweep

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.

- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of PCC officials should be conducted for capacity building.

19. Madhya Pradesh

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Barcode system should be adopted by every HCF. SPCB should monitor the compliance status.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Every CBWTF is required to install OCEMS as required under BMWM Rules, 2016. State should regularly monitor the compliance status of CBWTF.
- Regular training of SPCB officials should be conducted for capacity building.

20. Maharashtra

- As required under BMWM Rules, 2016, inventory on biomedical waste generating Units needs to be completed by State Health Department and Pollution Control Board.
- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- As required under BMWM Rules, 2016, implementation should be monitored at District Level through District Level Advisory Committees.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.

- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.

21. Manipur

- As required under BMWM Rules, 2016, inventory on biomedical waste generating Units needs to be completed by State Health Department and Pollution Control Board.
- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should ensure that every HCF (bedded & non-bedded) is registered with CBWTF for treatment & disposal of biomedical waste.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.
- No information is provided regarding monitor of compliance by HCFs and CBWTF.

22. Meghalaya

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.

- Regular training of SPCB officials should be conducted for capacity building.
- SPCBs should regularly monitor the compliance status of BMWM Rules, 2016 by HCFs.

23. Mizoram

- As required under BMWM Rules, 2016, inventory on biomedical waste generating Units needs to be completed by State Health Department and Pollution Control Board.
- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should expedite the procedure for setting up of CBWTF in State so as to ensure disposal of biomedical waste in line with provisions under BMWM Rules, 2016.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.

24. Nagaland

- As required under BMWM Rules, 2016, inventory on biomedical waste generating Units needs to be completed by State Health Department and Pollution Control Board.
- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.

25. Odisha

- State should ensure that every HCF (bedded & non-bedded) is registered with CBWTF for treatment & disposal of biomedical waste.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.
- Every CBWTF is required to install OCEMS as required under BMWM Rules, 2016. State should regularly monitor the compliance status of CBWTF.
- SPCBs should conduct regular monitoring of HCFs and CBWTFs so as to ensure implementation of BMWM Rules, 2016

26. Puducherry

- PCC should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of PCC officials should be conducted for capacity building.

27. Punjab

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.

- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Hospitals like Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.

28. Rajasthan

- As required under BMWM Rules, 2016, inventory on biomedical waste generating Units needs to be completed by State Health Department and Pollution Control Board
- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should ensure that every HCF (bedded & non-bedded) is registered with CBWTF for treatment & disposal of biomedical waste.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.
- Hospitals like Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.
- SPCB should regularly conduct monitoring of HCFs and CBWTFs so as to ensure implementation of BMWM Rules, 2016 effectively.

29. Sikkim

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should expedite the procedure for setting up of CBWTF in State so as to ensure disposal of biomedical waste in line with provisions under BMWM Rules, 2016.

- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Hospitals like Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building

30. Tamil Nadu

- State should ensure that every HCF (bedded & non-bedded) is registered with CBWTF for treatment & disposal of biomedical waste.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.

31. Telangana

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.

32. Tripura

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.

- State should expedite the procedure for setting up of CBWTF in State so as to ensure disposal of biomedical waste in line with provisions under BMWM Rules, 2016.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.

33. Uttarakhand

- As required under BMWM Rules, 2016, inventory on biomedical waste generating Units needs to be completed by State Health Department and Pollution Control Board
- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State should ensure that every HCF (bedded & non-bedded) is registered with CBWTF for treatment & disposal of biomedical waste.
- State should restrict practise of deep burial by HCFs and the same should be permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility and with prior approval from the SPCB.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training of SPCB officials should be conducted for capacity building.

34. Uttar Pradesh

- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- State Pollution Control Board should ensure implementation of bar code system by every HCFs and CBWTFs.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- Adequate infrastructure should be provided with Pollution Control Board to monitor compliance in State.
- Regular training for HCFs and SPCB officials should be conducted for capacity building.
- Every CBWTF is required to install OCEMS as required under BMWM Rules, 2016. State should regularly monitor the compliance status of CBWTF.

35. West Bengal

- As required under BMWM Rules, 2016, inventory on biomedical waste generating Units needs to be completed by State Health Department and Pollution Control Board
- SPCB should ensure that every HCF (bedded & non-bedded) is authorised under BMWM Rules, 2016.
- Hospitals including Veterinary Hospitals, Animal Houses, AYUSH Hospitals, blood banks, Pathological labs etc. also should be monitored regularly to ensure effective implementation of BMWM Rules, 2016.
- No information is provided regarding availability of adequate infrastructure with SPCB to monitor compliance.
- Regular training of SPCB officials should be conducted for capacity building.
- No information has been provided regarding installation of OCEMS by CBWTFs.

State Specific Data Pertaining, Generation, Treatment and Disposal of Biomedical Waste Including Details of Waste Management Infrastructure

S. No.	Name of the State/UT and	Total no. of Bedded Health Care Facilities (HCFs)	Total no. of Non-bedded Health Care Facilities (HCFs)	Total no. Health Care Facilities (HCFs)	Total no. of Beds	Authorization Status			No. of HCFs utilization CBWTFs	Total Quantity of BMW generated (kg/day)	Total Quantity of BMW Treated and Disposed (kg/day)	Captive BMW Treatment Facilities Operated by the (HCFs)		Common Bio-medical Waste Treatment Facilities (CBWTFs)		Deep burial installed by HCF & CBWTFs		Total BMW treated by captive treatment facilities by HCF in Kg/day	Total BMW treated by CBWTFs kg/day)	Total no. of violation by HCFs & CBWTFs	Total No. of show cause notices/Directions issued to defaulter HCFs/CBWTFs	No. of CBWTFs that have installed COEMS
						Total no. of HCFs applied for authorization	Total no. of HCFs granted authorization	Total no. of HCFs in operation without				No of HCFs having Captive Treatment Facilities	No of Captive Incinerators Operated by HCFs	CBWTFs Operational	CBWTFs under Construction	HCFs	CBWTFs					
I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	XVII.	XVIII.	XIX.	XX.	XXI.	XXII	XXIII
1	Andaman Nicobar	48	71	119	1269	59	51	60	Nil	199.3	199.3	1	1	Nil	Nil	33	0	199.3	Nil	Nil	Nil	Nil
2	Andhra Pradesh	4892	2571	7463	117184	3040	3002	1940	7463	15144	15144	Nil	Nil	11	2	0	0	Nil	10003	2042	1556	11
3	Arunachal Pradesh	208	129	337	3185	261	90	76	Nil	888.67	888.67	337	3	Nil	Nil	164	Nil	888.67	Nil	Nil	Nil	Nil
4	Assam	605	820	1408	25667	352	352	1046	300	7820.67	5869.26	118	10	1	Nil	Nil	Nil	2155.26	3714	1046	780	1
5	Bihar	4821	20175	24996	70653	1336	4135	20484	3364	34812.9	10038.156	3	1	4	Nil	10		288.29	9749.89	1320	1320	4
6	Chandigarh	46	763	809	4347	193	194	471	752	3188	3188	3	2	1	Nil	Nil	Nil	2571	617	Nil	Nil	1
7	Chhattisgarh	254	465	719	6132	455	341	Nil	1428	16096	4596.99	319	2	4	Nil	Nil	9	252.32	4344.67	72	1	1
8	DD & DNH	36	104	140	1061	105	81	INP	181	331	331	Nil	Nil	1	Nil	Nil	Nil	Nil	331	Nil	92	1
9	Delhi	1100	5329	6429	54185	1002	818	2110	6429	26757.5	26757.5	3	Nil	2	Nil	Nil	Nil	436.5	26321	413	413	2
10	Goa	177	541	INP	INP	141	76	582	Nil	1837.1	1837.1	207	Nil	Nil	Nil	128	0	1837.1	Nil	974	974	Nil

S. No.	Name of the State/UT and	Total no. of Bedded Health Care Facilities (HCFs)	Total no. of Non-bedded Health Care Facilities (HCFs)	Total no. Health Care Facilities (HCFs)	Total no. of Beds	Authorization Status			No. of HCFs utilization CBWTFs	Total Quantity of BMW generated (kg/day)	Total Quantity of BMW Treated and Disposed (kg/day)	Captive BMW Treatment Facilities Operated by the (HCFs)		Common Bio-medical Waste Treatment Facilities (CBWTFs)		Deep burial installed by HCF & CBWTFs		Total BMW treated by captive treatment facilities by HCF in Kg/day	Total BMW treated by CBWTFs kg/day)	Total no. of violation by HCFs & CBWTFs	Total No. of show cause notices/Directions issued to defaulter HCFs/CBWTFs	No. of CBWTFs that have installed COEMS
						Total no. of HCFs applied for authorization	Total no. of HCFs granted authorization	Total no. of HCFs in operation without				No of HCFs having Captive Treatment Facilities	No of Captive Incinerators Operated by HCFs	CBWTFs Operational	CBWTFs under Construction	HCFs	CBWTFs					
11	Gujarat	10882	18840	28960	193599	9460	8973	3365	28496	33706	33706	Nil	Nil	20	2	Nil	Nil	0	33706	2562	2562	20
12	Haryana	2723	1356	4079	53249	3946	3874	133	5376	14217.88	14217.88	Nil	Nil	11	Nil	Nil	1	Nil	14217.9	137	153	11
13	Himachal Pradesh	503	3299	3802	14150	1832	1569	1970	1500	2570.12	2570.12	2302	1	3	1	2301	Nil	206.75	2363.37	228	228	3
14	Jharkhand	1066	492	1558	26550	509	143	106	INP	12788.2	6720.62	INP	17	2	2	576	Nil	4333.62	2387	270	187	INP
15	J & K	992	5463	6445	15135	836	545	5609	718	4482.9	4279.96	2	1	3	NIL	Nil	Nil	842.37	3437.59	5618	311	3
16	Karnataka	7132	27995	35869	187772	15631	15369	9055	22980	65621.2	65621.2	2985	3	26	4	12	13	4406	61215	2837	684	24
17	Kerala	2287	10308	12595	110114	6861	6673	498	13386	71976.14	42225.8	23	24	1	Nil	11	1	5097.8	37128	90	134	1
18	Lakshadweep	10	15	25	250	INP	INP	25	Nil	527	110	25	3	Nil	Nil	5	Nil	110	Nil	Nil	Nil	Nil
19	Madhya Pradesh	3427	3009	6436	95421	3723	3710	2713	4623	15846.74	14547.37	2	2	13	1	144	Mil	238.46	14308.91	1440	1441	11
20	Maharashtra	19647	40763	60410	276985	15939	17037	4704	62960	62418	62134	218	4	31	1		5	2257	59877	48	52	25
21	Manipur	146	694	760	3639	102	102	INP	97	1140.16	905	3	3	1	Nil	Nil	Nil	375	530	1	1	Nil
22	Meghalaya	177	632	809	6716	438	385	371	22	1432.87	1432.87	89	Nil	1	Nil	85	Nil	941.4	491.47	Nil	40	Nil
23	Mizoram	102	14	116	3295	23	23	1	Nil	830.74	830.74	106	4	Nil	Nil	106	Nil	830.74	Nil	1	1	Nil
24	Nagaland	64	104	168	2423	168	168	Nil	Nil	631.75	631.75	168	4	Nil	Nil	168	Nil	631.75	Nil	Nil	Nil	Nil
25	Orissa	1443	1816	3259	44865	860	697	Nil	609	14564	14564	2453	5	5	1	Nil	13	11173	3391	88	198	1
26	Puducherry	86	108	242	12112	208	178	34	437	4319.8	5834	1	1	1	Nil	Nil	Nil	34	5800	36	38	1

S. No.	Name of the State/UT and	Total no. of Bedded Health Care Facilities (HCFs)	Total no. of Non-bedded Health Care Facilities (HCFs)	Total no. Health Care Facilities (HCFs)	Total no. of Beds	Authorization Status			No. of HCFs utilization CBWTFs	Total Quantity of BMW generated (kg/day)	Total Quantity of BMW Treated and Disposed (kg/day)	Captive BMW Treatment Facilities Operated by the (HCFs)		Common Bio-medical Waste Treatment Facilities (CBWTFs)		Deep burial installed by HCF & CBWTFs		Total BMW treated by captive treatment facilities by HCF in Kg/day	Total BMW treated by CBWTFs kg/day)	Total no. of violation by HCFs & CBWTFs	Total No. of show cause notices/Directions issued to defaulter HCFs/CBWTFs	No. of CBWTFs that have installed COEMS
						Total no. of HCFs applied for authorization	Total no. of HCFs granted authorization	Total no. of HCFs in operation without				No of HCFs having Captive Treatment Facilities	No of Captive Incinerators Operated by HCFs	CBWTFs Operational	CBWTFs under Construction	HCFs	CBWTFs					
27	Punjab	3577	4657	8234	71162	4660	4425	3765	8234	15980.7	15980.7	Nil	Nil	4	2	Nil	Nil	Nil	15980.7	3739	3739	2
28	Rajasthan	4939	1537	6476	119524	1396	1155	1702	3109	22261.756	16913.49	733	INP	8	7	Nil	3	2372.2	14541.49	1233	827	5
29	Sikkim	35	249	284	1766	232	232	52	Nil	425.1	311.82	132	8	Nil	Nil	88	Nil	311.82	Nil	9	9	Nil
30	Tamil Nadu	3949	358	4307	144731	4307	4307	715	4607	47196.9	47196.9	Nil	Nil	8	3	1	2	Nil	47196.9	103	3	8
31	Telangana	3166	1999	5165	105331	1708	1670	475	5181	16243	16243	Nil	Nil	11	Nil	Nil	0	Nil	16243	520	520	11
32	Tripura	158	1585	1743	4701	536	536	Nil	207	1401.5	1401.5	158	4	1	1	Nil	2	1169.76	231.74	Nil	Nil	Nil
33	Uttarakhand	1015	1297	2312	19765	582	328	1730	1341	4111.39	4075.39	1426	3	2	Nil	Nil	2	1137.7	2937.69	1732	102	1
34	Uttar Pradesh	14454	11148	25602	253927	21881	20927	4675	9590	52500	52500	10	10	18	Nil	Nil	Nil	6105	46395	171	27	18
35	West Bengal	2990	4757	7747	116991	7747	7619	Nil	7747	34123.62	34123.62	1	Nil	6	1	Nil	Nil	125	33998.62	571	563	6
36	DGAFMS	225	368	593	38506	593	571	Nil	Nil	6350.64	6350.64	498	4	Nil	Nil	Nil	Nil	5736.13	614.51	Nil	Nil	Nil
	Total	97382	173831	270416	2206362	111122	110356	68467	201137	614743	534278	12326	120	200	28	3832	51	57063	472073	27301	16956	172

Status of Connectivity of OCEMS Installed by CBWTFs with CPCB Server in Different States

S. No.	Name of the State/UT	No. of CBWTFs	No. of CBWTFs having connectivity with CPCB server
1	Andaman Nicobar	Nil	Nil
2	Andhra Pradesh	11	11
3	Arunachal Pradesh	Nil	Nil
4	Assam	1	1
5	Bihar	4	3
6	Chandigarh	1	1
7	Chhattisgarh	4	3
8	Daman & Diu and Dadra & Nagar Haveli	1	Nil
9	Delhi	2	2
10	Goa	Nil	Nil
11	Gujarat	20	15
12	Haryana	11	11
13	Himachal Pradesh	3	2
14	Jharkhand	2	2
15	J & K	3	1
16	Karnataka	26	25
17	Kerala	1	1
18	Lakshadweep	Nil	Nil
19	Madhya Pradesh	13	9
20	Maharashtra	31	18
21	Manipur	1	Nil
22	Meghalaya	1	Nil
23	Mizoram	Nil	Nil
24	Nagaland	Nil	Nil
25	Orissa	5	Nil
26	Puducherry	1	1
27	Punjab	4	4
28	Rajasthan	8	5
29	Sikkim	Nil	Nil
30	Tamil Nadu	8	4
31	Telengana	11	11
32	Tripura	1	Nil
33	Uttarakhand	2	1
34	Uttar Pradesh	18	17
35	West Bengal	6	2
	Total	200	150