ISSN 2063-5346



BIOMEDICAL WASTE MANAGEMENT: A SMALL REVIEW.

Dushshyant, Lalita Chopra, Shamli, Arul Prishya

Article History: Received: 01.02.2023 Revised: 07.03.2023 Accepted: 10.04.2023

Abstract

Biomedical waste is a category that includes waste produced by companies, hospitals, and other healthcare facilities. Various pathogenic and dangerous materials make up this form of garbage. After then, this garbage is identified, divided, and handled scientifically. Healthcare workers irremissibly need to be knowledgeable about biomedical waste and its management and to have the right approach toward them. Infectious or possibly infectious waste, such as medical, research, or laboratory waste, may be created as solid or liquid waste. There is a good chance that improper handling of biomedical waste can infect healthcare employees, patients who use the facilities, and the neighborhood and community. General, pathological, radioactive, chemical, infectious, sharps and other categories are also suitable for biomedical waste. For the correct handling and management of biomedical waste, India has created rules. Every healthcare facility is required to follow all of the biomedical waste management rules necessary protections from guarantee whose services the management of Biomedical Waste has no associated impacts on people. This document consists of six schedules, including the category of biomedical waste, the color coding and kind of containers, and labels for biomedical waste containers or bags that must be legible and non-washable. A carriage of biomedical waste containers, standards in order to treat and discard, and timelines dumping trash treatment facilities that is incinerators and autoclaves are all included. The new rules implemented in India are the transportation, shift, and management of biomedical waste.

Keywords: Bio-medical, disposal waste, management of garbage, hazardous materials, segmentation.

Department of Chemistry, UIS, Chandigarh University, Mohali 140413, Punjab, India

DOI:10.31838/ecb/2023.12.s1-B.289

INTRODUCTION

The term "biomedical waste" refers to any waste create during the immunization of people, also throughout the animal projects for investigation involving their creation or examination of life forms substances, incorporating the schedule's subcategory inclusions[1]. Any solid or liquid waste that can infect humans is called biomedical waste. It entails discarded sharps[2]. It also comprises laboratory and veterinary wastes that contain pathogens that can infect humans[3]. Because of its hazardous nature, quality of creation, source of Construction, and need for specific while being handled, examined, and eliminated of power source of healthcare the consumption category of trash[4]. Besides generators and operators, poor waste management also affects the general public. When improperly managed, hazardous disposal can constitute health waste indicators caused by individuals[4][5]. Toxic to human health or natural resources, non-biodegradable, and persistent in the environment. The gathering, handling, resuing materials, relocating, discarding away, and inspecting trash disposal sites are included in hazardous all waste processing[6]. In less developed countries,

hazardous waste is frequently discharged into the environment, endangering human health and the ecosystem[7][8]. As for the contrary hand, due to the variety of disposal streams, authorities and international organisations are trying to address the problem of toxic compounds in the ecological process[9].

CLASSIFICATION OF BIOMEDICAL WASTE MANAGEMENT:

Consequently, different the potential consequences-physical, chemical, radioactivity and biomedical waste is divided into different categories[10]. Both humans and the environment are at risk from it. Considering what has just been said biological waste is divided into hazardous and non-hazardous categories based on certain[11]. Non-hazardous general squander is explained generally as speaking, medical waste in nature, such as food, leather, cloth, paper, fibre and glass, and that only has a minimal danger of spreading illness[12]. These wastes are processed mostly without any process, such as municipal solid waste treatment, and are separated from other general garbage[13]. Biomedical waste can be classification is depicted in fig 1.

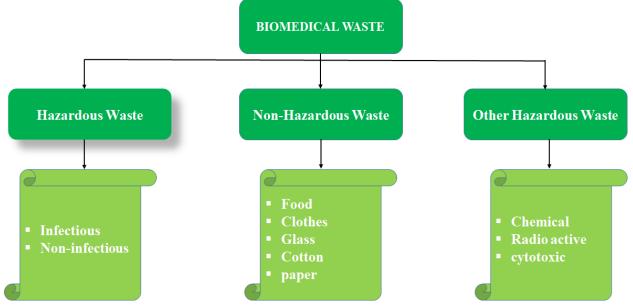


Figure 1: Schematic classification of biomedical waste.

NANOPHOTOCATALYSTS FOR THE MANAGEMENT OF BIOMEDICAL WASTE:

managing biomedical Recently, waste has become one of the most pressing isues facing emerging nations[14]. As the world's population has grown, so has the amount of biomedical waste create, and the available resources are insufficient to handle it. By conducting the influx of pathogens and hazardous substances into the ecosystem[15]. Mechanical treatement such as, the formation of gran pulverization, breaking down crushing, combining, agitation, and compression are some of the more frequently used techiniques for treating biomedical waste[16][17]. The benefits of this kind of treatment is that it can reduce the aggregate amount of produvts by at least 60%[18]. Mechanical treatment decrease the volumes of trash to enable further treatment. all of these methods have the potential to alter the appearance of the waste, that could reduce the waste's psychological impact on observers[3][19]. These technologies are paying close attention to biomedical waste management since it can puut healthcare workers, patients, and the community around them in risk[20]. The enhancement of administration procedures. waste methods, and policies is considered not with standing the establishment of training proper programmes on waste administration for all healthcare sector professionals. The bulk of biological waste components are not decomposable treatment methods were unable to totally from the remove them surrounding[21][22]. Consequently, wildlife and humans may both suffer as a result of biomedical waste's long-term persistence. Photocatalysis is also gainng popularity ascribed to its enormous promise as an environmentally beneficial and procedures for the removal of pollutants and for enhancing the safety and clarity of the envionment[23].

MANAGEMENT OF BIOMEDICAL WASTE IN HOSPITAL:

The most recent advancments in facilities healthcare are specifically designed for the preservation and promotion of public health[24]. For the treatment of various diseases, advanced instruments have been created[25]. The advancement and expansion of scientific knowledge has led to an increase in the quantity of trash produced[26]. Hypodermic scalpel and needle blades, surgery cotton fibres, gloves, dressing, apparel, abandoned, medicatios and bodily fluids, human tissues and organs, chemicals are only a few of the wastes produced providing during the course of healthcare[27]. Other pollutants produced in healthcare facilities include radioactive wastes. instruments that contain the elements mercury, polyvinylchloride plastics, etc[28]. In the hospital biomedical waste management, microwave radiation has been used to ehat up medical waste treatment and trear wastewater sludge[29]. This waste management technique can be used both on-site and on the go with aid of treatment vehicles. The garbage will first go through a shredding process to improve electromagnetic rehabiliation's the efficiency and reduce the amount of debris damp, when it comes to employing rather than being dry waste, the waste is wet before being brought inside the microwave's oven[27][30]. Therefore, a humidifier is typically included with the microwave therapy devices. In order to lower the cost of waste treatment through efficient processes, it has been suggested that various technologies based on the utilization of sunlight be used for both soil and liquid waste management[31]. The majority of these, solar energy stands out as an important method with several uses, such as facilitating the breakdown of various effluent contaminants, antibiotic activities, hydrogen production, and air purification[32]. Due to the need to acquire the greatest degradation of contaminants at low pressure and temperature setting. The

vapor-permeable process is receiving greater focus on conservation concerns and environment prophylactic[33]. The utilization of affordably priced near-UV light, with sunshine acting as a backup source of iiragtion, is a key component of these systems[34].

MANAGEMENT OF BIOMEDICAL WASTE FOR THE HEALTHCARE SECTOR:

produced Fritter away during inspection, evaluation, conselling, or the production of biological goods for people is referred to as biomedical waste[35]. It's also known as medical rubbish. Biomedical waste includes items like needles, vaccines that are still alive, lab specimens compoents of the body, bodily fluids, sharpened needles, traditions[36]. The main sources of biomedical waste are hospitals, physician and laboratories. offices. These establishments are required by law to implement policies that protect the general public from coming into touch with biological waste since it can be detrimental to human health[37]. The overwhelming preponderance of healthcare debris is burned, but this approach is only transitory due to entourage solicitude. The buring of and controlled medical solid waste produced by the healthcare industry results in numerous problems. Aquifer contagion could result from harmful ember residues that are dumped in scap heap[38]. Medical waste, which constitutes about 10% of all

environmental mercury emissions caused by human activities, is the third-largest source of dioxin air emissions, according to the US environment agency. The air pollutants also have an effect on the nearby ecology and perhaps even communities hundreds or even thousands of kilometers distant. Dioxin is one of the toxins that poses the greatest risk to people. Exposure to dioxin has been linked to immune system issues, cancer, aberrant birth outcomes, and adolescent sexual dysfunction. The WHO's international Agency for Research on Cancer (IARC) has classified dioxins as human carcinogens due to their potential to cause cancer[39]. To stop the production of dioxin, no chlorinated plastic bags, and preferably no other chlorinated materials, should be burned in the incinerator[40].

TYPES OF HAZARDOUS WASTE IN BIOMEDICAL WASTE MANAGEMENT:

A hazardous biological waste is any biological substance that mighr threaten the environment or public health[41]. Hazardous biological waste needs to be handled and disposed of property to lower the danger of exposure to infectious diseases. This typically involves specific handling, processing and disposal methods, like chemical treatment, autoclaving or buring. For treating hazardous biological waste, different countries and areas have distinct laws and regulations[42].

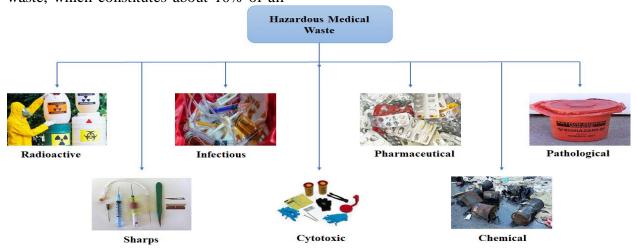


Figure 2: Systematic representation of hazardous biomedical waste management.

INFECTIOUS WASTE IN BIOMEDICAL WASTE MANAGEMENT:

Infectious wastes are those that possess an enormously detrimental effect on both surroundigns and can spread infection. solid waste that is extremely dangerous for the ecosystem or otherwise managed. Infectious care waste is the infected pathogens that cause the onset and progression of the disease[43]. This materials polluted with blood and bodily fluids, waste from humans, lab cultures, and bacterial products are all considered waste, such as wellies, long-sleeved coats, resistant gloves, masks, specs, and face shields. A form of biological waste known as infectious waste can endanger human helath because it contains infectious agents like germs. Used personal protective equipment, infectious agent cultures and stocks, and pathological waste are a few examples of infectious waste[44]. To stop infectious diseases from spreading to healthcare personnel, trash handlers, and the general public, infectious waste in compliance with local laws are often required for its management. At the moment of generation, segregation entails isolating infectious trash from other forms of garbage. This can be done by using coloured bags or containers and labels that clearly state the type of waste within. Packaging and labelling entails packing infectious waste into appropriately designated[45]. In order to properly dispose of infectious waste, either on-site treatment or off-site disposal in facilities with specialized equipment is required. The manner of disposal is determined by the kind and amount of trash produced as well as local laws[46].

MANAGEMENT OF SHARPS WASTE IN BIOMEDICAL WASTE:

A type of biomedical waste known as "sharps waste" is made up of used "sharps,"that encompass any instrument. Sharps waste is considered biohazardous waste and needs to manage correctly[2]. Cutting edges, polluted transparent material, particular kinds of plastic, temporary scalpels, needles for hypodermic surgery, and surgical guidewires are typical medical items that get off as sharps trash[47]. A different approach variety of soil medical waste is sharps waste, which contains unused hypodermic, blood vessel. Effective superintendence attributed to sharps wilderness to crucial for preventing transmission of bloodborne illnesses and other dangerous diseases. The correct, puncture-resistant, and used for the management of sharps waste[48]. These containers should be located nearby the site of use so that medical workers can easily access them. Once they are full, sharps containers must be properly sealed and disposed of in accordance with local regulations. When dealing sharps waste, its crucial to follow safe handling procedures in addition to proper disposal. The use of personal protective equipment including gloves and face shields, as well as the correct way to use and dispose of sharps, should be covered in adequate training for healthcare personel. Overall, appropriate management of sharps waste is a crucial part of managing biomedical waste and helps to stop the spread of contagious diseases[49].

PATHOLOGICAL WASTE IN BIOMEDICAL WASTE MANAGEMENT:

In contrast to other modes of medical waste, pathological waste doesn't frequently consist of supplies like needles, tubing, sharps, etc[50]. That is made use of during medical treatment. Waste containing human or animal body components is a group of unwholesome squander. Morbidly desolate is often a small amount of someone's tissue, organ, or part removed during surgery or other procedures. A small segment, piece, or fragment of removed on the basis of postoperative samples of the creature known as pathological waste[51]. This mode of waste is Production when tissue or tissue samples are examined or tested in a laboratory setting to identify aberrant or sick tissue. In conclusion, Because thiscontrolling garbage during the pandemic demands careful present handling because it is contagious waste. The spread of infection will resemble so that infectious garbage because tissue include infectious samples agent particles[52].

PHARMACEUTICAL WASTE IN BIOMEDICAL WASTE MANAGEMENT:

Pharmaceutical waste is anv material that contains any used, unused, contaminated, damaged, or unneeded drugs. It may include dangerous and nondangerous drugs also over-the-counter medicines such as paracetamol[53]. Your company should install adequate pharmaceutical waste disposal as they may contaminate the landfill in any way. Pharmaceutical waste is defined as expired products. pharmaceutical or tainted Pharmaceutical waste is used biological products for medical use, contaminated prescription medications, contaminated vaccinations, and percutaneous patches. Due to the inflated number of hospital admissions during the COVID-19 epidemic, or pharmaceutical waste that is virally infected when collecting it from particular treatment units. Pharmaceutical waste is the term used to describe medicines, pharmaceuticals, and other pharmaceutical items that have either run their course or are no longer needer[54]. To protect both the environment and human helath. it is crucial to manage pharmaceutical waste properly. It is managed collection. normally by segregation, and legal disposal in accordance with regional rules. At the moment of generation, segregation includes isolating pharmaceutical waste from other types of trash[55]. This can be accomplished by using distinct containers.

Pharmaceutical waste must be properly stored and transported to a designated collection place for disposal. When processing pharmaceutical waste, it is crucial to use safe handling procedures. The handiling of pharmaceutical waste requires special handling and disposal procedures, as well as the use of PPE including gloves and face masks. In general, its critical to handle pharmaceutical waste properly to protect the climate change and the general population. То ensure the proper management, storage and disposal of this sort of waste. By utilizing specified collection programmes[56].

NON-HAZARDOUS:

Non-hazardous waste is any substance mostly unclassified as hazardous by the government. In addition to various materials made of commercial, agricultural, residential, and industrial origin, there are also multiple other materials, such as paper, plastics, glass, metals. wood. and chemicals[54]. Even though these wastes are commonly unclassified as hazardous, poor management poses a critical threat to the environment and public health. Therefore, governments generally regulate the management, transfer, and disposal of non-hazardous waste at the state and local levels[57]. Non-hazardous waste recycles for property waste management and is the same as household waste. It is likely that each symptomatic and through their routine activities in health care facilities, COVID-19 patients produce a significant amount of non-hazardous SARSCoV-2 contaminated care waste, posing a critical risk of community transmission[54].

RADIOACTIVE BIOMEDICAL MANAGEMENT:

WASTE-WASTE

Radioactive waste is hazardous waste that contains radioactive components that emit ionisong radiation. Radioactive waste can be found in a variety of locations, including nuclear power stations, hospital, and companies that use radioactive materials[58]. Radioactive waste management is crucial to prevent the harmful effects of ionizing radiation on human health and the environment. Typically, the management of radioactive waste includes segregation, packing, lablelling, and safe disposal in accordance with local laws[59]. Segregration involves separating radioactive waste from other waste types at the time of generation. In order to properly dispose of radioactive waste, either on-site treatment disposal in facilities with specialized equipment. The manner of disposal is determined by the kind of amount of trash produced as well as local laws. When dealing radioactive waste, use safe it's crucial to handling procedures[60].

CHEMICAL WASTE IN BIOMEDICAL WASTE MANAGEMENT:

Any unnecessary or excessive use of a chemical, or any chemical substance that, if released into the atmosphere, water, or land, could endanger human health or the environment is considered chemical waste[61]. Chemicals are present in care facilities. Because these factories use a lot of chemicals, the waste compounds they produce will have undesirable impacts on health. Around three dimensions of waste from care and activities are formed of this kind of trash. Waste chemicals are classified with care waste laboratory reagents[62]. Biomedical waste is often not regarded as chemical waste. Biomedical waste is any waste produced during the diagnosis, treatment, or immunization of people. It is often referred to as healthcare garbage. trash or medical Sharps, pathological waste, and pharmaceutical waste are examples of such items. Contrarily, chemical waste is any waste material that contains chemicals that could be harmful to the environment or human health[63]. Solvents, insecticides. lab compounds, and even some cleaning products can fall under this category. Chemical waste and biomedical waste may occasionally overlap, but they are normally regarded as separate types of trash. To protect the envionement and the general public's health, it is crucial to properly dispose of both forms of trash[64].

COMPONENTOFTHEBIOMEDICALWASTEMANAGEMENT:

The amount of time patients spend in hospitals and the capacity of facilities affect how much biomedical waste is generated. Around 86% of the medical waste that healthcare facilities produced overall in 2018 was non-infectious trash. Hazardous waste makes up just 17% of total waste production[65]. It was shown that wealthy countires, with a value of 0.6 kg per bed per day, play a more significant part in the development of hazardous waste than low-income countires, which only produce 0.3 kilogram per bed per day. According to information provided by the indian government, India produced 618 tonnes of medical waste each day in 2019. This is equivalent to around 0.44 million tonnes of garbage every year via medical facilities[66]. Out of this created garbage, 545 tonnes per day are disposed of using various techniques, and 75 tonnes per day are dumped into the environment untreated. Nearly 29% of all rubbish produced, according to a related study by Ramteke and Sahu, is dumped carelessly in public spaces. Biomedical waste's implications on the well-being of people as well as the envrioment have been discussed bv Manzoor and Sharma. The situation of biomedical waste treatment in various Indian states was thoroughly examined between 2018 to 2020 by the International Clinical Epidermiology Network. It is an issue that 60% of secondary healthcare facilities and 85% of basic healthcare facilities had unreliable biological waste management systems[67]. In addition, the tertiary Healthcare facilities has not have a suitable disposal strategy. According to the poll, the hospital's inferior standards, which are far worse in rural sites than in metropolitan ones, are caused by hospital

staff member's educational poor backgrounds and insufficient training. In accordance with the Aarhus and Stockholm Conventions, the Government of India published the amended Bio-medical waste management rules on March 28, 2016. Regarding trash categorization, the new standards are much clearer and more extensive, additing colr-coding. It demands only pretreatment be used and segregation be carried out at the healthcare facilities level, and the common bio-medical waste treatment facility will handle proper disposal and recycling. A research was done using a modified WHO method to assess Punjab, India's waste management procedures. According tp the report, the public sector has a higher compliance rate upto 67.4% than the private sector 40.5%. at the secondary level, both inductries display complete compliance.

Composition of biomedical waste management:



METHODS OF BIOMEDICAL WASTE MANAGEMENT:

The methods of waste management that are now in use are outlined here. The processes of handling, discrimination, dismemberment, decontamination, preservation, transportation, and termination are crucial to the managing genetic debris in any setting safely and scientifically environment was explained by Meeta Singh and Acharya[68]. Effective reduction and management of biological waste depend on waste idenfication and segregation. The most effective way for differentiating between the various genera of bio-acoustic dissipate to sort fritter away by pigment. The biomedical waste rules 1998, schedule II, which is listed in table 1, mandates that this be divided into containers. The household waste stream should contain garbage, yard waste, and other typical waste categories. Sharps ought subsist unflappable in impenetrable receptacle. Sacks and crates used to store pestilential debris must befall market along with the bio-preparedness emblem. To sanitise waste that is very contagious, autoclave it. Cytotoxic wastes must be collected in leak-proof containers with clearly visible labels identifying them as such[69]. Spiles furthermore syringers needs to be demolished using the included retractable pinnace and an exasperate annihilator alongside moment of manufacture. To cut gauntlet, bottles and infusion sets, use curved scissors. Sharpscontaminated clothes, plastic, and rubber products must be disinfected at the production site using sodium hypochlorite with a minimum contact period of one hour. Biomedical waste should only be moved around the hospital in wheeled carts, bins that are exclusively used for that purpose. [70]. A painted biohazard symbol is required. Mechanism that is sitable for securing the load while transport needs to be secured. Round corners on such a vechicle should make it simple to clean. Before giving any disposable plastic to the vendor, it should be shred. Biomedical waste can be treated in the last stages using techniques including cremation. autoclaving, microwave heating, or hydroclaving[71].

Table 1: Classification of Healthcare Unit
in biomedical waste an amount of kg day
per day per.

Classification of HCU	Amount (kg bed per day per)	Reference
Unit of eye	0.74	[72]
Unit of paediatric	0.58	[23]
Unit of gynaecology	1.65	[73]
Medicine	2.15	[74]
Unit of Cardiology	0.75	[60]
Surgery	1.54	[75]
General hospital	1.85	[63]

CONCLUSION:

Biomedical waste is a category that includes waste produced by companies, hospitals, and other healthcare facilities. Various pathogenic and dangerous materials make up this form of garbage. After then, this garbage is identified, divided. and handled scientifically. Hazardous waste processing includes landfill of waste facility inspection, assemblage, intervention, recirculation, expatriation, and eradication[76]. Healthcare workers irremissibly need to be knowledgeable about biomedical waste and its management and to have the right approach toward them. Infectious or possibly infectious waste, such as medical, research, or laboratory waste, may be created as solid or liquid waste[77]. Toxic to human health or natural resources, nonbiodegradable, and persistent in the environment. However, despite it appering difficult given the variety of waste source, governements and international organisations are working to control the growing problem of dangerous compounds in the surroundings[75].

REFERENCE:

- [1] R. Rajan, D. T. Robin, and M. Vandanarani, "Biomedical waste management in Ayurveda hospitals current practices and future prospectives," *Journal of Ayurveda and Integrative Medicine*, vol. 10, no. 3. 2019. doi: 10.1016/j.jaim.2017.07.011.
- [2] F. Nosheen *et al.*, "Biomedical waste management associated with infectious diseases among health care professionals in apex hospitals of a typical south asian city," *Environ. Res.*, vol. 215, 2022, doi: 10.1016/j.envres.2022.114240.
- [3] S. Hooshmand *et al.*, "Biomedical waste management by using nanophotocatalysts: The need for new options," *Materials*, vol. 13, no. 16. 2020. doi: 10.3390/MA13163511.
- M. N. Shaida and S. Singla, "Global biomedical waste management issues and practices," *Int. J. Innov. Technol. Explor. Eng.*, vol. 8, no. 9 Special Issue, 2019, doi: 10.35940/ijitee.I1169.0789S19.
- [5] P. Gahlot, R. Dhankhar, P. Yadav, and M. M. Vigarniya, "Challenges of biomedical waste management," *Ann. Biol.*, vol. 35, no. 2, 2019.
- [6] M. R. Capoor and K. T. Bhowmik, "Current perspectives on biomedical waste management: Rules, conventions and treatment technologies," *Indian Journal of Medical Microbiology*, vol. 35, no. 2. 2017. doi: 10.4103/ijmm.IJMM_17_138.
- [7] L. Ara *et al.*, "Effectiveness of a multi-modal capacity-building initiative for upgrading biomedical waste management practices at healthcare facilities in Bangladesh: a 21st century challenge for developing countries," *J. Hosp. Infect.*, vol. 121, 2022, doi:

10.1016/j.jhin.2021.11.009.

- [8] M. Shammi *et al.*, "Application of short and rapid strategic environmental assessment (SEA) for biomedical waste management in Bangladesh," *Case Stud. Chem. Environ. Eng.*, vol. 5, 2022, doi: 10.1016/j.cscee.2021.100177.
- [9] V. Mathur, S. Dwivedi, M. A. Hassan, and R. P. Misra, "Knowledge, attitude, and practices about biomedical waste management among healthcare personnel: A cross-sectional study," *Indian J. Community Med.*, vol. 36, no. 2, 2011, doi: 10.4103/0970-0218.84135.
- [10] N. Musee, "Nanowastes and the environment: Potential new waste management paradigm," *Environ. Int.*, vol. 37, no. 1, 2011, doi: 10.1016/j.envint.2010.08.005.
- [11] M. Mosquera, M. J. Andrés-Prado, G. Rodríguez-Caravaca, P. Latasa, and M. E. G. Mosquera, "Evaluation of an education and training intervention to reduce health care waste in a tertiary hospital in Spain," *Am. J. Infect. Control*, vol. 42, no. 8, 2014, doi: 10.1016/j.ajic.2014.04.013.
- Y. C. Chen and P. Y. Tsai, "Evaluating the operational risks of biomedical waste using failure mode and effects analysis," *Waste Manag. Res.*, vol. 35, no. 6, 2017, doi: 10.1177/0734242X17700717.
- [13] A. Tiwari, "Biomedical Waste Management Practices in India-A Review Biomedical Waste Management Practices in India-A Review," Int. J. Curr. Eng. Technol., vol. 3, no. 5, 2013.
- [14] S. R. Kishore, V. S. Babu, R. Kumar, and P. S. Ramapraba, "Bio medical waste management system," in *AIP Conference Proceedings*, 2022, vol. 2519. doi:

10.1063/5.0111960.

- [15] P. Raundale, S. Gadagi, and C. Acharya, "IoT based biomedical waste classification, quantification and management," in *Proceedings* of the International Conference on Computing Methodologies and Communication, ICCMC 2017, 2018, vol. 2018-January. doi: 10.1109/ICCMC.2017.8282737.
- [16] A. Demirbas, "Waste management, waste resource facilities and waste conversion processes," *Energy Convers. Manag.*, vol. 52, no. 2, 2011, doi: 10.1016/j.enconman.2010.09.025.
- [17] L. Chopra and J. S. Chohan,
 "Stimuli Responsive Bio-Based Hydrogels: Potential Employers for Biomedical Applications," *Addit. Manuf. Polym. Tissue Eng.*, pp. 79– 99, 2022.
- [18] R. Rajan, D. T. Robin, and M. Vandanarani, "Journal of Ayurveda and Integrative Medicine Biomedical waste management in Ayurveda hospitals e current practices and future prospectives," *J. Ayurveda Integr. Med.*, vol. 10, no. 3, 2019.
- [19] L. Devi, R. Sharma, and A. Singh,
 "Synthesis and Characterization of Chitosan Based Graft Copolymers with Binary Vinyl Monomers for Controlled Drug Release Application," *Drug Deliv. Lett.*, vol. 5, no. 3, 2016, doi: 10.2174/2210303106666160220005 331.
- [20] G. V. Patil and K. Pokhrel,
 "Biomedical solid waste management in an Indian hospital: A case study," *Waste Manag.*, vol. 25, no. 6 SPEC. ISS., 2005, doi: 10.1016/j.wasman.2004.07.011.
- [21] M. Ramaganesh, S. Shiny Rebekka, V. Watson, S. Bathrinath, and A. Venkata Subramanian,

"WITHDRAWN: Measurement of HOSPITAL efficiency in biomedical waste management," *Mater. Today Proc.*, 2021, doi: 10.1016/j.matpr.2021.10.415.

- [22] A. Pundir and L. Chopra,
 "Comprehensive study of synthetic tool for ZnO based nanoparticles," in *Materials Today: Proceedings*, 2022, vol. 52. doi: 10.1016/j.matpr.2021.09.044.
- [23] V. K. Parida, D. Sikarwar, A. Majumder, and A. K. Gupta, "An assessment of hospital wastewater and biomedical waste generation, existing legislations, risk assessment, treatment processes, and scenario during COVID-19," *Journal of Environmental Management*, vol. 308. 2022. doi: 10.1016/j.jenvman.2022.114609.
- [24] S. Shekoohiyan, F. Parsaee, and S. Ghayour, "Assessment of knowledge, attitude and practice about biomedical waste management among healthcare staff of Fasa educational hospitals in COVID-19 pandemic," *Case Stud. Chem. Environ. Eng.*, vol. 6, 2022, doi: 10.1016/j.cscee.2022.100207.
- [25] S. M. Adan, "Types of Biomedical Waste Generated and Factors Associated With Biomedical Waste Management Practices Among Healthcare Personnel At Mbagathi Hospital Nairobi County, Kenya," J. ,Health Med. Nurs., vol. 55, 2019.
- [26] S. Gupta and R. Boojh, "Report: Biomedical waste management practices at Balrampur Hospital, Lucknow, India," *Waste Manag. Res.*, vol. 24, no. 6, 2006, doi: 10.1177/0734242X06068342.
- [27] J. A. Darji and P. Prajapati,
 "Awareness and practice of biomedical waste management at tertiary care hospital," *J. Forensic Med. Toxicol.*, vol. 36, no. 1, 2019,

doi: 10.5958/0974-4568.2019.00019.X.

- [28] T. Diwan, K. Jain, N. Singh, N. Verma, and V. Jain, "Biomedical Waste Management: An Assessment of Knowledge, Attitude and Practice among Healthcare Workers in Tertiary Care Hospital, Chhattisgarh," *J. Pure Appl. Microbiol.*, vol. 17, no. 1, 2023, doi: 10.22207/JPAM.17.1.10.
- [29] S. Gautam, P. K. Mandal, N. Yangden, and M. Rai, "Knowledge on Biomedical Waste Management among Nurses Working in a Hospital of Biratnagar," *Tribhuvan Univ. J.*, vol. 36, no. 02, 2021, doi: 10.3126/tuj.v36i02.46596.
- [30] K. Bhatia, R. PR, and P. Bhatia, "AWARENESS OF BIOMEDICAL WASTE MANAGEMENT IN A TERTIARY CARE HOSPITAL," *Int. J. Med. Biomed. Stud.*, vol. 5, no. 1, 2021, doi: 10.32553/ijmbs.v5i1.1745.
- [31] G. Mitiku, A. Admasie, A. Birara, and W. Yalew, "Biomedical waste management practices and associated factors among health care workers in the era of the covid-19 pandemic at metropolitan city private hospitals, Amhara region, Ethiopia, 2020," *PLoS One*, vol. 17, no. 4 April, 2022, doi: 10.1371/journal.pone.0266037.
- [32] P. MATHUR, S. PATAN, and A. S. SHOBHAWAT, "Need of Biomedical Waste Management System in Hospitals An Emerging issue A Review," *Curr. World Environ.*, vol. 7, no. 1, 2012, doi: 10.12944/cwe.7.1.18.
- [33] F. S. Vaz and P. Kumar, "A study of biomedical waste management at a tertiary care hospital in Goa, India," *J. Community Heal. Manag.*, vol. 5, no. 3, 2020, doi: 10.18231/2394-2738.2018.0030.

- [34] D. C. Innocent, C. N. Ezejindu, S. C. Eneh, A. C. Uwaezuoke, V. N. Unegbu, and A. Vasavada, "Exploring biomedical waste management and disposal practices among hospitals in Port Harcourt, Rivers State," *Acad. J. Heal. Sci. Med. Balear. ISSN-e* 2255-0560, Vol. 37, N°. 6, 2022, págs. 119-129, vol. 37, no. 6, 2022.
- [35] P. Agrawal, G. Kaur, and S. S. Kolekar, "Investigation on biomedical waste management of hospitals using cohort intelligence algorithm," *Soft Comput. Lett.*, vol. 3, 2021, doi: 10.1016/j.socl.2020.100008.
- [36] S. Sinha, N. Aravindha Babu, S. S. Behura, and E. Rajesh,
 "Management of biomedical waste in hospital and health care organizations-a review," *Indian Journal of Forensic Medicine and Toxicology*, vol. 14, no. 4. 2020. doi: 10.37506/ijfmt.v14i4.11701.
- [37] "DISSEMINATING THE BIOMEDICAL WASTE GENERATION SCENARIO DURING COVID-19: AN OVERVIEW FROM THE LOWER MIDDLE INCOME COUNTRY BANGLADESH," Am. Int. J. Nurs. Educ. Pract., 2021, doi: 10.46545/aijnep.v2i1.247.
- [38] D. Shrestha, S. B. Gokhe, A. Dhoundiyal, and P. Bothe, "A case study to review compliance to biomedical waste management rules in a tertiary care hospital," *Int. J. Community Med. Public Heal.*, vol. 4, no. 2, 2017, doi: 10.18203/2394-6040.ijcmph20170282.
- [39] J. Kishore, R. Agarwal, C. Kohli, P. K. Sharma, N. V. Kamat, and S. C. Tyagi, "Toistatus of biomedical waste management in nursing homes of Delhi, India," *J. Clin. Diagnostic Res.*, vol. 8, no. 3, 2014,

doi:

10.7860/JCDR/2014/7630.4106.

- [40] P. H. Rao, "Report: Hospital waste management - Awareness and practices: A study of three states in India," *Waste Manag. Res.*, vol. 26, no. 3, 2008, doi: 10.1177/0734242X08088693.
- [41] S. Mahmood, N. ud Din, J. Mohsin, and H. Javed, "Practices Regarding Hospital Waste Management at Public and Private Sector Hospitals of Lahore," Ann. King Edward Med. Univ., vol. 17, no. 2, 2011.
- [42] A. Dumka and P. Khanduri, "KAP study on bio-medical waste management among nursing professionals in Haldwani (Nainital)," *Int. J. Adv. Sci. Res. Manag.*, vol. 3, no. 8, 2018.
- [43] R. Thapa, S. Saldanha, and R. Prakash, "APPLICATION OF LEAN SIX-SIGMA APPROACH TO REDUCE BIOMEDICAL EQUIPMENTS BREAKDOWN TIME AND ASSOCIATED DEFECTS," J. Evol. Med. Dent. Sci., vol. 7, no. 34, 2018, doi: 10.14260/jemds/2018/847.
- [44] V. K. Bhardwaj and s Kumar,
 "Review on Management of Hospital Waste in an Efficient Manner," *Int. J. Sci. Res. Eng. Trends*, vol. 7, no. 1, 2021.
- [45] L. Deva, C. Shah, B. Yagnik, H. Solanki, and L. B. George,
 "Principles and Practices of Biomedical Waste Management: A Case Study of Selected Hospitals of Ahmedabad City," Univers. Rev., vol. 8, no. 4, 2019.
- [46] M. A. Kamran, U. Zareef, T. Ahmed, R. Rasool, N. Khan, and M. Kashif, "Awareness of Dental Undergraduates, Post Graduates and Dental Practitioners' about Dental and Biomedical Waste Management," J. Liaquat Univ.

Med. Heal. Sci., vol. 21, no. 1, 2022, doi: 10.22442/jlumhs.2022.00864.

- [47] "Knowledge, Attitude and Practices regarding Biomedical Waste Management among Health Care Professionals of Private Sector Hospitals in Pakistan," *Int. J. Bus. Econ. Aff.*, vol. 5, no. 6, 2020, doi: 10.24088/ijbea-2020-56001.
- [48] A. M. Dixit, P. Bansal, P. Jain, P. K. Bajpai, R. S. Rath, and P. Kharya, "Assessment of Biomedical Waste Management in Health Facilities of Uttar Pradesh: An Observational Study," *Cureus*, 2021, doi: 10.7759/cureus.20098.
- [49] S. Pandey, R. Divekar, A. Singh, and S. Sainath, "Bio-medical waste management processes and practices adopted by select hospitals in Pune," *Oper. Supply Chain Manag.*, vol. 13, no. 1, 2020, doi: 10.31387/OSCM0400251.
- [50] M. Mahalakshmi, V. S. Kalaiselvi,
 E. Vasudevan, and V. P. Nivedhini,
 "Awareness about Biomedical
 Waste Management among
 Healthcare Professionals," *Int. J. Life Sci. Pharma Res.*, 2022, doi:
 10.22376/ijpbs/lpr.2022.12.2.p6-13.
- [51] M. P. Batista, N. Fernández, F. B. Gaspar, M. do R. Bronze, and A. R. C. Duarte, "Extraction of Biocompatible Collagen From Blue Shark Skins Through the Conventional Extraction Process Intensification Using Natural Deep Eutectic Solvents," *Front. Chem.*, vol. 10, 2022, doi: 10.3389/fchem.2022.937036.
- [52] O. T. Olaniyan *et al.*, "Increase in SARS-CoV-2 infected biomedical waste among low middle-income countries: Environmental sustainability and impact with health implications," *Journal of Basic and Clinical Physiology and*

Pharmacology, vol. 33, no. 1. 2022. doi: 10.1515/jbcpp-2020-0533.

- [53] F. M. Yusoff, A. F. Abdullah, A. Z. Aris, and W. A. D. Umi, "Impacts of COVID-19 on the aquatic environment and implications on aquatic food production," *Sustainability (Switzerland)*, vol. 13, no. 20. 2021. doi: 10.3390/su132011281.
- [54] R. Khosla, A. Jha, S. Dua, S. G. Varmani, N. Rajput, and B. Pani, "Upsurge in biomedical waste due to COVID-19 in India: A statistical correlation, challenges and recommendations," *Frontiers in Environmental Science*, vol. 10. 2022. doi: 10.3389/fenvs.2022.1022098.
- [55] M. N. Uddin, M. R. Islam, and K. Yesmin, "Knowledge on Hospital Waste Management among Senior Staff Nurses Working in a Selected Medical College Hospital of Bangladesh," *J. Waste Manag.*, vol. 2014, 2014, doi: 10.1155/2014/573069.
- [56] J. A. Okolie, S. Nanda, A. K. Dalai, and J. A. Kozinski, "Chemistry and Specialty Industrial Applications of Lignocellulosic Biomass," *Waste* and Biomass Valorization, vol. 12, no. 5. 2021. doi: 10.1007/s12649-020-01123-0.
- [57] H. B. Sharma *et al.*, "Challenges, opportunities, and innovations for effective solid waste management during and post COVID-19 pandemic," *Resour. Conserv. Recycl.*, vol. 162, 2020, doi: 10.1016/j.resconrec.2020.105052.
- [58] M. Rajadurai, S. Chawla, and M. A. Satheesh, "Economic Impact and Challenges in Waste Management," *J. Pharm. Sci. Res.*, vol. 13, no. 3, 2021.
- [59] IAEA, "Management of radioactive waste from the use of radionuclides

in medicine," *Iaea*, no. November, 2000.

- [60] A. K. Subramanian, D. Thayalan, A. I. Edwards, A. Almalki, and A. Venugopal, "Biomedical waste management in dental practice and its significant environmental impact: A perspective," *Environmental Technology and Innovation*, vol. 24. 2021. doi: 10.1016/j.eti.2021.101807.
- [61] S. Kaur, M. Kundu, and A. Sikhan, "COMPREHENSIVE ASSESSMENT OF VARIOUS TECHNIQUES FOR BIOMEDICAL WASTE MANAGEMENT," Int. J. Creat. Res. Thoughts, vol. 9, no. 7, 2021.
- [62] T. Gnaro *et al.*, "Assessing Biomedical Solid and Liquid Waste Management in University Hospital Centers (CHU) in Togo, 2021," *Open J. Epidemiol.*, vol. 12, no. 04, 2022, doi: 10.4236/ojepi.2022.124033.
- [63] J. C. Paiz, M. Bigolin, V. E. Schneider, and N. L. R. Stedile, "Applying nightingale charts to evaluate the heterogeneity of biomedical waste in a hospital," *Rev. Lat. Am. Enfermagem*, vol. 22, no. 6, 2014, doi: 10.1590/0104-1169.3309.2499.
- [64] P. M. Patil and R. A. Bohara, "Nanoparticles impact in biomedical waste management," *Waste Management and Research*, vol. 38, no. 11. 2020. doi: 10.1177/0734242X20936761.
- [65] M. Ganesapillai et al., "The face behind the Covid-19 mask — A comprehensive review," Environmental Technology and Innovation, vol. 28. 2022. doi: 10.1016/j.eti.2022.102837.
- [66] A. Parida, M. R. Capoor, and K. T. Bhowmik, "Knowledge, attitude, and practices of Bio-medical Waste

Management rules, 2016; Biomedical Waste Management (amendment) rules, 2018; and Solid Waste Rules, 2016, among healthcare workers in a tertiary care setup," *J. Lab. Physicians*, vol. 11, no. 04, 2019, doi: 10.4103/jlp.jlp_88_19.

- [67] S. Kheirabadi and A. Sheikhi, "Recent advances and challenges in recycling and reusing biomedical materials," *Current Opinion in Green and Sustainable Chemistry*, vol. 38. 2022. doi: 10.1016/j.cogsc.2022.100695.
- [68] Y. Sarkingobir *et al.*, "Biomedical Waste Management among Primary Health Care Workers, Bauchi Local Government Area, Bauchi State, NIGERIA," *J. Teknokes*, vol. 15, no. 4, 2022, doi: 10.35882/teknokes.v15i4.348.
- [69] H. Lemma, D. Dadi, M. Deti, and S. Fekadu, "Biomedical solid waste management system in jimma medical center, jimma town, south western ethiopia," *Risk Manag. Healthc. Policy*, vol. 14, 2021, doi: 10.2147/RMHP.S315446.
- [70] T. Porkodi and D. Venkatramaraju, "Conceptual framework on corporate social responsibilities (Csr) on bio waste management in rural areas – with special reference to neighbohood perception on hospitals in pondicherry region," *Int. J. Adv. Sci. Technol.*, vol. 28, no. 7, 2019.
- [71] S. S. Manekar, R. L. Bakal, R. D. Jawarkar, and M. S. Charde,
 "Challenges and measures during management of mounting biomedical waste in COVID-19 pandemic: an Indian approach," *Bull. Natl. Res. Cent.*, vol. 46, no. 1, 2022, doi: 10.1186/s42269-022-

00847-4.

- [72] Q. Mariam *et al.*, "Safe practices of biomedical and dental waste management amongst practicing dental professionals amid the COVID-19 pandemic," *Work*, vol. 71, no. 4, 2022, doi: 10.3233/WOR-211099.
- [73] B. S. Lakshmi and P. Kumar,
 "Awareness about bio-medical waste management among healthcare personnel of some important medical centers in Agra," *Int J Eng Res Tech.* 2012.
- [74] M. Y. Shen, C. C. Chang, M. Y. Li, and J. H. Lin, "Decreasing the output of biomedical waste in the intensive care unit," *J. Nurs.*, vol. 64, no. 5, 2017, doi: 10.6224/JN.000071.
- [75] M. Antoniadou, T. Varzakas, and I. Tzoutzas, "Circular Economy in Conjunction with Treatment Methodologies in the Biomedical and Dental Waste Sectors," *Circ. Econ. Sustain.*, vol. 1, no. 2, 2021, doi: 10.1007/s43615-020-00001-0.
- [76] N. Sharma, B. Kaur, C. P. Singh, Shivani, and K. Thakur, "Modern Structured Waste Disposal Techniques in Pharma Industries," in *AIP Conference Proceedings*, 2023, vol. 2558. doi: 10.1063/5.0120817.
- [77] O. de la Rosa, A. C. Flores-Gallegos, D. Muñíz-Marquez, C. Nobre, J. C. Contreras-Esquivel, and C. N. Aguilar, "Fructooligosaccharides production from agro-wastes as alternative lowcost source," *Trends in Food Science and Technology*, vol. 91. 2019. doi: 10.1016/j.tifs.2019.06.013.