The PGIMER, Chandigarh conceived in 1960 has clearly witnessed a systematic and phased expansion during the last four decades. It now has many quasi-independent centers with state of art facilities. The present study revealed many environment related concerns pertaining to PGIMER, Chandigarh.

The location, buildings, traffic and landscaping aspects of PGIMER were quite satisfactory. The nature of the effluent discharged into sewers was grossly unsatisfactory mainly due to the discharge of medicines, toilet waste, blood, skin parts and other body organs from the hospital. Pretreatment facility for the effluent generated does not exist. The noise level exceeded the permissible limits inside hospital.

PGIMER, Chandigarh has its own Biomedical Waste Management (BMW) programme comprising of two incinerators, autoclaves, shredder and well-trained staff to handle different type of wastes. The stages/activities studied for BMW management system included generation, collection, reception, storage, transportation and treatment. The biomedical waste management system had some deficiencies. It scored 95.5/116 points on the basis of waste audit questionnaire. The patients and the attendants were found using wrong colored bags for throwing biomedical waste. There were lacuna's in the process of segregation of waste especially 'Sharps'. The containers were found overflowing with waste. The sanitation staff was found working without protective clothing and was also not vaccinated against Hepatitis B. The staff and the general public lacked awareness about environmental issues especially management of biomedical waste. The biomedical waste generation rate in PGIMER was approximately 2.48 Kg/day/bed, which is quite less than the hospital waste generated in some developed countries of the world.
Conformance of PGIMER to ISO 14000 standards was unsatisfactory. Differential scoring was awarded to PGIMER, Chandigarh for various components based on IS:14001:2004 and IS:14004:2004. The Institute scored low on EMS standards (32/100). The institute has neither declared a specific environmental policy nor defined the scope of EMS. No defined targets have been specified for prevention of pollution and also no review mechanism has been established for incorporating changes in EMS.

Score of PGIMER was also low as a health promoting hospital (HPH) (35/80) on the basis of WHO self assessment tools for health promotion in hospitals. This low score of PGIMER was mainly due to lack of a declared policy on these issues. The institute has neither identified any personnel for health promotion activities nor has earmarked any specific functionaries for the coordination of health promoting activities. There was no mechanism of data generation on health promotion interventions. There was no programme for quality assessment for health promoting activities in the institute. There were also no specific guidelines on the identification of the needs of the patients for health promotion. The induction training for the new staff does not include training in health promotion skills. There were no surveys conducted to assess the knowledge and behaviour of the staff on health issues.

Review of sixteen existing government policies and legislations related to health revealed that they by and large address the issue of hospital environment. However, some of the provisions lacked specific application to hospital environment.