

ABSTRACT

Hospital waste management in the world is a formal discipline and does occupy a critical place in the management of health sector. Hospital waste management in our country however, remained relegated to a subordinate position. It is now established fact that proper disposals of hospital waste, especially for the infectious waste, can play a critical role in the prevention of infectious diseases like hepatitis and HIV/AIDS. It is observed that the solid clinical wastes are being disposed off in SWM Department's collection bins and containers in and around the hospital premises. The waste is then collected by SWM vehicles and then transported to the open dumping sites. The management of hospital waste requires its removal and disposal from the health care establishments as hygienically and economically as possible by methods that all stages minimizes the risk to public health and to environment .This study was carried out to analyze current waste management practices in one public sector hospital, Mayo hospital and two private sector hospitals, Shalamar hospital and Shoukat Khanam memorial cancer hospital. It was based on personal observations and the response of the staff through questionnaire. The main objective of this study was to assess the generation, segregation, collection, transportation and disposal of the hospital waste and to estimate the amount of general, infectious and sharps waste generated. For this purpose one medical ward surgical ward laboratory and one operation theater were selected form each hospital. The waste generated in these places was weighed for 15 days for three months. In Mayo hospital the waste was not categorized and thus not segregated, therefore the staff was requested to separate the waste in bags provided to them. In Shalamar hospital the waste segregation was taking place at source thus it was conveniently weighed. In Shoukat Khanum hospital the Medical Superintendent didn't allow to go to the wards, laboratory and operation theatre and data was provided by waste management officer. There was no proper hospital waste management team in Mayo hospital but this team was present in Shalamar and Shoukat Khanum hospitals. Heads of departments and the matron were not involved. There was shortage of sanitary workers in Mayo hospital. In Mayo hospital and Shalamar hospital they were not provided with the protective clothing but in Shoukat Khanum hospital the sanitary staff was provided with protective clothing. The staff of Mayo hospital did not have any training while the staff of Shalamar and Shoukat Khanum hospital had a training program. There was no categorization and segregation of infectious waste in Mayo hospital but in Shalamar and Shoukat Khanum hospitals infectious waste was segregated form

general waste at point of origin. The transportation of waste was carried out in uncovered trolleys in Shalamar hospital while in Shoukat Khanum hospital it was done in covered trolleys while in Mayo hospital waste was transported in wheel barrows, push cart and mostly in open drums. and sometimes on wheel chairs and even on stratures. In Mayo hospital there was no separate storage room for infectious waste and it was placed together with general waste and then thrown in the municipal skips placed outside the hospital, which is highly unprotective and easily assessable to the scavengers. There is separate storage room for the infectious waste and sharps in Shalamar and Shoukat Khanum hospitals. In Mayo hospital the average waste generated 1.54kg/bed/day, in Shalamar hospital, was 1.15kg/bed/day while in Soukat Khanum hospital the total waste generated was 0.95kg/bed/day. In Shalamar hospital and Shoukat Khanum hospital, incinerators are being used for further treatment of waste but in Mayo hospital there is no incinerator and its waste go to incinerator of children hospital for disposal but generally it is mixed with municipal waste which exposes the community and environment to severe risks.