IN THE HIGH COURT OF JHARKHAND AT RANCHI

**W.P. (PIL) No. 1385 of 2012**

Jharkhand Human Rights Conference-JHRC, registered under Society Registration Act, 21, 1860 having registration No. 386/05-06, having its office at Quarter No. S-5, Eye Hospital Campus, Sakchi, Jamshedpur through its Central Chairman, Manoj Mishra, Son of Late S.D. Mishra, presently residing at Quarter no. S-5, Eye Hospital Campus, Sakchi, Jamshedpur, Post Sakchi, Police Station Sakchi, District-East Singhbhum … … … … … … … Petitioner

Versus

1. The State of Jharkhand
2. The Chief Secretary, Government of Jharkhand, Ranchi, officiating from Project Bhawan, Post Dhurwa, Police Station Jagarnathpur, District Ranchi
3. The Principal Secretary, Department of Health, Medical Education and Family Welfare, Government of Jharkhand, Ranchi, officiating from Project Bhawan, Post Dhurwa, Police Station Jagarnathpur, District Ranchi
4. The Director-in-Chief, Health Services, Government of Jharkhand, Ranchi, officiating from Project Bhawan, Post Dhurwa, Police Station Jagarnathpur, District Ranchi
5. The Deputy Commissioner, East Singhbhum, Jamshedpur, officiating from Jamshedpur, Post Jamshedpur, Police Station Mango, District East Singhbhum
6. The Civil Surgeon-cum-Chief Medical Officer, East Singhbhum, Jamshedpur, officiating from Jamshedpur, Post Jamshedpur, Police Station Mango, District East Singhbhum
7. The Jharkhand State Pollution Board, Ranchi through its Member Secretary, officiating from Project Bhawan, Post Dhurwa, Police Station Jagarnathpur, District Ranchi
8. The Regional Officer, Jharkhand State Pollution Control Board, Adityapur, Officiating from Adityapur, post Adityapur, Police Station Adityapur, District East Singhbhum
9. The Ranchi Municipal Corporation, Ranchi
10. Dhanbad Municipal Corporation, Dhanbad
11. Jamshedpur Notified Area Committee, Jamshedpur

12. The Member Secretary, State Level Environment Impact Assessment Authority (SEIAA), Jharkhand, Officiating from Nursery Premises, Post & Police Station Dhurwa, Ranchi.
13. The Managing Director, Medicare Environment Management Pvt. Ltd., Ramky Grandiose, 13th Floor, Ramky Towers Complex, Gachibowli, Hyderabad – 500032, Telangana.
14. The Secretary, Ministry of Environment, Forest and Climate Change, New Delhi.

… … Respondents

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**CORAM: HON'BLE THE CHIEF JUSTICE**
**HON'BLE MR. JUSTICE RAJESH SHANKAR**

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| For the Petitioner: | Mr. Samavesh Bhanj Deo, Advocate |
| For the State: | Mr. Ashok Kumar Yadav, Sr. S.C.-I |
| | Mr. Abhijeet Anand, A.C. to Sr. S.C.-I |
| For the UOI: | Mr. Prashant Kumar Singh, Dy.S.G.I. |
| | Mr. Karbir, A.C. to Dy.S.G.I. |
| For the JSPCB: | Mrs. Richa Sanchita, Advocate |
| | Ms. Risheeta Singh, Advocate |
| For the RIMS: | Dr. Ashok Kumar Singh, Advocate |
| | Mr. Sharon Toppo, Advocate |
| For Resp. No.9/SEIAA: | Mr. Bhanu Kumar, Advocate |
| For Resp. No.13: | Mr. Amit Kumar Sinha, Advocate |
| | Mrs. Saman Ahmad, Advocate |
| For Resp. 11/JNAC: | Mr. Vijay Kumar Roy, Advocate |
| For the RMC: | Mr. L.C.N. Shahdeo, Advocate |

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Reserved on: 16.02.2026 **Pronounced on: 26/02/2026**

***Per* M. S. Sonak, C.J.**

**1)** Heard the learned counsel for the parties.

**2)** By means of this Public Interest Litigation instituted in 2012, the Jharkhand Human Rights Conference, a registered social welfare entity dedicated to public health and ecological preservation, seeks robust enforcement of the statutory regime governing biomedical waste.

**3)** The petitioner essentially prays for the issuance of appropriate writs and directions to ensure that healthcare institutions across the

State of Jharkhand strictly adhere to the protocols for the management, handling, and disposal of such biomedical waste.

**4)** While the petition initially invoked the *Bio-Medical Waste (Management and Handling) Rules, 1998*, these have since been superseded by the 2016 Rules. The prayer further seeks consequential directions to prevent the indiscriminate dumping of hazardous biomedical waste in public spaces, thereby safeguarding both public health and the environment.

**5)** At the threshold, it is imperative to emphasise the gravity of the concerns raised. Biomedical waste, by its inherent character, consists of materials that are not only potentially infectious but also pose a significant hazard to human life and the delicate ecological balance. Such waste, which may be broadly defined as any unwanted residual matter arising from hospital operations or related clinical activities, is generated during the diagnosis, treatment, or immunisation of humans and animals, as well as during associated research. The handling of biomedical substances demands meticulous oversight and strict adherence to scientific procedures. Any administrative or institutional laxity in this sphere brings grave and irreversible consequences.

**6)** Bio-Medical Waste (BMW) carries disease-spreading pathogens that act as vectors for life-threatening ailments and, therefore, poses serious risks to public health. Furthermore, beyond the immediate clinical dangers, such waste presents a formidable threat to environmental integrity, as toxic releases contaminate air, water and soil. Untreated biomedical waste dumped in open or vacant areas

degrades soil and contributes to the pollution of already scarce freshwater resources. Moreover, even accepted methods of disposal, such as incineration, are not free from environmental consequences, as they may release carcinogenic substances into the atmosphere if not scientifically regulated. Consequently, the management of such waste must strictly conform to the prescribed statutory and procedural mandates. Otherwise, in the absence of a rigorous regulatory protocol and its effective enforcement, a silent biological hazard emerges that not only endangers public health but also undermines the majesty of the law.

7) In **Dr B.L. Wadhera v. Union of India and Others, reported in (1996) 2 SCC 594,** while dealing with the broader issue of municipal solid waste, the Hon'ble Supreme Court specifically emphasised the peril originating from healthcare institutions. *This ruling remains foundational as it recognized the distinct hazards of bio-medical waste at a time when no dedicated regulatory framework existed, thereby necessitating judicial intervention to safeguard the fundamental right to a clean and healthy environment.* The Hon'ble Supreme Court directed local bodies to ensure private hospitals made adequate disposal arrangements. These institutions were required to construct their own incinerators or pay for municipal services. By directing AIIMS to install effective disposal facilities, the Court placed the primary duty on the healthcare institutions themselves. This landmark intervention protected the "vital stake" citizens hold in a clean and healthy environment.

**8)** This intervention from the Hon'ble Apex Court likely prompted the Government to realise the necessity of a formal legal mechanism. Consequently, the Ministry of Environment and Forests, exercising powers under Sections 3, 6, and 25 of the Environment (Protection) Act, 1986, notified the parent rules. These were the Bio-Medical Waste (Management and Handling) Rules, 1998. This statutory scheme was not intended to be a mere formality but a valid exercise of legislative competence. It established that the right to operate a healthcare facility is not absolute but is strictly governed by the enactment creating these obligations.

**9)** However, post-1998, the situation on the ground did not change significantly. Due to persistent administrative laxity and a lack of coordination between various agencies, the rules failed to achieve their desired objective. The "procedural mandates" remained largely on paper, while the indiscriminate disposal of hazardous waste continued to threaten public health. Consequently, the constitutional Courts of this country were repeatedly compelled to intervene. In this context, it is pertinent to note that mere failure to enforce a statute does not render it ineffective; rather, it may necessitate judicial oversight to ensure that the rule of law is not undermined by executive inaction.

**10)** The persistent apathy of authorities even after the 1996 directives compelled further judicial intervention in the case of **Almitra H. Patel v. Union of India**, **reported in 2000 (2) SCC 679**, where the Hon'ble Supreme Court, disturbed by the "open garbage" condition of cities,

constituted a committee for Class 1 cities (population over 1 lakh) to suggest scientific solutions for urban solid waste. This proactive stance was mirrored by various Hon'ble High Courts, such as in the case of **C.S. Prakash v. HUDA**, **reported in ILR (2001) A.P. 323 (328) DB**, where the Hon'ble Andhra Pradesh High Court underscored that protecting the environment falls under the canopy of Article 21, mandating that no hospital be permitted without a verified mechanism for biomedical waste disposal.

**11)** The duty of institutions to handle waste without adverse effects was further solidified by the Hon'ble Kerala High Court in the case of **Environment Monitoring Forum v. Union of India**, reported in **MANU/KE/0894/2003**, while the Hon'ble Kerala High Court held that all such institutions which are generating bio-medical waste have to handle such waste in a prescribed manner which do not cause environmental damage.

**12)** Even, Hon'ble Orissa High Court in the case of **Maitree Sansad v. State of Orissa, reported in 103 (2007) CLT 91** and the Hon'ble Delhi High Court in the case of **P.K. Nayyar v. Union of India**, reported in **198 (2013) DLT 689**, have consistently recognized that biomedical waste is a hazardous menace that cannot be dumped in municipal bins or situated near residential habitats, as the right to a pollution-free environment is an integral facet of the right to life.

**13)** Despite the earlier interventions, the 1998 regime often faltered due to administrative laxity and a persistent lack of coordination. To

bridge these gaps, the Ministry of Environment, Forest and Climate Change notified the Bio-Medical Waste Management Rules, 2016, under the Environment (Protection) Act, 1986. This new policy marked a significant departure from the previous localised approach, enhancing the entire lifecycle of waste management from segregation to final disposal. The ambit of the law was notably expanded to include previously unregulated entities such as vaccination camps, blood donation centres, and surgical camps.

**14)** These Rules introduced stringent measures to ensure a *"cradle-to-grave"* accountability mechanism, including the mandatory bar-coding of waste bags for tracking and the phasing out of chlorinated plastic materials. Furthermore, the policy prioritised safety through mandatory pre-treatment of infectious waste and regular training for healthcare personnel. By streamlining waste categories and tightening emission standards, the 2016 framework ensures that the duty of healthcare institutions is no longer a mere formality, but a scientifically grounded obligation aimed at safeguarding environmental integrity.

**15)** With the notification of the 2016 Rules, it was reasonably expected that the management of biomedical waste would undergo a transformative shift. The introduction of sophisticated tracking, mandatory pre-treatment, and centralised disposal was intended to professionalise a sector long marred by neglect. *However, despite this upgraded statutory structure, the actual situation on the ground remained largely stagnant. The transition from policy to practice was*

*stifled by the same administrative lethargy that had plagued the 1998 regime.*

**16)** In many instances, the "cradle-to-grave" accountability remained a mere paper exercise. Reports from across the country, including Jharkhand, indicate that the lack of inter-departmental coordination continued to hamper the establishment of Common Bio-Medical Waste Treatment Facilities (CBWTFs) in several districts. Consequently, healthcare institutions, particularly in remote areas, often reverted to rudimentary and hazardous disposal methods. This persistent gap between legislative intent and executive action suggests that mere enactment of stricter rules is insufficient without a robust enforcement mechanism. As we have often observed, when the "procedural mandates" of an environmental statute are ignored, the "vital stake" of the public is directly compromised, necessitating the sustained judicial oversight of this Court.

**17)** It is pertinent to observe, in the context, that since its inception in 2012, the focus of this Court in the instant matter has constantly remained on the "proper administration of justice" and the protection of the "vital stake" held by the public in their own health and safety. Even in the period between 2012 and 2016, this Court remained steadfast in its focus on the implementation of the earlier 1998 Rules. Post-2016, the approach of this Court changed vis-à-vis the introduction of the new rules and the change in the policy.

**18)** During the pendency of the proceedings, this Court has, on numerous occasions, been constrained to observe a lack of seriousness, coordination, and prompt action on the part of the statutory authorities entrusted with this responsibility. The orders passed from time to time reveal not isolated lapses but a continuing pattern of administrative delay and ineffective enforcement of the statutory regime. Despite clear directions, the authorities' response has remained piecemeal and largely reactive. Consequently, while such monitoring is not ordinarily required, this Court deemed it necessary in the present case because the issue directly affects public health and environmental safety.

**19)** To put it briefly, the present proceedings commenced with the order dated 9th November 2012, when this Court first noticed serious deficiencies in biomedical waste management in Ranchi, Dhanbad and Jamshedpur. The State Government and the Jharkhand State Pollution Control Board (JSPCB) were directed to disclose the steps taken to implement the statutory framework.

**20)** By September 2013, it became evident that the State lacked even basic consolidated data on healthcare institutions that generate biomedical waste. This Court was therefore constrained to direct a comprehensive statewide survey, as the material on record indicated that disposal practices were inconsistent with statutory norms and posed a risk to public health.

**21)** The concern deepened in November 2013, when inaccurate data and photographic evidence revealed open dumping of infectious waste,

including sharps and microbiological material, on public roads and in drains. Recognizing that the problem was systemic and extended beyond urban centers, this Court expanded the scope of the proceedings across the State and directed documentation of ground realities through the Jharkhand State Legal Services Authority and District Legal Services Authorities.

**22)** Despite the subsequent evolution of the regulatory regime from the earlier rules to the more comprehensive 2016 framework, challenges relating to infrastructure, coordination, and land allocation persisted, as reflected in orders issued during 2014 and 2015 expressing dissatisfaction with the slow progress of the authorities.

**23)** In the later phase, the focus shifted to the establishment and operationalisation of Common Bio-Medical Waste Treatment Facilities across the State, including monitoring of facilities at Lohardaga, Ramgarh and Adityapur, while addressing administrative impediments. A concerning situation was noted in 2024, in which existing facilities were reportedly underutilised due to continued non-compliance by certain healthcare institutions, leading this Court to require reports from all Deputy Commissioners.

**24)** Most recently, upon suo motu cognisance of conditions at RIMS, Ranchi, this Court ensured implementation of a structured mechanism for scientific waste collection with effect from February 2026. The progression of these proceedings demonstrates that sustained judicial oversight was necessary to address systemic deficiencies and to secure

effective implementation of the statutory mechanism in the interest of public health and environmental protection.

**25)** Be that as it may, the sustained monitoring by this Court has yielded tangible and positive improvements in the State's biomedical waste management framework. Most significantly, there has been a notable expansion of treatment infrastructure. From a position where only one facility was functional, Jharkhand now has six operational Common Bio-Medical Waste Treatment Facilities across Ramgarh, Lohardaga, Dhanbad, Pakur and Deoghar. Further, an additional facility is under construction at Giridih. This centralised infrastructure has substantially reduced dependence on unsafe on-site disposal and curtailed the proliferation of substandard captive incinerators within healthcare establishments, thereby aligning with the legislative intent of the 2016 Rules.

**26)** Moreover, progress has not been confined to infrastructure alone but has extended to institutional strengthening. Coordinated training and awareness programmes conducted by the Jharkhand State Pollution Control Board and the Department of Health have improved compliance among healthcare facilities, including clinics, laboratories and blood banks. Consequently, segregation at source and colour-coding practices are increasingly being followed.

**27)** It is pertinent to note that compliance affidavits filed by Deputy Commissioners and Civil Surgeons across districts indicate that the requirements under the clinical establishment framework and

biomedical waste regulations are gradually being integrated into routine administrative oversight. This, in turn, reflects an emerging culture of regulatory compliance which was largely absent at the inception of these proceedings.

**28)** Furthermore, accountability mechanisms have been strengthened through periodic inspections and reporting structures mandated during the course of these proceedings. A notable instance is seen at RIMS, Ranchi, where scientific segregation and collection practices have been operationalised pursuant to this Court's interventions.

**29)** Thus, the developments noticed during the pendency of these proceedings demonstrate that sustained judicial oversight has contributed to a more responsive and coordinated regulatory framework, advancing the public interest in health, sanitation and environmental safety.

**30)** Ultimately, biomedical waste management is not merely a matter of regulatory compliance but is intrinsically linked to the protection of public health and the right to a clean and safe environment, which forms an integral component of the guarantee under Article 21 of the Constitution of India. The Hon’ble Supreme Court, recognising the breadth of this constitutional protection, has held in **Subhash Kumar v. State of Bihar, reported in (1991) 1 SCC 598**, that the right to life includes the right to enjoy pollution-free air and water, thereby affirming that environmental protection is not a matter of policy discretion but a constitutional imperative. Improper handling and

disposal of biomedical waste, by its very nature, poses direct risks to human health and ecological safety, and thus falls squarely within the ambit of this constitutional guarantee.

**31)** In the case of **Consumer Education and Research Centre v. Union of India, reported in (1995) 3 SCC 42**, the Hon'ble Supreme Court further emphasised that the preservation of human health and dignity is of paramount importance and is entitled to constitutional protection under Article 21. Accordingly, the progress recorded during the pendency of these proceedings reflects not merely administrative improvement, but a movement towards the fulfilment of constitutional obligations owed by the State to its citizens.

**32)** Despite the existence of a comprehensive statutory framework governing biomedical waste management, the circumstances which led to the initiation and continuation of the present proceedings were rooted in administrative inertia, lack of coordination among authorities, and inadequate enforcement of the existing regulatory regime. The Hon'ble Supreme Court has repeatedly recognised that judicial intervention in matters concerning environmental protection and public health becomes necessary where statutory authorities fail to effectively discharge their obligations.

**33)** It is also pertinent to note that the Hon'ble Supreme Court, in a recent decision, in the proceedings arising out of **Bhopal Municipal Corporation v. Dr. Subhash C. Pandey & Ors., Civil Appeal No. 6174 of 2023 with Civil Appeal No. 7728 of 2023**, **by order dated**

**11.02.2026**, observed that the Municipal Solid Waste (Management and Handling) Rules, 2000 were replaced by the Solid Waste Management Rules, 2016 and have now been superseded by the Solid Waste Management Rules, 2026, which are to come into force with effect from 01.04.2026. The Hon'ble Court emphasised that mere introduction of new regulatory frameworks would not improve ground realities unless the authorities undertake adequate preparatory measures and infrastructure development prior to their enforcement, and noted that deficiencies at the field level continue to impede effective implementation of statutory mechanisms.

**34)** Subsequently, **by order dated 19.02.2026** in the aforesaid matter, the Hon'ble Supreme Court issued an extensive set of directions to ensure that the newly introduced statutory framework becomes workable in practice and reiterated that effective implementation of waste management regimes is essential to protect the right to a clean and healthy environment under Article 21 of the Constitution. Although the observations were made in the context of municipal solid waste, the underlying constitutional principles apply with equal force to biomedical waste management, which involves even greater public health implications.

**35)** The aforesaid observations of the Hon'ble Supreme Court, therefore, reinforce the necessity of ensuring strict and coordinated implementation of the statutory framework governing biomedical waste within the State and lend further support to the approach adopted in the

present proceedings, namely, that effective compliance requires institutional coordination and accountability rather than mere regulatory prescription.

**36)** At the same time, it has also been emphasised by the Hon'ble Apex Court, time and again, that courts cannot assume the role of a continuing administrator where a statutory mechanism is already in place. It is well settled that the mere existence of a statutory framework does not, by itself, ensure effective protection of rights unless the authorities entrusted with its implementation discharge their duties in a timely and coordinated manner. In this regard, the Hon'ble Supreme Court has consistently recognised that judicial intervention becomes necessary where administrative inertia or inaction frustrates legislative intent and renders statutory protections ineffective.

**37)** In the case of **Bandhua Mukti Morcha v. Union of India, (1984) 3 SCC 161**, the Hon'ble Apex Court emphasised that enactment of welfare legislation would remain meaningless unless there is proper implementation, and where governmental agencies exhibit apathy, constitutional courts are duty-bound to intervene so that fundamental rights are not rendered illusory. Similarly, in **Vineet Narain v. Union of India, reported in (1998) 1 SCC 226**, the Hon'ble Supreme Court issued continuing mandamus and structural directions to ensure that statutory investigative mechanisms functioned in accordance with the rule of law, observing that judicial directions may be warranted where administrative processes are obstructed or rendered ineffective.

**38)** The same principle has been applied in environmental governance, where enforcement requires coordinated action among multiple authorities. In **M.C. Mehta v. Union of India**, **reported in AIR 1988 SC 1115** and in the case of **T.N. Godavarman Thirumulpad v. Union of India**, **reported in (1997) 2 SCC 267**, the Hon'ble Supreme Court exercised continuing supervisory jurisdiction to secure implementation of environmental statutes where authorities had failed to prevent ecological degradation despite the existence of legal provisions. These decisions demonstrate that judicial monitoring may become necessary to overcome institutional fragmentation, bureaucratic indifference and regulatory paralysis, especially where public health and environmental safety are implicated.

**39)** However, the Hon'ble Supreme Court has also repeatedly cautioned that courts are not intended to assume perpetual administrative control in areas governed by statutory mechanisms. **In P. Ramachandra Rao v. State of Karnataka, reported in (2002) 4 SCC 578,** the Hon'ble Court underscored the constitutional limits on judicial law-making and emphasised that while courts may issue directions to remedy failures or fill gaps, they must remain conscious of the doctrine of separation of powers. Likewise, in the case of **Ashwani Kumar v. Union of India, reported in (2019) 2 SCC 636**, the Hon'ble Apex Court again underscored the point that judicial directions are primarily remedial and facilitative, intended to secure enforcement of existing

law where executive action is deficient, rather than to substitute statutory governance.

**40)** Thus, the settled legal position is that where statutory mechanisms exist, but their implementation is weakened by administrative inaction or lack of coordination, constitutional courts may intervene to secure compliance and strengthen institutional processes, while restoring primary responsibility to the statutory authorities. It is in this backdrop that the present proceedings were initiated and monitored.

**41)** Having regard to the statutory architecture now in place in the State of Jharkhand under the Bio-Medical Waste Management Rules, 2016, the Jharkhand Clinical Establishments Rules, and the applicable regulatory guidelines, this Court is satisfied that a sufficiently robust institutional framework exists for implementation and enforcement. Consequently, the primary responsibility must necessarily rest upon the designated statutory authorities. However, the prolonged experience of this litigation demonstrates that the mere existence of statutory provisions does not automatically translate into effective compliance.

**42)** This Court was therefore compelled to exercise its jurisdiction to overcome administrative stalemate, regulatory fragmentation, and systemic inaction to safeguard public health and environmental safety. Having regard to the progress achieved and the institutional mechanisms now in place, this Court considers it appropriate to dispose of this matter, pending since 2012, by issuing a broad set of directions

and guidelines so that implementation of the 2016 Rules does not again falter and the menace of unscientific disposal and treatment of biomedical waste does not resurface.

**43)** The directions issued herein are therefore not intended to create new substantive obligations or to supplant the statutory regime, but are confined to facilitating effective implementation of duties already prescribed under law. Constitutional courts, while respecting the doctrine of separation of powers, are nonetheless empowered to issue such facilitative and coordinative directions where institutional inaction or fragmentation impedes the realisation of fundamental rights.

**44)** Having regard to the progress achieved and the institutional mechanisms now in place, this Court considers it appropriate to issue certain broad directions to reinforce effective implementation of the statutory framework. However, it is clarified that The Bio-Medical Waste Management Rules, 2016 ("BMW Rules, 2016"), framed under the Environment (Protection) Act, 1986 ("EPA, 1986"), together with the guidelines issued by the Central Pollution Control Board (CPCB) from time to time, already prescribe the substantive obligations of occupiers, operators and prescribed authorities. This Court therefore confines itself to issuing coordination and enforcement directions to operationalise the existing statutory framework, which shall operate in addition to, and not in derogation of, the statutory obligations.

**45)** This Petition is now disposed of by issuing the following directions:

**a)** The State Government shall designate a State Level Nodal Officer, not below the rank of Secretary, for inter-departmental coordination and monitoring of implementation of the BMW Rules, 2016, within a period of 30 days from the date of this order.

**b)** The Jharkhand State Pollution Control Board (JSPCB) shall maintain and periodically update a district-wise inventory of all healthcare facilities (HCFs) that generate biomedical waste and all authorised Common Bio-Medical Waste Treatment Facilities (CBMWTFs) operating within the State.

**c)** The JSPCB shall ensure that every HCF holds a valid authorisation and is linked to an authorised treatment facility or approved in-house treatment system.

**d)** The JSPCB, in consultation with the State Government, shall undertake a State-wide gap analysis within three months of the date of this order to assess treatment capacity, geographical coverage, and infrastructure requirements.

**e)** The JSPCB shall ensure the implementation of bar-coding and digital traceability systems across the chain of generation, collection, transportation, and treatment of biomedical waste, as per the existing rules and guidelines.

**f)** The responsibility for the collection and transportation of bio-medical waste shall rest with the authorised CBMWTF operator, who shall use only authorised vehicles under its

control, in accordance with applicable CPCB guidelines on CBMWTF and disposal facilities. No unauthorized third-party transportation arrangements shall be permitted. The JSPCB shall verify compliance and act in accordance with the law.

**g)** The JSPCB shall conduct periodic and surprise inspections of HCFs and CBMWTFs and initiate coercive action, including suspension, closure, environmental compensation or prosecution, where violations persist. Violations of the BMW Rules constitute contraventions under the EPA, 1986 and are liable to action under Sections 5 and 15 thereof, with prosecution to be initiated in accordance with Section 19 of the Act.

**h)** The JSPCB shall maintain records of authorisations, inspections, and enforcement actions, and compile statutory reports as required by law.

**i)** The JSPCB shall develop and maintain a publicly accessible digital dashboard that reflects district-wise compliance status, inspections conducted, and enforcement actions taken.

**j)** The State Advisory Committee and District Level Monitoring Committees constituted under the BMW Rules, 2016, shall continue to function in accordance with the statutory framework. Where District Committees are not functional, they shall be made operational within sixty (60) days from the date of this order.

**k)** The Deputy Commissioner/District Magistrate shall ensure that biomedical waste is not mixed with municipal solid waste within the district and shall periodically review compliance in coordination with the Civil Surgeon, officials of the JSPCB, and the Municipal/Urban Local Body authorities concerned, wherever applicable.

**l)** The District Administration shall extend necessary assistance to the JSPCB in inspections, monitoring and enforcement.

**m)** The District Registering Authorities under the Jharkhand Clinical Establishments Rules, 2013, shall treat compliance with the BMW Rules as a condition for grant and renewal of registration and shall initiate regulatory action, including suspension or cancellation, where violations are reported.

**n)** In furtherance of Rule 4(r) of the BMW Rules, 2016, healthcare facilities having more than thirty (30) beds shall constitute a Bio-Medical Waste Management Committee, and those having fewer beds shall designate a responsible nodal officer. The name and contact details of such responsible persons shall be placed in the public domain through the facility website or, where unavailable, through prominent display within the premises. Compliance with the same shall be verified by the District Level Monitoring Committees.

**o)** The State Health Department, in coordination with the JSPCB, shall conduct periodic training and capacity-building programmes for healthcare facilities and operators.

**p)** The JSPCB shall establish an accessible grievance redressal mechanism, including an online portal, and maintain records of complaints received and action taken.

**q)** The JSPCB shall undertake a verification exercise within three months to identify instances where CBMWTFs have entered into arrangements beyond their approved operational jurisdiction or issued disposal certificates without corresponding treatment activity and shall take action in accordance with law against erring operators.

**r)** All authorities shall maintain records of inspections, notices and enforcement actions to ensure transparency and accountability.

**s)** The State Environment Impact Assessment Authority (SEIAA), Jharkhand, shall ensure that proposals relating to the establishment or expansion of Common Bio-Medical Waste Treatment Facilities, wherever requiring environmental clearance under applicable law, are considered in consultation with the Jharkhand State Pollution Control Board and in accordance with the Bio-Medical Waste Management Rules, 2016 and relevant guidelines, so that environmental safeguards are duly addressed.

**46)** In conclusion, this Court is of the opinion that the statutory framework governing biomedical waste management in the State is now operational with adequate mechanisms for coordination, monitoring and enforcement. Judicial intervention was necessitated by administrative inaction. However, continued supervision is neither warranted nor consistent with the principle that primary responsibility lies with the statutory authorities. Having said that, it is made clear that any person aggrieved by future violations shall remain at liberty to seek remedies in accordance with the law.

**47)** The Registry of this court is directed to forthwith communicate a certified copy of this order to (i) the Member Secretary, Jharkhand State Pollution Control Board; (ii) the Principal Secretary/Secretary, Department of Health, Medical Education & Family Welfare, Government of Jharkhand; (iii) all Deputy Commissioners/District Magistrates in the State; (iv) the Department of Urban Development & Housing, Government of Jharkhand; (v) the Director of Health Services, Government of Jharkhand; and (vi) the State Environment Impact Assessment Authority (SEIAA), Jharkhand, for information and necessary compliance.

**48)** The Jharkhand State Pollution Control Board shall, within a period of two weeks from the date of receipt of this order, upload a copy of the entire order on its official website in a prominent and easily accessible manner and circulate copies to all authorised Common Bio-Medical Waste Treatment Facility operators and representative

associations of healthcare establishments for wide dissemination and compliance.

**49)** With these observations and directions, the present Public Interest Litigation stands disposed of. In addition to this, all pending IAs stand disposed of considering the directions issued herein-above, as the grievances raised therein are adequately covered within the framework of the present order.

**50)** Before parting, this Court records its sincere appreciation for the efforts of the Petitioner, the State authorities, the Jharkhand State Pollution Control Board, and the District Administration and their respective Counsels during these proceedings. The progress achieved demonstrates that institutional reform is most effective when constitutional oversight operates in aid of statutory governance rather than in substitution thereof. No costs.

**(M. S. Sonak, C.J.)**

**(Rajesh Shankar, J.)**

**February 26, 2026**

A.F.R.

Manoj/Cp.2

Uploaded on 26.02.2026