

SUMMARY

Evaluation of Medical Solid Waste Management in the Public Health Center Magetan East Java Province

Solid medical waste includes all the waste generated from health care facilities, consisting of infectious waste, pathological waste, sharps waste, pharmaceutical waste, cytotoxic waste, pharmaceutical waste, chemical waste, waste pressurized containers, and waste with a high content of heavy metals. Number generation 22.6% of the total waste generated. Based on preliminary data in Magetan number generation medical waste in health centers for inpatient PONED> inpatient> outpatient, namely: 506.3> 369.3> 274 kg / year. The larger the generation number, the greater the potential to cause environmental and health problems if not managed properly. PHC yet have specific human resources for the management of medical waste, and all the attendant sorting medical waste properly. Waste lug between a plastic bag with a container using color codes are not the same. The purpose of this study was to evaluate the management of solid medical waste in health centers PONED inpatient, inpatient health centers and outpatient health center in Magetan East Java, namely resources (personnel and training quantity), medical waste management process (phase minimization, segregation, collection , temporary storage, transport, treatment, final disposal), results management (conditions in a temporary storage area and in landfills), and the incidence of occupational accidents in the health center staff as a result of solid medical waste that occurred from 2014 until the month of June 2015.

Research on evaluation of the management of solid medical waste in health centers Magetan this was an observational study with a descriptive study design. Location of the study includes three types of health centers, the health center inpatient PONED (Karangrejo PHC and Maospati PHC), inpatient health centers (Bendo PHC and Parang PHC , and outpatient health centers (Kartoharjo PHC and Ngujung PHC). The subjects of the study will be taken by purposive sampling, with a total of 45 respondents. Data collection was observed at this stage of the process of managing solid medical waste in health centers and the results of medical solid waste management, and measurement of generation of solid medical waste generated from each health center, in-depth interview on the head of the health center, and a questionnaire on puskesmas officers for the assessment of the implementation of solid medical waste management in PHC.

The results showed that of the 17 variables were assessed in the management of solid medical waste to Puskesmas inpatient PONED, PHC Karangrejo obtain a score of 41.17% with a scale sufficient value and PHC Maospati obtain a score of 35.29% with a value scale kurang.Puskesmas care hospital, Puskesmas Bendo obtain a score of 23.52% with a value scale is very less and PHC Parang obtain a score of 41.17% with a scale sufficient value. Puskesmas outpatient, PHC Kartoharjo obtain a score of 35.29% with a scale of less value and PHC Ngujung obtain a score of 47.05% with a scale sufficient value.

For solid medical waste management resources, there has been no training on the management of solid medical waste ntuk puskesmas officers, the absence of reporting records, and the unavailability of documents SOP solid medical waste management in full in each health center. For the stages of the process of solid medical waste management, there is no solid medical waste and radioactive waste cytotoksik category, not all officers are doing well sorting medical waste, medical waste a color that does not comply with existing standards, labeling is not clear, long temporary storage of waste Medical more than 2x24 hours.

Which led to PHC to obtain scale values less and very less for the management of solid medical waste in health centers, among others: the existing budgetary constraints at each clinic, the absence of a clear commitment in each health center, for example, solid medical waste is separated by color as agreed by all health center, clear labeling, and how solid medical waste treatment done, limited facilities, and monitoring are not done regularly.

Recommendation is Health Department held a training / training management of solid medical waste, by inviting the Head of the health center, medical workers, sanitarians and cleaners (cleaning service), make planning the details of the implementation of the existing PPI team, conduct a situation analysis of medical waste in health centers , build commitment of all personnel involved in the management of solid medical waste, and for sorting stages, collection, temporary shelter until the internal transport carried out by community health centers, while for external transport stages carried out by business entities that have permission to carry out activities of solid medical waste transportation, up to stage to final disposal.