

POLITEKNIK KESEHATAN KEMENKES TANJUNG KARANG
PROGRAM STUDI SARJANA TERAPAN SANITASI LINGKUNGAN

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Yaspati Ganda

**SISTEM PENGELOLAAN LIMBAH MEDIS B3 PUSKESMAS RAWAT
INAP SIMPUR TANJUNGPURUSAT TAHUN 2023**

xviii + 104 Halaman + 8 Tabel + 2 Gambar + 5 Lampiran

ABSTRAK

Pengelolaan limbah adalah salah satu masalah paling serius di fasilitas kesehatan dikarenakan limbah medis terutama limbah infeksius sangat potensial dalam transmisi penyakit menular baik melalui kontak langsung atau tidak langsung melalui media lingkungan. Oleh karena itu, limbah medis tidak boleh dibuang langsung ke dalam media lingkungan hidup tanpa diolah terlebih dahulu. Tujuan penelitian adalah untuk mengetahui gambaran perilaku petugas kesehatan dalam pengelolaan limbah medis bahan berbahaya dan beracun serta peranan faktor-faktor determinannya, di Puskesmas Rawat Inap Simpung, Kota Bandar Lampung.

Jenis penelitian ini bersifat kualitatif dengan desain deskriptif verikatif yaitu gambaran perilaku, pengetahuan, sikap dan komitmen terhadap pengelolaan limbah medis.

Hasil dari penelitian ini dapat disimpulkan bahwa jenis limbah medis B3 yang paling banyak dihasilkan yaitu limbah infeksius dan jumlah rata – rata limbah B3 medis padat yang dihasilkan 1,56 kg/hari. Kuantitas SDM sudah cukup dan kualitas SDM belum sesuai Permenkes No. 13 Tahun 2015. Biaya pengadaan, perawatan dan perbaikan sarana prasarana serta biaya pengelolaan limbah B3 medis padat belum mencukupi. Fasilitas sarana prasarana, SOP, proses pemilahan, pengangkutan internal, penyimpanan sementara dan pengelolaan akhir sudah tersedia dan terlaksana, namun belum optimal dan belum sesuai Permen LHK No. 56 Tahun 2015. Disarankan adanya kerjasama Puskesmas dengan dinas kesehatan setempat untuk dilakukan perbaikan dari faktor SDM, fasilitas sarana prasarana, biaya dan SOP.

Saran bagi pihak puskesmas diharapkan agar dapat memperbaiki fasilitas tempat pembuangan limbah B3 agar sesuai dengan Peraturan Menteri Lingkungan Hidup dan Kehutanan no 56 Tahun 2015. Diharapkan pihak puskesmas bisa memberikan pengecekan secara berkala di tiap ruangan penghasil limbah bahan berbahaya dan beracun.

Kata Kunci : pengetahuan, perilaku, komitmen, sarana dan prasarana.

Daftar Baca : 2015-2023

HEALTH POLYTECHNIC, KEMENKES TANJUNG KARANG

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Yaspati Ganda

**MEDICAL B3 WASTE MANAGEMENT SYSTEM OF SIMPUR
TANJUNGPUSAT INPATIENT HEALTH CENTER IN 2023**

xviii + 104 Pages + 8 Table + 2 Image + 5 Attachment

ABSTRACT

Waste management is one of the most serious problems in health facilities because medical waste, especially infectious waste, has the potential to transmit infectious diseases either through direct or indirect contact through environmental media. Therefore, medical waste should not be disposed of directly into environmental media without being treated first. The aim of the study was to describe the behavior of health workers in the management of hazardous and toxic medical waste and the role of the determinant factors at the Simpura Inpatient Health Center, Bandar Lampung City.

This type of research is qualitative with a descriptive-qualitative design that is a description of behavior, knowledge, attitudes and commitment to medical waste management.

The results of this study can be concluded that the most common type of B3 medical waste is infectious waste and the average amount of solid B3 medical waste produced is 1.56 kg/day. The quantity of human resources is sufficient and the quality of human resources is not in accordance with Permenkes No. 13 of 2015. The cost of procuring, maintaining and repairing infrastructure and the cost of managing solid medical B3 waste is not sufficient. Infrastructure facilities, SOP, sorting process, internal transportation, temporary storage and final management are available and implemented, but not yet optimal and not in accordance with Permen LHK No. 56 of 2015. It is recommended that there is cooperation between the Community Health Center and the local health office to make improvements in terms of human resources, infrastructure facilities, costs and SOP. So that it can support the improvement of every solid medical B3 waste management process, starting from sorting, transportation, temporary storage and final management.

Suggestions for the puskesmas are that it is hoped that they can improve the B3 waste disposal facility to comply with the Regulation of the Minister of Environment and Forestry no 56 of 2015. It is hoped that the hospital can provide periodic checks in each room producing hazardous and toxic waste materials

Keywords : knowledge, behavior, commitment, facilities and infrastructure.

Referensi : 15 (2015 – 2022)