WHAT AILS HOSPITAL WASTE MANAGEMENT PRACTICES IN GGH, KAKINADA-THE GAPS AND SOLUTIONS

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Introduction: The term "Bio-Medical waste " has been defined " as any waste that is generated during the diagnosis, treatment, or immunization of human beings or animals, or in research activities pertaining to or in the production or testing of biologicals and includes categories mentioned in schedule –I of government of India's Biomedical waste (Management and Handling) Rules 1998". Indiscriminate disposal of Bio-medical or hospital waste and exposure to such waste poses a serious threat to the environment and to the human health. The severity of the threat is further compounded by the high prevalence of diseases such as human immunodeficiency virus (HIV), Hepatitis B and C.

Aim: To study biomedical waste management practices in GGH, Kakinada.**Objectives:**1.To assess the adequacy of availability of bio medical waste equipment.2.To assess biomedical waste segregation at source of generation.3.To identify bottle necks in biomedical waste management in hospital.**Methodology:**Hospital based cross sectional study done in twenty six patient care areas in GGH, Kakinada. It includes seven outpatient based clinics, four intensive care units, four operation theatres, and eleven ward areas. These areas are observed for a week between July28th to august 4th. Segregation of biomedical waste is observed as per guidelines of Andhra Pradesh Pollution Control Board.**Study tools:** Semi structured questionnaire based on review of literature was prepared and filled by the investigator. **Results:**Of total twenty six areas nineteen(73%) have yellow coloured bins of which thirteen(68%) have respective colour bags ,five (26.3%) have no colour bags. Red colour bins are present in twenty(77%) of which thirteen(65%) have red colour bags, three (15%)have yellow bags and four(20%) have no bags. Twelve(46%) areas have puncture proof containers of which two(16%) are functional and using. Hub cutter is seen in fourteen(54%) areas of which five(36%) are functional & using, six(43%) not using and in three(3%) areas are not functional. Posters related to biomedical waste segregation as suggested by Andhra Pradesh pollution control are seen 14(54%) areas.Anatomical waste segregation is done in proper manner. Segregation is not proper in 88% areas.Open trolleys are used for transport of biomedical waste from hospital areas to the storage space. Segregation is lost during transportation to the storage space.Some times Contents of the bags are put into the trolley instead of being tied and carried separately.Separate storage space is identified in the hospital premises. The entry is restricted by a gate without lock. There is no sentry. Three blocks have been constructed in the storage space for storing yellow bags and red bags. However these bags are dumped out side the buildings instead of putting them inside the building.Domestic waste is clubbed with hospital waste.**conclusions**: There is absence of proper waste management, lack of awareness about health hazards from biomedical waste, insufficient financial and human resources, poor control of waste disposal are seen in this hospital suggesting that a massive revamping of the hospital waste management programme.

Key words: Biomedical waste, Segregation, Storage, Transportation