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## **Investigation of various medical wastes and its impact on environmental pollution**

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**Abstract**---Medical waste is not given enough attention in India, which is one of the fastest economically developing countries in the world. The handling and disposal of sanitary ware by municipal employees, the public, and the great health of the environment creates risks. The amount and composition of medical waste will serve as a basis for a successful management plan if adequate and accurate information is available. Only 41 percent of medical waste disposal workers are properly trained, and only 38.9 percent of medical waste is properly divided. Medical waste made up of plastic products

accounts for about 35 percent of the total. This is a sustainable resource recovery and recycling opportunity. More than enough infectious waste remains to prevent a storage catastrophe. Compliance with medical waste environmentally sustainable management in all countries is essential. There is currently no national law in place to govern medical waste management in India, but its 13 regional governments have adopted terms related to the management of medical waste for both health and environmental protection. Spanish regional law studies have yielded positive results in this article. Some differences in criteria were discovered in our study of sorting, collection, storage, transport, treatment, and removal procedures. State of dialysis, specialization, Education University and government hospitals as well as non-educational state and private hospitals were categorized into five groups. Psychiatrists and psychotherapists, as well as specialized hospitals Optometrists dermatologists' physiotherapists obstetricians' ophthalmologists' dermatologists Lung hospitals, childcare, and occupational diseases are a few of the many topics covered here. Results from this study show that in 2020, there were approximately 16307 tons of medical waste from hospitals each year, rising to 22,755 tons in 2021.

**Keywords**--environmental pollution, public health, environmental concern, medical waste disposal, ophthalmologists.

## **Introduction**

Do you think that medical waste disposal is a public health and environmental concern? Research and laboratory facilities as well as in-home health care (including dialysis and insulin injection) all generate medical waste, which is included in the national solid waste management plan for health care facilities. Policy, especially when it comes to medical waste, needs to be updated. What really regulates this type of wasteland is a specific waste management plan that is based on environmental and health monitoring systems. Every manufacturer of hazardous waste is therefore at their own inherent risk. Medicine has been one of the most rapidly evolving fields in recent decades all over the world. However, health care, human health, and environmental impacts can lead to waste generation. There are two main categories of medical waste, which are referred to as public and hazardous. Health workers and studies show that waste authorities are unaware of the fact that public and private hospitals in countries like Algeria, Nigeria, Ethiopia, Botswana, Ghana, and South Africa manage medical waste in similar ways. Policies for waste management and final disposal. Environmental pollution and health risks are two of humanity's most pressing issues today, both caused by an explosion in waste and the diversity of that waste. During this time period, all types of waste are generated by human and animal activities. There is a lot of potentially lethal medical waste in this. Infectious and or toxic properties make medical waste a special type of hazardous waste. Akshara's business is booming. In comparison to other Turkish cities, it has a growing population but a low educational attainment, making it a city with widespread health problems and environmental pollution. 7.991 km<sup>2</sup> is the total area of the province. Turkish

Statistical Institute (TÜK) estimates the population of Aksare at 402.404 in 2017. Urban centers and districts make up 289,778 of the total population, while villages and cities make up 112,626 of the total population. Patients, medical professionals, healthcare facilities, and the general public are all concerned about the dangers of medical waste, which has grown in prominence over the last two decades. "Health workers, waste handlers, patients and the community infections, high risk of toxic effects and injuries ". Management of medical squander Hellenic legal theory as applied to legal issues (HGMD, 2003) Both hazardous and non-hazardous medical waste make up most of all MW (NHMW). For legal reasons, the burning of medical waste in other parts of the world is an acceptable method of treating the affected area, despite the practice's seeming absurdity. Medical waste generated during general cancer treatment and by university hospitals has a contaminant toxic risk of 10% and 50%, respectively. Using Escherichia coli bacteriophage to test the fuel's efficacy, the primary room was heated to temperatures above S70 C and the secondary room was heated to temperatures above B70 C. During the 30-second period, 27 bacteriophage plaque-forming units (pfu) were sprayed into the chamber. For the second time in a row, CEBA faces an average challenge of 1012 points. On the surface, 53 generators sprayed a spray. During my time at the incinerator, temperature matching challenges were made. Observe the use of copper nitrate while the fuel is hot and cold and compare the sample capacities

### Medical Waste



Figure 1. Pharmaceutical Waste



Figure 2. Biomedical Waste

The term "medical waste" refers to any waste that results from the diagnosis, testing, treatment, or research of humans, animals, or biological materials. Live vaccines, sharp needles, cultures and lancets are among the medical waste that Pasupathi claims to have found in medical waste laboratory samples. Classify medical waste by bringing in a variety of teachers. In general, hazardous or non-infectious HCEs are divided into two categories: dangerous or infectious and non-infectious. Household waste includes paper, food scraps, and other hospital-related waste in the first group. The second group consists of laboratory, operating room, and counseling waste, along with waste from other hospitals. Following the national guidelines for medical waste management, the Cancer Institute of Vojvodina removes all of its medical waste in categories. Plastic bags

for medical waste and the production of specific types of plastic containers in plastic containers are two examples of medical waste segregation. Another is categorizing and storing medical waste based on groups. Medical waste is disposed of three times daily while working on the field. Temporary storage for waste from a local waste treatment plant is provided in the company's backyard. Early April 2009 was an excellent month for medical waste management professionals everywhere. In order to reduce the amount of garbage that is being generated, both measures have come into effect at the same time. It is dangerous because Serbia's Ministry of Environmental Management lacks financial resources for environmental management, and thus the amount of medical waste cannot be monitored and confirmed. Certification Medical waste disposal is a mandatory financial cost for medical institutions, resulting in lower costs. Emerging technologies and the expansion of health care are influencing our lives today. By the way, the amounts of medical waste have exploded. In particular, the use of throwaway medical devices and the excessive use of materials contributes to the production of medical waste. Medical waste must be separated, stored, disposed of, and monitored in order to protect the environment and human health. New city hospitals' medical waste collection, extraction, and sorting processes were examined as part of a public-private partnership. It is common practice for Lorries to reroute their travel plans in order to collect waste in containers, convert it, and deliver it to a specific municipality. There are waste hauling trucks in the Jenin municipality, and each one represents a city in a specific area. Clinical patients' numbers increased, but overall, they remained flat. It continued to fall even after 2014, though. Patients are less likely to be admitted to the hospital in recent years. It's because outpatient surgery is so widely used in systems, including intervention procedures from outpatient health care facilities. COVID-19-related medical waste was found to have grown significantly in size in cases where the number of cases was rapidly rising. Approximately 468.9 tons of COVID-19-related medical waste is disposed of each day in China by the State Council of China's joint prevention and control efforts. Hospital waste and medical waste recommended for burning have been accumulated by confirmed and suspected patients in all hospitals, such as "Wuhan Cabin Hospital," "Vulcan Mountain Hospital," and "Thor Mountain Hospital," among others. Removal time is reduced to 24 hours, and if possible, twice a day is preferred.

### **Environmental Pollution**

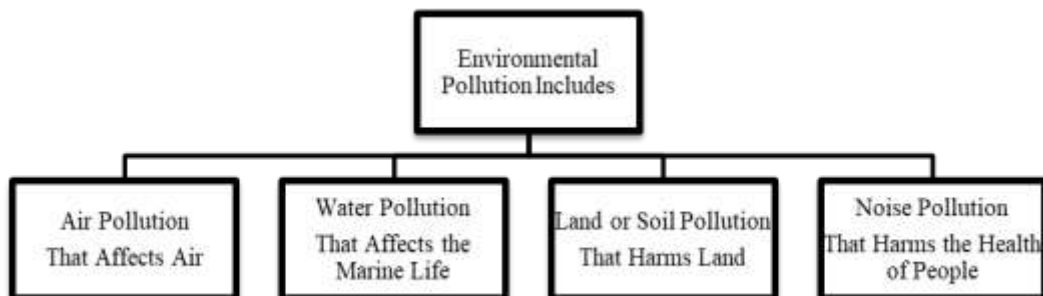


Figure 3. Environmental Pollution Includes

It is possible to harness the power of properly managing waste, which is an alternative to allowing pollution to go untreated and causing significant harm to people's health. The high infection rate and long-term survival of the SARS-main CoV-2 are two of its distinguishing traits. Those who do not exhibit any symptoms of the virus are not at danger of contracting it, while those who do run the risk of spreading it to others. In addition, the virus may live in gloves, plastics, and a wide variety of other materials, including metals, for several days at a time. Pyrolysis is a waste removal technology that is also considered the best way for energy recovery. Pyrolysis is carried out in an anaerobic atmosphere, and it is responsible for the thermal destruction of organic materials. The combination of paralytic bio-oil with other chemicals, including biogas and biooil, might result in the production of goods that have a high monetary value. In the event of a fast or flash paralysis, more products are dispersed (Zhang et al., 2020), whereas in the event of a delayed paralysis, fewer products are delivered (Zhang et al., 2020). On the other hand, because of the possibility of epidemics occurring all over the world, it has been demonstrated that it is of great importance for the authorities to properly handle medical waste. The most effective method for disposing of medical waste is seen to be one that involves paralysis. This is because of the good impact that medical waste has on the environment as well as the urgency and paralysis that are induced by the strength of the procedure. In conclusion, the favorable physical and chemical properties of plastic-based paralysis of medical waste make it a significant source of both energy and bio-oil. This is due to the material's composition. It is possible to address a variety of environmental and social concerns as a direct result of the utilization of oil as a traditional fossil fuel substitute product. The human body, mind, and a host of other aspects of "quality of life" in the context of social well-being can all benefit from medications that improve markers, but it is important to acknowledge the role that medications and the packaging they come in play in the creation of significant adverse effects on the environment. The medications that are typically utilized in the care provided by general hospitals include a considerable quantity of carbon. The NHS UK Drugs 2010 organization was responsible for 4.4 million tons of CO<sub>2</sub> equivalent emissions, which represented 22% of the entire carbon footprint and accounted for 3% of the total carbon footprint of the UK (NHS Sustainable Development). According to Kemmerer and Hempen's explanation, the second method in which drugs alter the environment is through the direct chemical effects that they have. pharmaceutical products' by products and waste Wastes that do not pollute the environment can be separated from wastes that do pollute the environment, such as unused medications and their original containers (packaging materials). Despite being Australia's most important source of generic medications, India is not a party to the agreement that the APC has reached with other countries over generic drugs. In order to lessen the negative effects that pharmaceuticals have on the environment, it is necessary to reduce the amount of waste that is produced and to make certain that as much of this pharmaceutical waste as possible is disposed of in a manner that is as environmentally friendly as is practically possible. Both are going to receive our attention right now. The risk of infection from discarded medical supplies is significant. For it to be entirely eradicated and managed, it first needs to be brutally dealt with in terms of the threats it poses to environmental health and the specialized treatment it requires. In the realm of human medicine, monitoring and prevention, or as a result of preventative measures, medical waste is

generated from cattle (BAN & HCWH, 1999). The most recent advancements in medical technology are being made with the intention of preserving the general population's health. Wastes that are contagious and those that are not infectious are collected in HCEs that are separate from one another and placed in containers that are owned by the hospital. It was discovered that certain HCEs had accumulated their garbage in one of the premises' corners. A bad smell can be smelled everywhere in the Mufti Clinic because trash has been piling up in one area.

### **Pharmaceutical Waste**

Oncology of Vojvodina will be manufactured by the company, and drug waste will include expired medications, unused drugs, drugs that were used during anaesthesia procedures but were spilled or contaminated, as well as internal and surgical medications after treatment. wastes from cancer-causing medical procedures; heavy metals; gloves, masks, and swabs; and other by products it is considered drug waste to place chemical waste (solid, liquid, or gas chemicals and disinfectants, acting as disinfectants, or aerosols compressed containers containing corticosteroids) in red containers. This waste can be solid, liquid, or gas. Compounds with pharmacologically active characteristics are formed when certain physics and chemistry are combined with biological properties. Although characteristics are necessary, desired therapeutic effects such as providing can be provided by a number of pharmaceutical products that impact the aquatic environment (Ecology 2008, in Kemmerer Pharmaceuticals detailed information on existing sources, rules and effects). The way in which drug waste is disposed of by consumers is a major factor in determining its impact on the aquatic environment. Although the authorities are certain that this kind of behaviour is more common, they recommend against flushing unused drugs or anything else that should not be expelled through the toilet. In 2007, 216 pharmacies in Krakow, Poland collected 4,928 kg of unused and expired drugs using special collection containers. These pharmacies had a total of 60 locations. On the basis of this, the drugs that are prevalent in Krakow It is possible to estimate that each person generates 25 tons of waste every single year. Both pharmaceuticals and aerosols were not permitted. enters soil, groundwater, and drinking water. It is possible for drugs and other active compounds to be preserved in the sludge phase with dots. When pharmaceutical waste is disposed of in a landfill, in the sewer system, in tanks or toilets, in the atmosphere, or in groundwater, entry points are created, and the waste eventually makes its way into drinking water. Waste that does not contribute to pollution, such as pharmaceutical waste (which consists of unused medication and the containers it came in), can be separated from contaminated waste (packaging materials). Unwanted Because drugs and the containers in which they were originally sold are considered to be hazardous waste, they can only be released into the natural environment at higher temperatures. This is done to eliminate the possibility that the drugs will catch fire. Waste from non-contaminating drug packaging that is either recyclable or biodegradable falls under the category of public hazardous waste. The influence that drugs have on the surrounding environment Reducing means production reducing means production of the waste means reducing the dose of this drug waste is the most environmentally friendly way to ensure that it is removed properly and increasing resource capacity is the best way to do that.

## **Pathological Waste**

Pathological waste can be either human or animal organs, as well as tissues and body parts used in research. However, teeth are not considered to be part of pathological waste. The waste products that result from the biopsy procedure are an example of pathogenic biohazardous waste. An autopsy or an anatomy that has been removed during surgery is an example of an accessory. The term "biodegradable waste" can also refer to pathological waste. Organs, as well as dismembered body parts, as well as teeth, gums, and jawbone, are all considered to be part of anatomical waste. The presence of hair and nails was mandated by certain regulatory authorities. It is possible that pathological waste, particularly waste related to anatomical elements, has become saturated or that the body is filled with fluids. In order to prevent leakage, special procedures such as double-bagging or suctioning may be required. Refrigeration is recommended in order to slow the decomposition of pathogenic waste and to prevent odor. It is best to start taking it as soon as possible. Some chemicals, when brought into contact with chemically pathogenic waste, can be just as dangerous as chemotherapy drugs. It is infectious, or it has the potential to be infectious. In essence, it is a fuel-optimized case, and as such, it ought to be labelled appropriately. It was discovered that performance was 150 kg/hat at the same time as the average composition of waste (by weight) was 50 percent pathogenic waste, 35 percent moist paper and other cellulose fibres, and 15 percent plastic material. Performance was measured in terms of weight. Burners are able to deal with a wide variety of different types of medical waste, including cultures of infectious agents and stocks, pathogenic waste, human blood, hypothermia needles, syringes, broken glass, scalpel blades, carcasses of unclean animals, body parts, animal beds, surgical or medical waste, pathological waste, pharmaceutical waste, dialysis waste, and abandoned medical equipment. Equipment and Infections Biological Waste and Blood, Human or Animal Waste, Operation of Contaminated Contaminants Removed by Secretions or Discharges The microprocessor is responsible for controlling both the temperature and the loading from the very beginning. At first, temperatures in the main room were below 670. With subsequent loads, however, the temperature increased to 570C. If this continues, loading will be blocked when the main room temperature reaches 770C. If the secondary room temperature is lower than 840C and the subsequent load is lower than 780, clouding will not begin. It is recommended that pathological waste be disposed of in accordance with the guidelines provided by the Central Government and the following states: Working together is the most effective way to ensure that medical waste companies comply with compliance guidelines and dispose of waste in a manner that is both proper and safe. In the same way as with other types of medical waste, your facility, patients, in order to protect employees and the community, handling, storage, and both your local and state orders for removal, you should always check. The majority of the time, pathological products will contain infectious products. However, these do not have the same characteristics as other factors that threaten well-being. Storage and disposal can be challenging tasks when body fluids, infectious agents, and especially pathogenic waste are present. Pathological waste: animal carcasses from the first anatomical waste may begin the classification process for medical waste, but before doing so, several different factors need to be considered. Wastes that pose a risk Chemotherapy, whether it is associated with drugs, takes that

first into consideration. Wastes from chemotherapy are particularly hazardous, so each type needs to be stored in its own container. Body organs or fluids It is imperative that pathological wastes be contained and stored with extreme caution. Body fluids may be present in pathological or anatomical waste that also contains a variety of infectious agents. It is essential to store pathogenic waste in containers that cannot leak if one wishes to exercise appropriate control of pathogens. Remove any waste from medical procedures and stock the pathology department with sufficient plastic to pack items two times over. This may be required.

### **Hazardous Medical Wastes**

If landfills are not managed correctly, the surrounding water supply may become contaminated. Facilities for waste disposal that are not well designed, operated, or maintained present occupational hazards for those working there. It is common practice to burn waste, but this can result in the emission of pollutants into the atmosphere and the creation of ash residues if the process is not carried out properly. Dioxins and furans can be produced when chlorine-containing combustion products are burned; these chemicals have been linked to human cancer and other negative effects on human health. Burning releases heavy metals or ingredients containing heavy metals (particularly lead, mercury, and cadmium) into the environment, which then leads to the dissemination of toxic metals. Standards can be met with the help of contemporary burners that can reach temperatures of between 850 and 1100 degrees Celsius and specialized gas purifiers that are equipped with dioxins and international emissions of furans. Alternatives to combustion are now available, and some examples include autoclaving, microwave purification, steam purification, and combination with the interior compound, such as chemotherapy. In this study, the hazardous medical waste classification refers to the way that many HCFs get rid of their integrated HMW by burning it (including the affected area). Despite the fact that this is not required by Hellenic law, On the basis of the aforementioned information, 132 hospitals were utilized in this study, along with the entire region of medical waste disposal hospitals (referred to as "all" in this work). These hospitals were then categorized as IFTX only or TX fractions (referred to as "IFTX + TX" in this work) to the igniter. Therefore, according to Hellenic law, MW is IFTX, and classifying streams as TX seems to be unnecessary. There is no requirement to separate the streams either since both streams are burning these two within hospitals. In point of fact, none of the hospitals in this research split the IFTX and TX streams. Most of the waste was disposed of by RCC Van Nodabara, and it was disposed of in the garbage dump. The remainder of the waste was burned in the incinerator. The awareness of medical waste was high. However, due to the settings, options, rules, and absence of regulations, as well as the rapidly expanding health systems (HCEs), the waste could not be managed appropriately. As a result, the amount of medical waste produced each day is growing. The responsibility for doing so lies with the security division of the RCC, and this includes the disposal and management of medical waste. The RCC collects between two and half a ton and a ton and a half of medical waste every day (according to the RCC Conservancy section). Medical waste from Rajshahi Medical College Hospital (RMCH), including potentially hazardous materials, will be disposed of in Eriuti. This waste is collected daily. Energy can be gained from medical waste either directly or



indirectly through the soil, groundwater, and surface water that it pollutes, as well as through the air that it pollutes. Get out of here before you expose yourself to the airborne germs and hazardous carrying supplies. If pets are kept outside and allowed to graze, there is a greater chance that pathogens and microbes will enter the human body as they make their way up the food chain. The results of Patwari et al.'s work put communities and the environment in danger; as a result, you should exercise caution when dealing with medical waste if it is not handled by individuals. In Bangladesh, medical waste of 1.5 kg per day was bedridden in many of the hospitals in Dhaka, while in the country's smaller clinics, large unit weight ranged from 1.5 to 3.5 kg per day. The same teachers in the same hospital hazardous medical waste unit from the unit ratio of production is approximately 0.25 when measured in kilograms. This ratio was determined using the same hospitals. 40 beds on the island of Ikaria were utilized for hospitalization during this period, which resulted in the production of harmful medical waste. The typical rate of production of hazardous medical waste was 1.204 kilograms per bed per day, or 0.33 kilograms per bed per day (official). 54 percent of the total amount was obtained from the patient's room (both solid and liquid waste); 24 percent came from the emergency department (solid waste); 17 percent came from the Medical Pathology Laboratory; and X-ray accounted for 6 percent of the total amount obtained from the laboratory. Only about 17% of the waste from medical facilities that could be infectious was infectious. It is remarkable that the presence of hazardous waste in the environment, both in the short term and the long term, can cause temporal effects. Sometimes, products produce toxic effects after only one release; we refer to this phenomenon as "one-time toxicity." "short-term toxicity." However, one of the other significant ingredients only begins to have an effect after the individual has been exposed to the compound for a longer period. This is what is commonly referred to as "toxicity that is chronic." For instance, lead and mercury are examples of toxins that can be found in items. Toxins will build up in the environment after being there for a prolonged period and causing accumulation. When animals or people eat fish or other prey that contains these toxins, they take them into their bodies. This has both short-term and long-term negative effects on the environment.

## **Conclusion**

Through this study, we found that health around the world was large-scale medical and that the waste was not properly managed; involved in medical waste management practices, important knowledge for workers is safe and there is no awareness of practices we found out. Among the countries included in this study, only 45% of workers who have medical waste have formal knowledge of management. As a result, the legislature in this area, diversity is an effective policy in Spain, and equivalent medical waste management prevents installation. This is the constitution of Spain; one of the cornerstones of equality can also be violated. Most current research studies hospitals and developed health care facilities calculating the amount of medical waste rely on related preliminary studies. As the results show, if any of the total medical waste is generated in hospitals for diagnostic studies, the actual dimensions must be considered. all applicable legal requirements based on a tool (checklist) developed based on the data collected. This tool is the first of its kind in waste management in PHC and supported the second findings on waste management, occupational

health conditions, and simple to implement standard procedures and proved to be an appropriate tool. In Nigeria, Algeria, Botswana, Ethiopia, and other countries, including South Africa, the process is used. This will eliminate infectious and hazardous waste. However, it is high in ash and causes environmental pollution. In countries like Nigeria and Botswana, open space, garbage, and uncontrolled garbage are used because they are cheap and readily available. However, they also cause harm to the health of the public. Land and water pollution and air pollution are also manifest. The systematically safe and secure disposal of hazardous waste is not as easy as it sounds. Even with good intentions, companies can make mistakes. Actual damage can result. There is no uniform answer to this question. Every hazardous waste is different and should be refined in some way. Because it is so risky, it is worth seeking expert insight and help. Services such as Axil Integrated Services At the same time, it gives you peace of mind to keep your hazardous waste safe and legal.

## Reference

1. Alalmai, Ali & Fatma, Dr Gulnaz & A., Arun & Aarif, Mohd. (2022). Significance and Challenges of Online Education during and After Covid-19. *Türk Fizyoterapi ve Rehabilitasyon Dergisi/Turkish Journal of Physiotherapy and Rehabilitation*. 32. 6509-6520.
2. Taghipour, Hassan, and Mohammad Mosaferi. "Characterization of medical waste from hospitals in Tabriz, Iran." *Science of the total environment* 407, no. 5 (2009): 1527-1535.
3. Tripathi, M. A., Tripathi, R., Sharma, N., Singhal, S., Jindal, M., & Aarif, M. (2022). A brief study on entrepreneurship and its classification. *International Journal of Health Sciences*, 6(S2). <https://doi.org/10.53730/ijhs.v6nS2.6907>
4. Fatma, Dr Gulnaz. (2012). *Asian Literary Supplement* (ISSN 2278-5051) Identity, Homelessness and Isolation in "The Room on the Roof". *Asian Literary Supplement* 2278-5051.
5. Aarif, Mohd. (2018). A study on the role of healthcare industry in the promoting of health tourism in India. A case study of Delhi-NCR.
6. Singh, Narendra, Oladele A. Ogunseitan, and Yuanyuan Tang. "Medical waste: Current challenges and future opportunities for sustainable management." *Critical Reviews in Environmental Science and Technology* 52, no. 11 (2022): 2000-2022.
7. Insa, E., M. Zamorano, and R. López. "Critical review of medical waste legislation in Spain." *Resources, Conservation and Recycling* 54, no. 12 (2010): 1048-1059.
8. Korkut, Eyüp Nafiz. "Estimations and analysis of medical waste amounts in the city of Istanbul and proposing a new approach for the estimation of future medical waste amounts." *Waste Management* 81 (2018): 168-176.
9. Alalmai, Ali & A., Arun & Aarif, Mohd. (2022). Social Media Advertising Impact on the Consumer Purchasing.
10. Zhang, Hao-Jun, Ying-Hua Zhang, Yan Wang, Ya-Hong Yang, Jian Zhang, Yao-Ling Wang, and Jun-Ling Wang. "Investigation of medical waste management in Gansu Province, China." *Waste Management & Research* 31, no. 6 (2013): 655-659.

11. Fatma, Dr Gulnaz & Pirzada, Nahla & Begum, Sameena. (2022). Problems, Illusions and Challenges Faced by a non -Arabic Speaker in Understanding Quran: A Sub-Continental Study. 5422-5426.
12. Bazrafshan, E., and F. Kord Mostafapoor. "Survey of medical waste characterization and management in Iran: a case study of Sistan and Baluchestan Province." *Waste Management & Research* 29, no. 4 (2011): 442-450.
13. Çetinkaya, Afşin Yusuf, S. Levent Kuzu, and Ahmet Demir. "Medical waste management in a mid-populated Turkish city and development of medical waste prediction model." *Environment, Development and Sustainability* 22, no. 7 (2020): 6233-6244.
14. Makajic-Nikolic, Dragana, Natasa Petrovic, Ana Belic, Mihailo Rokvic, Jelena Andreja Radakovic, and Vojin Tubic. "The fault tree analysis of infectious medical waste management." *Journal of Cleaner Production* 113 (2016): 365-373.
15. Hong, Jingmin, Song Zhan, Zhaohe Yu, Jinglan Hong, and Congcong Qi. "Life-cycle environmental and economic assessment of medical waste treatment." *Journal of Cleaner Production* 174 (2018): 65-73.
16. Komilis, Dimitrios, Anastassia Fouki, and Dimitrios Papadopoulos. "Hazardous medical waste generation rates of different categories of health-care facilities." *Waste management* 32, no. 7 (2012): 1434-1441.
17. Aung, Thiri Shwesin, Shengji Luan, and Qiyong Xu. "Application of multi-criteria-decision approach for the analysis of medical waste management systems in Myanmar." *Journal of Cleaner Production* 222 (2019): 733-745.
18. Chen, Chang, Jiaao Chen, Ran Fang, Fan Ye, Zhenglun Yang, Zhen Wang, Feng Shi, and Wenfeng Tan. "What medical waste management system may cope with COVID-19 pandemic: lessons from Wuhan." *Resources, Conservation and Recycling* 170 (2021): 105600.
19. Erdogan, Altug Alp, and Mustafa Zeki Yilmazoglu. "Plasma gasification of the medical waste." *International journal of hydrogen energy* 46, no. 57 (2021): 29108-29125.
20. Su, Guangcan, Hwai Chyuan Ong, Shaliza Ibrahim, IM Rizwanul Fattah, M. Mofijur, and Cheng Tung Chong. "Valorisation of medical waste through pyrolysis for a cleaner environment: Progress and challenges." *Environmental Pollution* 279 (2021): 116934.
21. Zhu, H. M., J. H. Yan, X. G. Jiang, Y. E. Lai, and K. F. Cen. "Study on pyrolysis of typical medical waste materials by using TG-FTIR analysis." *Journal of Hazardous Materials* 153, no. 1-2 (2008): 670-676.
22. Ilyas, Sadia, Rajiv Ranjan Srivastava, and Hyunjung Kim. "Disinfection technology and strategies for COVID-19 hospital and bio-medical waste management." *Science of the Total Environment* 749 (2020): 141652.
23. Peng, Jie, Xunlian Wu, Rongli Wang, Cui Li, Qing Zhang, and Daiqing Wei. "Medical waste management practice during the 2019-2020 novel coronavirus pandemic: Experience in a general hospital." *American journal of infection control* 48, no. 8 (2020): 918-921.
24. Gai, Ruoyan, Chushi Kuroiwa, Lingzhong Xu, Xingzhou Wang, Yufei Zhang, Huijuan Li, Chengchao Zhou et al. "Hospital medical waste management in Shandong Province, China." *Waste Management & Research* 27, no. 4 (2009): 336-342.

25. Tufail, M., and Sofia Khalid. "Heavy metal pollution from medical waste incineration at Islamabad and Rawalpindi, Pakistan." *Microchemical Journal* 90, no. 1 (2008): 77-81.
26. Gavranic, Tatjana, Aleksandar Simic, and Brane Gavranic. "Medical waste management at the Oncology Institute of Vojvodina: possibilities of successful implementation of medical waste regulation in Serbia." *Waste management & research* 30, no. 6 (2012): 596-600.
27. Alam, M. Z., M. S. Islam, and M. R. Islam. "Medical waste management: a case study on Rajshahi City corporation in Bangladesh." *Journal of Environmental Science and Natural Resources* 6, no. 1 (2013): 173-178.
28. Qi, Yingying, Jiahuan He, Yifan Li, Xuan Yu, Fu-Rong Xiu, Yuehua Deng, and Xiang Gao. "A novel treatment method of PVC-medical waste by near-critical methanol: Dechlorination and additives recovery." *Waste Management* 80 (2018): 1-9.
29. Bo, Da, Fu-Shen Zhang, and Lijuan Zhao. "Influence of supercritical water treatment on heavy metals in medical waste incinerator fly ash." *Journal of Hazardous Materials* 170, no. 1 (2009): 66-71.
30. Koçak, Onur, Hüseyin Kurtuldu, Ali Akpek, Arif Koçoğlu, and Osman Eroğul. "A medical waste management model for public private partnership hospitals." In *2016 Medical Technologies National Congress (TIPTEKNO)*, pp. 1-4. IEEE, 2016.
31. Komilis, Dimitrios, Nikolaos Katsafaros, and Panagiotis Vassilopoulos. "Hazardous medical waste generation in Greece: case studies from medical facilities in Attica and from a small insular hospital." *Waste Management & Research* 29, no. 8 (2011): 807-814.
32. Rutberg, Ph G., A. N. Bratsev, A. A. Safronov, A. V. Surov, and V. V. Schegolev. "The technology and execution of plasmachemical disinfection of hazardous medical waste." *IEEE transactions on plasma science* 30, no. 4 (2002): 1445-1448.