SPECIAL FEATURE: ORIGINAL ARTICLE The 6th International Conference on Combustion.

Incineration/Pyrolysis and Emission Control (6th i-CIPEC)

Persistent organic pollutant emissions from medical waste incinerators in China

Mi Yan • Xiao Dong Li • Sheng Yong Lu • Tong Chen • Yong Chi • Jian Hua Yan

Received: 29 September 2010 / Accepted: 20 April 2011 / Published online: 1 July 2011 © Springer 2011

Abstract The huge amount of medical waste (MW) has caused a tough challenge to environmental protection in China because of its serious infectious potential. At present, incineration is the most common technology for MW disposal. Unfortunately, the medical waste incinerator (MWI) is considered one of the major sources of polychlorinated dibenzop-dioxins and dibenzofurans (PCDD/Fs). This study was conducted to investigate the generation and the components of MW; the fingerprint of PCDD/Fs in MWI; and PCDD/F, polychlorinated biphenyl (PCB) and hexachlorobenzene concentrations in residue ash. The estimated annual production of MW was estimated to be 0.97 million tons in China in 2008; in addition, plastic and rubber accounted for 24.5% of MW contents. PCDD/F emissions from MWI could be divided into two main groups according their fingerprints, and the ratio of PCDFs/PCDDs was mostly over 1.5, with a mean value of 3.43. The toxic equivalent of PCDD/Fs was over 30 times that of the value of PCBs in the residue ash, and PCDD/F contents in fly ash accounted for approximately 67% of the total output of PCDD/Fs, which was in line with the UNEP default emission factors for MWI (class 3, 63.7%).

Keywords Medical waste - Incinerator - PCDD/F emissions - China

Introduction

Medical wastes (MW) are the hazardous refuse generated by hospitals, clinics and other related health-care institutions, and typically consist of sharp objects, chemicals and blood components. They are characterized by being toxic and infectious, and have the potential to cause health risks and environmental pollution with improper treatment and management. With the rising awareness of the importance of environmental protection, more public and scientific communities are concerned about MW disposal and proper treatment [\[1](#page-4-0)[–3](#page-5-0)]. In many developed countries, specific rules and regulations have been implemented for MW management, and are performed highly effectively. With the fast economic development in China, many social problems and difficulties have emerged, such as environmental pollution. China has historically paid little attention to the strict management of MW. In the last decade, laws, regulations and rules, as well as standards, were gradually established and implemented at all stages of MW management, including separation, collection, packaging, storage, transport, treatment and disposal [\[4](#page-5-0)]; however, the actual performance of these tasks is still not perfect.

Off-site central incineration has been widely demonstrated to be a fast and commercially available technology for disposing of MW, as direct landfill has been forbidden since 2002 in China [\[5](#page-5-0)]. According to the National Hazardous Waste and Medical Waste Disposal Facility Construction Plan, 331 modern, high-standard, centralized incinerators were to be built by the end of 2006; in addition, on-site incineration was to be gradually abandoned [\[6](#page-5-0)]. However, incineration is also a controversial issue because of the potential for secondary pollution, such as emissions of HCl, NOx, heavy metals and persistent organic pollutants (POPs) [\[7–10](#page-5-0)]. In 2004 in China, 1.18 kg I-TEQ of PCDD/Fs was reported to have been released from medical waste incineration [\[11](#page-5-0)]. Therefore, it is quite essential and inevitable to understand the present

M. Yan \cdot X. D. Li (\boxtimes) \cdot S. Y. Lu \cdot T. Chen \cdot Y. Chi \cdot J. H. Yan State Key Laboratory of Clean Energy Utilization, Zhejiang University, Hangzhou 310027, China e-mail: lixd@zju.edu.cn

situation of MW generation and PCDD/F emissions in thermal processes in China.

Generation and components of MW

With the stable economic development of over 7% of the GDP growth rate, the demand for and consumption of health care has also been rising significantly each year. Increasing numbers of hospitals and clinics are being built, and citizens frequently visit the health institutions. The Ministry of Health has recorded the statistical data of health consumption and construction [[12\]](#page-5-0). Table 1 shows the beds in hospitals for inpatients and the visiting times of outpatients. Both beds and outpatient visiting times have markedly increased in the last decade. Meanwhile, the production of MW has also rapidly increased.

Both outpatients and inpatients generate MW during health institution visits. The waste generation rates are quite different. Based on the reported data (Table 2) [[3,](#page-5-0) [13](#page-5-0)–[15\]](#page-5-0), the rate of inpatients in China is on average 0.58 kg/bed \times day, and approximately 20–30 outpatient visits produce 1.0 kg of waste [[16\]](#page-5-0). Therefore, the annual generation of MW can be calculated, as shown in Figs. 1 and 2. The yield of MW was found to increase quickly, and 0.97 million tons of MW was generated in China in 2008. Also in another report the amount of MW produced in 2002 was reported to be 0.65 million tons [[17\]](#page-5-0).

Many factors influence the composition of MW, including function, scale, season and management. Therefore, it is very difficult to exactly classify the components of MW. We reviewed the surveys of MW composition by different researchers in different cities (Table 3). Regarding the average composition of MW shown in Table 3, the major components are fibrous material, plastic and rubber, which have a high caloric value (10,000–16,000 kj/kg) and chlorine content (4.5–7.5%) compared to municipal solid waste [\[19](#page-5-0), [20](#page-5-0)].

Table 1 Beds in hospitals and outpatient visits in China [[12](#page-5-0)]

Year		2003 2004 2005 2006 2007 2008		
Beds in health institution 3.16 3.27 3.37 3.51 3.7 (million)				4.04
Annual visit times of outpatients (billion)		2.10 2.20 2.30 2.45 2.43 3.53		

Table 2 Generation rate of medical waste by inpatients (kg/bed day) [[3](#page-5-0), [13](#page-5-0)–[15](#page-5-0), [18\]](#page-5-0)

Fig. 1 Annual production of MW in China (Mton)

Fig. 2 HCA of PCDD/F homologue in the MWI samples collected (SG stack gas samples, FA fly ash samples, BA bottom ash samples)

Table 3 Composition of MW in China [\[14,](#page-5-0) [21–23\]](#page-5-0)

City	Components percentage $(\%)$							
	Plastic and rubber	Fibrous material	Organic tissue and others	Glass	Metal and others			
Changsha	23	12	6	55	4			
Beijing	20.1	23.3	26.0	12.0	18.6			
Zhengzhou	29.4	26.6	25.1	16.5	2.4			
Bazhong	17.4	62.7	5.3	11.9	2.7			
Huzhou	47.5	36.9	7.1	5.6	2.9			
Shanghai	32.4	22.8	9.3	14.9	20.6			
Average	28.3	30.7	13.1	19.3	8.5			

PCDD/F emissions from MWI

Materials and methods

MWI is among the major sources of PCDD/Fs in the environment [[24](#page-5-0)]. We conducted the determination of PCDD/Fs in

stack gas and PCDD/Fs, PCBs and HxCBz in residue ash collected from several waste incinerators. Brief information about the MWI as well as the sample numbers is shown in Table 4. Open burning of MW is defined as MWI8. Hazardous waste was co-combusted with medical waste in HWI9.

The stack gas samplings were carried out according to USEPA method 23 by isostack sampler (M5, KNJ Engineering, South Korea). The particle phase was collected using a glass fiber filter, and the gas phase was collected using XAD-2 resin. The fly ash was collected in the exit of the bag house and bottom ash in the exit of the slag remover. The preparation (extraction and purification) of samples and the instrument analysis of PCDD/Fs and PCBs were performed as in our previous studies [[10](#page-5-0), [25](#page-5-0)]. The analysis of PCBs and PCDD/Fs was done by HRGC/HRMS on a 6890 Series gas chromatograph (Agilent, USA) and coupled to a JMS-800D mass spectrometer (JEOL, Japan). The HxBz analysis was conducted in the GC-ECD (Agilent 6890N GC). The pretreatment of HxCBz analysis was according to the state method of HJ/T 74-2001 and GB 7492-87 in China, consisting of extraction and a clean-up procedure (H_2SO_4) treatment, multi-layer silica gel column and Florisil).

PCDD/F homologue pattern in the samples collected from MWI

Hongcai Gao [[9\]](#page-5-0) measured the stack gas emissions of PCDD/Fs from MWI in China. The concentration ranged

from 0.08 to 31.6 ng I-TEQ Nm^{-3} , with a median value of 0.41 ng I-TEQ Nm^{-3} and an average concentration of 4.22 ng I-TEQ Nm^{-3} . In our research, the level of PCDD/ F emissions ranged from 0.32 to 16.43 ng I-TEQ Nm^{-3} , with a median of 4.69 ng I-TEO Nm^{-3} and a mean of 5.85 ng I-TEQ Nm^{-3} . According to our research, much work and many improvements need to be carried out in order to meet the present emission limits (0.5 ng I-TEQ Nm^{-3}) and the more stringent regulations coming in the future $(0.1 \text{ ng } I\text{-TEQ } N\text{m}^{-3})$. PCDD/F homologue patterns as the fingerprint of PCDD/Fs are the characteristic emissions from different sources. The degree of chlorination of PCDD/Fs and the ratio of PCDFs to PCDDs are shown in Table 5. The ratio of PCDFs to PCDDs was over 1.5 in most of the samples, and 3.43 on average. That the ratio of PCDFs/PCDDs is higher than 1.0 is a typical combustion fingerprint of PCDD/Fs. Also, de novo synthesis was indicated to be the predominant mechanism of PCDD/F formation [\[26](#page-5-0)]. The degree of chlorination of PCDD/Fs was also calculated and ranged from 4.90 to 6.11, being 5.50 on average. Compared to the PCDD/F emissions from municipal solid waste incinerators (6.68, an average of 12 units) [\[27](#page-5-0)], the degree of chlorination was not directly increased by the higher content of chlorine in waste.

Hierarchical cluster analysis (HCA) was used to evaluate the similarities and differences of PCDD/F homologue patterns in the samples collected from MWI. According to

Table 4 Basic information about MWI and the samples

No.	Facility type	Air pollution control	Stack gas	Fly ash	Bottom ash
MWI1	Shaft kiln $+$ SCC	$SDS + AC + FB$	SG1, SG2	FA1	BA1
MWI2	Rotary kiln $+$ SCC	$SDS + AC + FB$	SG3, SG4	FA2	BA ₂
MWI3	Pyrolysis boil $+$ SCC	$SDS + AC + FB$	SG5,SG6	FA3	
MWI4	Rotary kiln $+$ SCC	$SDS + AC + FB$	SG7, SG8		
MWI5	Pyrolysis	None	SG9, SG10		
MWI6	Rotary kiln $+$ SCC	$DS + AC + FB$	SG11, SG12		
MWI7	Pyrolysis boiler	WS	SG13		
MWI8	Open burning				BA3
HWI9	Rotary kiln $+$ SCC	$DS + AC + FB + WS$	SG14, SG15	FA4	BA4

SCC secondary combustion chamber, SDS semi-dry scrubber, AC active carbon, FB fabric bag, DS dry scrubber, WS wet scrubber

Table 5 Chlorination degree of PCDD/Fs and the ratio of PCDFs to PCDDs

		MWI1	MWI2	MWI3	MWI4	MWI5	MWI6	MWI7	MWI8	HWI9
Stack gas	PCDFs:PCDDs	4.90	3.84	5.44	2.88	1.68	2.32	3.67	$\overline{}$	3.48
	Chlorination	5.83	5.82	4.90	4.92	4.96	5.25	6.39	\equiv	5.04
Fly ash	PCDFs:PCDDs	4.62	2.61	3.88	-				-	1.49
	Chlorination	5.64	5.52	5.33	$\overline{}$					5.80
Bottom ash	PCDFs:PCDDs	3.29	0.68	-				$\overline{}$	7.91	2.21
	Chlorination	5.69	6.11	-					5.16	5.67

the analysis results, the samples were assembled into two main groups (group I and II). The PCDD/F fingerprint of these two main groups is depicted in Fig. 3. In group I, percentages of TeCDFs to HxCDFs were similar, and the portion of PCDFs gradually decreased with the increasing degree of chlorination in group II.

Table 6 PCDD/F concentrations in residue ash (ng g^{-1})

POP concentrations in residue ash

In China, there are no precise regulations for the limits of PCDD/Fs in ash. Also the environmental protection agencies do not monitor the PCDD/F concentrations in residue ash. Actually, a quantity of organic pollutants existed in ash. Therefore, the measurement of POPs in residue ash was conducted in this study, and the results are shown in Tables 6 and [7](#page-4-0). The concentration of PCDD/Fs ranged from 0.16 to 7.31 ng WHO-TEQ g^{-1} in fly ash, 3.95×10^{-3} to 0.17 ng WHO-TEQ g⁻¹ in bottom ash of incinerators and 4.04 ng WHO-TEQ g^{-1} in ash from open burning, respectively. In addition, the concentration of PCBs ranged from 12.1 \times 10⁻³ to 0.39 ng WHO-TEQ g⁻¹ in fly ash, $0.08 \times 10^{-3} - 3.00 \times 10^{-3}$ in bottom ash of incinerators and 0.94 ng WHO-TEQ g^{-1} in ash from open burning. The TEQ of PCBs was so tiny in fly ash that it was only approximately 3% compared to the value of PCDD/ Fs. Also, there was a quantity of HxCBz in fly ash and bottom ash. More attention needs to be paid to fly ash treatment to prevent secondary pollution.

Distribution of PCDD/Fs output in MWI

Pollutants from incinerators can be emitted into the environment via several routes. The three major routes include Fig. 3 PCDD/F fingerprint of the two main groups fly ash, stack gas and bottom ash. In order to understand the

n.d. not detected

Table 7 PCB and HxCBz concentrations in residue ash (ng g^{-1})

n.d. not detected

Table 8 Distribution of PCDD/F output in MWI (WHO-TEQ)

	Output	Dioxin concentration	Mass/volume flow per ton of waste	Dioxin flow $(\mu g$ -TE/ton of waste)	Percent of total output $(\%)$
MWI1	Stack gas	5.03 ng Nm^{-3}	$15,000$ Nm ³	75.5	22.4%
	Fly ash	7.31 ng g^{-1}	30 kg	219.3	65.0%
	Bottom ash	0.17 ng g ⁻¹	250 kg	42.5	12.6%
MWI2	Stack gas	7.5 ng Nm^{-3}	$15,000$ Nm ³	112.5	27.6%
	Fly ash	9.31 ng g^{-1}	30 kg	279.3	69.1%
	Bottom ash	53.0×10^{-3} ng g ⁻¹	250 kg	13.3	3.3%
HW ₁₉	Stack gas	0.44 ng Nm^{-3}	$10,000$ Nm ³	4.4	44.9%
	Fly ash	0.16 ng g^{-1}	30 kg	4.8	49.0%
	Bottom ash	3.95×10^{-3} ng g ⁻¹	150 kg	0.6	6.1%

portion of pollutant emissions in different substances, an assessment was conducted. The analyzed results are presented in Table 8. The results demonstrated that fly ash dominated in the output of dioxin, accounting for 67% of the total dioxin output on average. The distribution of PCDD/Fs in different substances was consistent with the UNEP default emission factors for MWI (class 3). On the other hand, the distribution of PCDD/Fs in MWI was similar to the results for MSWI [\[28](#page-5-0)]. Consequently, disposing of residue ash using an appropriate method is also essential.

Conclusion

In this study, the annual generation of MW in China was estimated. The amount of MW observed was huge, and it is increasing significantly. The characteristic PCDD/F emissions from MWI were investigated, and the organic contaminants in residue ash were also measured. It is essential to pay more attention to the disposal of fly ash and to implement much stricter regulations to prevent secondary pollution.

Acknowledgments This study was financially supported by the Major State Basic Research Development Program of China (973 Program) (no. 2011CB201500) and a Scholarship Award for Excellent Doctoral Students granted by the Ministry of Education. Grateful appreciation is extended to Xiao-yuan Dai, engineer, and to Prof. Xuguang Jiang for their help with flue gas sampling.

References

1. Duan H, Huang Q, Wang Q, Zhou B, Li J (2008) Hazardous waste generation and management in China: a review. J Hazard Mater 158:221–227

- 2. Liu YS, Ma LL, Liu YS, Kong GX (2006) Investigation of novel incineration technology for hospital waste. Environ Sci Technol 40:6411–6417
- 3. Zhang Y, Xiao G, Wang G, Zhou T, Jiang D (2009) Medical waste management in China: a case study of Nanjing. Waste Manage 29:1376–1382
- 4. Chen Y, Li P, Carlo L, Sun YZ, Xu DD, Feng Q, Fu SS (2009) Sustainable management measures for healthcare waste in China. Waste Manage 29:1999–2004
- 5. Ministry of Environmental Protection of China (2002) Standard for pollution control on the security landfill site for hazardous wastes (in Chinese). No. GB18598-2001
- 6. National Development and Reform Commission of China (2003) Hazardous waste and medical waste treatment facility construction program (in Chinese). [http://www.ndrc.gov.cn/hjbh/huanjing/](http://www.ndrc.gov.cn/hjbh/huanjing/t20050711_45850.htm) [t20050711_45850.htm](http://www.ndrc.gov.cn/hjbh/huanjing/t20050711_45850.htm)
- 7. Zhao L, Zhang FS, Wang K, Zhu J (2009) Chemical properties of heavy metals in typical hospital waste incinerator ashes in China. Waste Manage 29:1114–1121
- 8. Sabiha J, Tufail M, Khalid S (2008) Heavy metal pollution from medical waste incineration at Islamabad and Rawalpindi, Pakistan. Microchem J 90:77–81
- 9. Gao H, Ni Y, Zhang H, Zhao L, Zhang N, Zhang XP, Zhang Q, Chen JP (2009) Stack gas emissions of PCDD/Fs from hospital waste incinerators in China. Chemosphere 77:634–639
- 10. Chen T, Li X, Yan J, Jin Y (2009) Polychlorinated biphenyls emission from a medical waste incinerator in China. J Hazard Mater 172:1339–1343
- 11. PR China National Implementation Plan Committee (2007) PR China National Implementation Plan for the stockholm convention on persistent organic pollutants (in Chinese). [http://www.](http://www.pops.int) [pops.int](http://www.pops.int)
- 12. Ministry of health of The People's Public of China (2009) Chinese health annual statistics (In Chinese). [http://wwwmoh](http://wwwmohgovcn/publicfiles/business/htmlfiles/zwgkzt/ptjnj/200908/42635htm2009) [govcn/publicfiles/business/htmlfiles/zwgkzt/ptjnj/200908/42635](http://wwwmohgovcn/publicfiles/business/htmlfiles/zwgkzt/ptjnj/200908/42635htm2009) [htm2009](http://wwwmohgovcn/publicfiles/business/htmlfiles/zwgkzt/ptjnj/200908/42635htm2009)
- 13. Ruzi K (2009) Research of medical waste output in Urumqi. J Xinjiang Univ 26:97–102 Natural Science Edition
- 14. Yan G, Yuan XZ, Zeng G (2002) Investigation on management of medical wastes in Changsha. J Environ Health 19:393–394 (in Chinese)
- 15. Yu CH, Tan XD (2002) Investigation on the disposal of medical garbage in Wuhan. Chin Hosp Manag 22:19–22 (in Chinese)
- 16. Fang Y (2001) Make the medical waste innocently by management. Fujian Environ 18:33–34 (in Chinese)
- 17. Zhang H, Wang L (2005) Discussion on medical waste treatment methods. Environ Sanit Eng 13(6):19–21 (in Chinese)
- 18. Zhou LX, Lu Y (2003) Existing condition investigation and treatment policy of solid waste in Hangzhou hospital. Jiangsu Environ Sci 16:32–35 (in Chinese)
- 19. Bie R, Li S, Wang H (2007) Characterization of PCDD/Fs and heavy metals from MSW incineration plant in Harbin. Waste Manage 27:1860–1869
- 20. Xiao ZW (2010) Basic study on the physical-chemical and pyrolysis-incineration characteristic of typical components in medical wastes. Zhejiang University (Master thesis) (in Chinese)
- 21. Xu Q (2000) Status and countermeasures analysis of medical waste. Sci Environ Protect 26:20–23 (in Chinese)
- 22. Zhou HD, Zhou ZJ (2008) Survey on management of medical waste in a district of Shanghai. Chin Disinfect Sci 25:638–640 (in Chinese)
- 23. Gao Y, Pan S, Qu Y, Ai F (2003) Measure and present status of medical refuse in Zhengzhou city. Eng Environ Sanit 12:77–80 (in Chinese)
- 24. UNEP (1999) Dioxin and furan inventories, national and regional emissions of PCDD/F. In: UNEP chemicals. Geneva, Switzerland
- 25. Lu SY, Yan JH, Jiang XG, Ma ZY, Li XD, Chi Y, Ni MJ, Cen KF (2008) Experimental study on dioxin emission and reduction in a multi-stage gasification and incineration facility for medical waste. In: 27th annual international conference on thermal treatment technologies, vol 1. pp 172–180
- 26. Huang H, Buekens A (1995) On the mechanisms of dioxin formation in combustion processes. Chemosphere 31:4099–4117
- 27. Everaert K, Baeyens J (2002) The formation and emission of dioxins in large scale thermal processes. Chemosphere 46:439–448
- 28. Johnke B, Stelzner E (1992) Results of the German dioxin measurement programme at MSW incinerators. Waste Manage Res 10:345–355