AIM / OBJECTIVE

Health service activities by the hospital produce a waste of any activity in the form of medical activities and non-medical activities. Waste management policy makers always face the problem of how to predict the future amount and composition of medical solid waste, which, in turn, helps to determine the most appropriate treatment, recycling and disposal strategy (3).

Methods

The type of research used in this study is descriptive research type with a qualitative approach. The research method is conducted by observing hospital’s solid waste management system from ’X’ Hospital, Cilegon City, Banten is a private hospital class B that provides health services to employees Krakatau Steel and the general public. In service activities in hospital ‘X’ which is done every day can not be separated from the problem of waste either medical or non medical waste, so solid waste handling constitute of three types, which are medical waste, non medical waste and food waste. The problems occurred in waste handling includes medical and non medical waste still mixed, using of body waste, waste does not use personal protective equipment such as gloves, shoes and so on. The result of the field observation found that there is a separation of medical and non-medical waste.

RESULTS

The results of the evaluation of solid waste management system (medical and non medical) of hospital ‘X’ based on Hospital Ministerial Decree 1204 / Menkes / SK / X / 2004 on Hospital Health Environment Requirements starting from source, storage, sorting, transportation and processing (1).

From the data obtained that the type of solid waste produced is divided into non-medical waste as much as 98% is household waste such as from the activities of kitchen, office or waste food packaging. Meanwhile, medical waste as much as 2% is garage derived from medical services, care, laboratory and all objects that have been contaminated with blood or body fluids of patients.

From the diagram can be seen the percentage of the amount of waste according to volume generated in ‘X’ Hospital is 4100 kg/day with the details of non-medical waste of 98% or 4000 kg/day, and medical waste of 2% or 100 kg/day. Medical waste is collected in a plastic garbage bin marked with a plastic garbage covered with a yellow plastic bag measuring 35 cm x 60 cm placed in place of medical action. Specifically, sharps wastes are collected with containers of cardboard boxes or disposable boxes of 50 cm x 75 cm placed at the place of medical action and then transported in a trolley then taken to TPS B3 waste and transported by a third party. As for non-medical waste collected in a covered container lined with black plastic bags measuring 60 cm x 100 cm, then transported using carts, general waste is transferred to the TPS which will be taken by the cleaning service once a day to be taken to the landfill. Transportation of medical waste is carried out simultaneously with domestic waste. The garbage collector is a junior. There is no special officer to transport medical waste. Hygiene officers haul garbage on the basis of shift work schedule twice a day in the morning and afternoon. From the results of the field observation found that there is a medical waste that is not appropriate placement so that mixed with non-medical waste and hygiene officers who transport the waste does not use personal protective equipment such as masks, shoes and gloves so that the need for training and supervision of officers. ‘X’ Hospital does not have its own incinerator so it requires cooperation to a third party. The incinerator is used to burn medical waste. Meanwhile, for domestic waste disposal is managed by Cilegon Sanitation Department every day and ‘X’ hospital pay monthly levy of transport. Disposal of hazardous waste produced by ‘X’ Hospital is licensed to licensed PT Limbah B3, where the process of delivering or transporting every ten days.

Table 1. Source of Waste Generation in ’X’ Hospital

<table>
<thead>
<tr>
<th>Source of Waste</th>
<th>Source of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Source of Waste</td>
<td>No. Source of Waste</td>
</tr>
<tr>
<td>1</td>
<td>patient care room</td>
</tr>
<tr>
<td>2</td>
<td>ICU</td>
</tr>
<tr>
<td>3</td>
<td>Hemodialis</td>
</tr>
<tr>
<td>4</td>
<td>Fisioterapi</td>
</tr>
<tr>
<td>5</td>
<td>surgery room</td>
</tr>
<tr>
<td>6</td>
<td>UGD</td>
</tr>
</tbody>
</table>

Figure 1. Composition of Waste Volume Hospitals ’X’ in 2014

Figure 2. Storage Of Medical And Non-medical Waste

Evaluation of Solid Waste Management System in ‘X’ Hospital, Cilegon City,Banten

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CONCLUSIONS

The conclusion of this study is effort to evaluate the solid waste management of ’X’ Hospital must refer to the Decree of the Minister of Health of the Republic of Indonesia Number 1204 / Menkes/ SK / X / 2004 on Hospital Health Requirements and need to improve supervision and good cooperation with nurses and janitors in the separation of medical and non-medical waste.

BIBLIOGRAPHY