

By Speed Post

F. No. B-31011-BMW (3398)-2023-WM-I

October 10, 2023

To,

The Member Secretary,
All SPCB and PCC

4933-68

Sub: Regarding methodology to conduct gap analysis with respect to generation and treatment of biomedical waste -reg.

Sir/Madam,

It is to inform that State Pollution Control Boards/Pollution Control Committees are required to conduct gap analysis with respect to generation and treatment of biomedical waste in respective State/UT. A format for conducting gap analysis is given in CPCB guidelines for Common Bio-medical Waste Treatment Facilities. Few State Boards have prepared gap analysis report adopting their own methodology. The matter was also discussed in Central Monitoring Committee meeting on 18.07.2023 wherein need for adopting uniform methodology was emphasised. Hence, to avoid the ambiguity and to adopt uniform procedure, CPCB has prepared a methodology to conduct gap analysis (Copy attached herewith for ready reference).

In view of above, it is requested to kindly conduct gap analysis with respect to generation and treatment of biomedical waste in your State/UT using the aforesaid methodology and report may be submitted to CPCB within one month.

Yours faithfully,



(V. P. Yadav)

Director & Head

Waste Management -I Division

Encl. As above

Copy to:

i. PS to 'MS'

: For kind information of 'MS' please



(V. P. Yadav)

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दिनांक 18/10/2023

Methodology to Conduct gap analysis with respect to generation and treatment of biomedical waste

Guidelines for Common Biomedical Waste Treatment Facilities was prepared by CPCB with an aim to have uniformity in ensuring site selection, allowing and establishment of a state-of-the-art Common Biomedical Waste Treatment Facilities (CBWTFs), operation as well as verification of compliance to the BMWM Rules, 2016 throughout the country. As per the said guideline, SPCB/PCC is required to prepare an inventory or review with regard to the bio-medical waste generation at least once in five years in the coverage areas of the existing CBWTF and conduct gap analysis as per format given in Annexure-I of the guideline.

To avoid the ambiguity and maintaining the uniformity for conducting gap analysis a methodology is suggested for estimating generation, treatment of biomedical waste and its extrapolation in the State and coverage area of CBMWTF. It is elaborated in following table.

S. No.	Parameters	Details
1.	Coverage area of CBWTF	Up to 75 km
2.	No. of HCFs (Bedded and non-bedded)	In Number
3.	No. of Beds covered	In Number
4.	Total biomedical waste generation (in Kg/day)	The generation may be calculated considering following factors: a) Generation from Bedded hospital (in absence of availability of required information biomedical waste generation may be taken as 274 grams per bed) b) Biomedical waste generated from non-bedded HCFs and other sources also be considered
5.	Extrapolate the biomedical waste generation for next years	Extrapolation may be based on factors such as population growth of the districts/cities covered by CBWTF, Rate of increase in number of HCFs/beds in past years etc. as decided by SPCB in consultation with Health department and CBMWTF associations.
6.	Total existing treatment capacity (in Kg/day) (Sum of Incineration Capacity and Autoclave/Microwave/Hydroclave Capacity)	For calculation of existing treatment capacity, maintenance time may be considered for calculating operational hours of equipment as below: a) Operational Hours for static incinerator 20 hrs/day b) Operational hours for Rotary incinerator 22 hrs/day

		c) 18 cycle per day for autoclave The actual capacity may be considered as 90% of available capacity keeping 10% margin for diverted/extra waste etc.
7.	Total Biomedical Waste treated and disposed (Kg/day)	Sum of all categories of biomedical waste treated and disposal.
8.	Gap between total extrapolated biomedical waste generation (for next 10 years) and existing biomedical waste treatment capacity	Extrapolate the biomedical waste generation minus total existing treatment capacity

Based on the above data, the gap between existing treatment capacity and need of additional treatment capacity should be examined after carrying out gap analysis at coverage area/city level and State level.
