STUDY ON CLINICAL WASTE MANAGEMENT AT HEALTHCARE CENTRES IN KUANTAN, PAHANG

HILMI WAWARDI BIN HARIS

B. ENG(HONS.) CIVIL ENGINEERING

UNIVERSITI MALAYSIA PAHANG



SUPERVISOR'S DECLARATION

I hereby declare that I/ have checked this thesis and in my opinion, this thesis is adequate
in terms of scope and quality for the award of the degree in civil engineering.

(Supervisor's Signature)

Full Name :

Position :

Date :



STUDENT'S DECLARATION

I hereby declare that the work in this thesis is based on my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously or concurrently submitted for any other degree at Universiti Malaysia Pahang or any other institutions.

(Student's Signature)

Full Name : HILMIWAWARDI BIN HARIS

ID Number : AA14056

Date : MAY 2019

STUDY ON CLINICAL WASTE MANAGEMENT AT HEALTHCARE CENTRES IN KUANTAN, PAHANG

HILMI WAWARDI BIN HARIS

Thesis submitted in fulfillment of the requirements for the award of the B. Eng (Hons.) Civil Engineering

Faculty of Civil Engineering & Earth Resources
UNIVERSITI MALAYSIA PAHANG

MAY 2019

ACKNOWLEDGEMENTS

Alhamdulillah. Thanks to Allah SWT, the most gracious and most merciful, whom with Him willing giving me strength to complete this Final Year Project.

Special thanks to my beloved family, my parents, my brothers and sisters because of their courage and support during the period of completing the thesis. Support and motivates keep me motivated and alive to complete and produce a high quality of thesis.

To my supervisor, Madam Hasmanie binti Abdul Halim, special thanks for all the guidance, motivation and supports, thanks for the time spend with me, idea and courage. The supervision and support that she gave truly help the progression and smoothness of the project. With her presents, teaching and guidance, my final year project gone recognize by university.

In process of completing the research, thanks to the respondents of the healthcare centre that are willing to participate and give cooperation during site visit, and answering the questionnaire that provided.

Lastly, I would like to express my appreciation to my colleague and as their together and shared their knowledge with me in completing the study, Thanks for being with me through my ups and downs. Thanks for the support, courage and assist me on writing and so on.

ABSTRAK

Seperti mana-mana negara membangun yang lain, terdapat peningkatan yang ketara dalam penjanaan sisa klinikal sejak beberapa dekad yang lalu. Walaupun sisa klinikal menghasilkan kesan yang serius kepada manusia dan alam sekitar, hanya sedikit perhatian diarahkan kepada pengendalian yang sewajarnya dan aspek undang-undang. Kajian ini bertujuan untuk mengkaji pengurusan sisa klinikal di pusat penjagaan kesihatan di Kuantan, Pahang. Terdapat 10 pusat penjagaan kesihatan yang terlibat dalam kajian ini, dan 10 responden dikaji dari setiap pusat penjagaan kesihatan. Penyelidikan ini dijalankan dengan menggunakan tiga kaedah, iaitu lawatan tapak, wawancara, dan soal selidik. Dari lawatan tapak dan wawancara, kami dapat mendapatkan maklumat umum tentang pengurusan sisa hospital. Daripada soal selidik, kami memperoleh data mengenai data demografik responden, dan data mengenai penjanaan dan pengurusan sisa klinikal. Kemudian, data menganalisis untuk menghasilkan hasil. Daripada data yang dianalisis. Kebanyakan jenis sisa klinikal yang dijana daripada pusat penjagaan kesihatan adalah sisa farmaseutikal, sisa kimia dan tajam. Sumber sisa ini terutamanya dari pesakit dan ubat-ubatan. Kaedah pengasingan yang digunakan terutamanya di pusat penjagaan kesihatan yang dikaji adalah menggunakan mesin. Kebanyakan penjagaan kesihatan mempunyai sisa klinikal yang dikumpulkan sekali seminggu. Pengangkutan sisa klinikal dengan menggunakan troli kebanyakannya digunakan di pusat penjagaan kesihatan yang dikaji. Kebanyakan pusat penjagaan kesihatan yang ditinjau tidak mempunyai insinerator. Pengendalian sisa berjangkit sangat baik di pusat penjagaan kesihatan. Sisa klinikal diasingkan dengan cekap. Peralatan perlindungan disediakan secara tetap oleh pusat penjagaan kesihatan dan digunakan dengan betul. Para responden berpuas hati dengan pengendalian klinikal. Latihan pengurusan sisa klinikal adalah berkesan dan membantu responden meningkatkan pengetahuan responden mengenai pengurusan sisa klinikal. Keseluruhan keberkesanan pengurusan sisa klinikal di pusat penjagaan kesihatan adalah sangat baik berdasarkan jawapanresponden.

ABSTRACT

As any other developing countries, there are a significant increase in the generation of clinical waste over the last few decades. Even though clinical waste produce serious impact to the human and the environment, only minor attention is directed to its proper handling and legal aspects. This study seeks to examine the management of clinical waste in healthcare centre at Kuantan, Pahang. There are 10 healthcare centres that are involved in this study, and 10 respondents are surveyed from each healthcare centre. The research is conducted by using three methods, that are site visit, interview, and questionnaire. From the site visit and interview, we able to get the general information on the waste management of the hospital. From the questionnaire, we obtained the data on the demographic data of the respondent, and the data on clinical waste generation and management. Then, the data are analyse to produce the result. From the data that were analysed. Most of the type of clinical waste generated from the healthcare centres, are pharmaceutical waste, chemical waste, and sharps. The sources of these waste mainly from the patient and drugs. The method of segregation mainly used at the surveyed healthcare centres are by using machines. Most of the healthcare have the clinical waste collected once a week. Transportations of clinical waste by using trolley are mostly used at the surveyed healthcare centre. Most of healthcare centre that were surveyed has no incinerator. The handling of infectious waste is excellent at the healthcare centre. The clinical waste is segregated efficiently. The protective equipment is provided regularly by the healthcare centres and used properly. The respondents are satisfied with the handling of clinical. The clinical waste management training is effective and helps the respondents to improve the respondent knowledge on clinical waste management. Overall the effectiveness of the clinical waste management at the healthcare centres are excellent according to the respondents.

TABLE OF CONTENT

DECLARATION

\mathbf{r}	וירדיו		D۸	CF
		1 1	-	1 T I

ACKNOWLEDGEMENTS		ii
ABS	TRAK	iii
ABS	TRACT	iv
TAB	SLE OF CONTENT	v
LIST	Γ OF TABLES	vii
LIST	Γ OF FIGURES	viii
LIST	Γ OF SYMBOLS	ix
LIST	Γ OF ABBREVIATIONS	X
СНА	APTER 1 INTRODUCTION	1
1.1	Background Study	1
1.2	Problem statement	1
1.3	Objective of study	2
1.3	Scope of study	2
1.4	Problem statement	3
CHA	APTER 2 LITERATURE REVIEW	5
2.1	Introduction	5
2.2	Definition and Classification of Clinical Waste	5
2.3	Sources of Clinical Waste	8
2.4	Clinical Waste Generation	Q

2.5	Handling of clinical waste		
2.6	Knowledge on risk and lack of information		12
2.7	Treatment of clinical waste		15
	2.7.1	Open dump and open burning	16
	2.7.2	Landfill	17
	2.7.3	Incinerator	18
	2.7.4	Autoclaving	20
	2.7.5	Microwave	20
СНА	PTER 3	METHODOLOGY	22
3.1	Introdu	uction	22
3.2	Site selection		24
3.3	Data collection		24
	3.3.1	Site visit	24
	3.3.2	Questionaire	24
3.1	Data a	nalysis	26
СНА	PTER 4	RESULTS AND DISCUSSION	27
4.1	Introdu	uction	27
4.2	Analys	sis on demographic data	27
4.3	Analys	sis on clinical waste generation and management	32
СНА	PTER 5	CONCLUSION	44
REFI	ERENC	ES	46
APPENDIX		51	

LIST OF TABLES

Table 2.1	Definition and general classification of waste arising from healthcare facilities.	6
Table 2.2	Examples of types of clinical waste.	8
Table 2.3	The possible micro-organisms and the infected routes in the human body.	14
Table 2.4	Most common method of disposal of healthcare waste in healthcare centres in different countries.	16
Table 3.1	Examples of questionnaire	25

LIST OF FIGURES

Figure 2.1	The categories of waste from HCFs	7
Figure 2.2	Three principle environmental media and fundamental pathways for landfill to travel through	. 18
Figure 3.1	Flowchart of the study	23
Figure 4.1	Number of respondents by gender	28
Figure 4.2	Number of respondents by age	28
Figure 4.3	Marital status of respondents	29
Figure 4.4	Religion of respondents	29
Figure 4.5	Educational Qualification	30
Figure 4.6	Length of service	31
Figure 4.7	Waste management training	31
Figure 4.8	Type of waste generated	32
Figure 4.9	Source of clinical waste	33
Figure 4.10	Segregation Method of Clinical Waste	34
Figure 4.11	Collection of clinical waste by Authorities	35
Figure 4.12	Method of transportation for Clinical Waste within the facilities	36
Figure 4.13	Existence of Incinerators	37
Figure 4.14	Infectious waste handling rating	38
Figure 4.15	Waste segregation rating	39
Figure 4.16	Uses of protective equipment	40
Figure 4.17	Clinical waste handling ratings	41
Figure 4.18	Clinical waste management training rating	42
Figure 4.19	Effectiveness of clinical waste management	43

LIST OF SYMBOLS

°C degree celcius

LIST OF ABBREVIATIONS

WHO World Health Organization

HCF Healthcare Eacilities

HCW Healthcare Waste

HIV Human Immunodeficiency Virus

SW Scheduled Wastes

AIDS Acquired immunodeficiency syndrome

CSW Clinical solid waste

CHAPTER 1

INTRODUCTION

1.1 Background of Study

Human activities, changes in lifestyle and consumption pattern has resulted in an increase in solid waste generation rates. Consequently, in the recent decade, public concern over the waste management and the pollution problems caused by waste generation have attracted significant attention and a great deal of research has been conducted to evaluate the appropriate waste treatment options to minimize environmental pollution and maximize resource recovery. (Williams, 2005).

During the recent decades, Medicines is one of the significant sectors that showing improvement throughout the world. However, waste generated at the medical institution, known as clinical waste, has not attract the same level of attention compared to other type of waste, especially in the developing country. In recent years, concern over the solid waste from healthcare facilities (HCFs) such as hospitals, clinics, pathological laboratories, pharmacies and other supported healthcare services) has increased throughout the world (DenBos and Izadpanah, 2002). This is due to waste arising from HCFs, mainly from hospitals and clinics, is potentially dangerous since it can spread diseases because of the infectious nature of the wastes, and/or cause injury through the mismanagement of clinical solid waste (Abd El-Salam, 2010; Al-Khatib and Sato, 2009). The production of these waste will continue to be an on-going phenomenon as long there are human activities.

1.2 Problem statement

Clinical wastes differ from any other wastes that being produced in hospitals. Sharps, human tissues or body parts and other infectious materials contain in clinical waste poses potential health and environmental risks (Baveja *et al.*, 2000). By weight, approximately 15 – 25% of clinical waste is considered infectious (Shinee *et al.*, 2008). Even though the current practices of clinical waste management are different from hospital to hospital, the problematic are similar for all healthcare institutional from segregation, collection, packaging, storage, transport, treatment and disposal (Tsanoka *et al.*, 2007). Improper clinical waste management will lead to environmental pollution, unpleasant odour, multiplication of insects, rodents, and worm may lead to may lead to transmission of diseases such as cholera, hepatitis, or typhoid through the injuries of the contaminated sharps.

Management and disposal of clinical waste in Malaysia is fully controlled by the Environmental Quality (Scheduled Waste) 1989. According to Zaimastura (2005), clinical waste generated from hospitals need a comprehensive and coordinated management. Poor management will lead to increased exposure to infectious diseases such as Hepatitis B and AIDS. Therefore, clinical waste control is very important. The main source of clinical waste disease is caused by accident involving syringes and sharp instruments. Transportation of clinical waste also has a specific guideline for reducing the risk of accidents.

Apart from the policies and guidelines, there are other initiatives that were undertaken by the government. One of the intiative is the training of hospital staff in the development of an action plan for segregation, handling and transportation of hospital wastes in the hospitals of central revenue collection point at the central storage facility and the production of a clear system that will detect movement from the time of hospital waste generated until the time he was dumped. The privatization program is one of the other initiatives taken by the government in addressing this problem (Khainih Tasan, 2005). However, this issue was still continued and even getting serious.

1.3 Objective of the study

The purpose of this study is to investigate the clinical waste management at clinics in Kuantan, Pahang. The objective are as follows:-

- 1) To determine the type of waste generated at the clinics and where it source come from.
- 2) To access clinical waste management practices at hospital in Kuantan, Pahang.
- 3) To determine the level of effectiveness of clinical waste management the clinic at the clinics in Kuantan, Pahang.

1.4 Scope of study

The research focus on the healthcare centre in Kuantan, Pahang. Question are prepared by the interviewee and answered by the staff that are working at the clinics. The research is restricted because there are many clinics in Kuantan district. Therefore, only ten government healthcare centre are chosen and 10 respondents will be surveyed on clinical waste management from each healthcare centre. Survey are conducted by using questionnaire to the staff during the operation hours of the clinics. The survey must be conducted during the staff free time, and not to be conducted during the treatment of a patient or experimenting a sample.

1.5 The importance of the study

This study is meant to draw attention of the clinics to identify the type of clinical waste that may produce during the treatment of the patient or during experiment of a sample and how are the waste are being managed at the clinics. Furthermore, the study is carried to how well the clinical waste management from the point view of the staff.

Research is conducted by the staff point of view by questioning them about suitable question that related to the clinical waste that were produced during the treatment or experiment. Type, sources, segregation, collection, and transportation of the waste

REFERENCES

Abdulla, F., Gdais, H.A., Rabi, A. (2008). Site investigation on medical waste management practices in Northern Jordan. Waste Management 28, 450-458.

Abd El-Salam, M.M. (2010). Hospital waste management in El-Beheira Government, Egypt. Journal of Environmental Management 91, 618–629

Alagoz, A.Z., Kocasoy, G. (2008). Determination of the best appropriate management methods for the healthcare waste in Istanbul. Waste Management 28, 1227–1235.

Al-Khatib, I.A., Sato, C. (2009). Solid health care waste management status at health care centers in the West Bank–Palestinian Territory. Waste Management 29, 2398–2403.

Ananth, A.P., Prashanthini, V., Visvanathan, C. (2010). *Healthcare waste management in Asia*. Waste Management 30, 154–161.

Awodelle, A., Adewoye, A.A., Oparah, A.C. (2016). Assessment of medical waste management in seven hospitals in Lagos, Nigeria. BMC Public Health, 1-11.

Baveja, G., Muralidhar, S. & Aggarwal, P. (2000). *Medical waste management – an overview. Hospital Today* 5(9), 485–486.

Bdour, A., Altrabsheh, B., Hadadin, N., Al-Shareif, M. (2007). Assessment of medical wastes management practice: a case study of the Northern Part of Jordan. Waste Management 27, 746–759.

Bendjoudi, Z., Taleb, F., Abdelmalek, F., Addou, A. (2009). *Healthcare waste management in Algeria and Mostaganem department*. Waste Management 29, 1383–1387.

Birpinar, M.E., Bilgili, M.S., Erdogan, T. (2009). *Medical waste management in Turkey:* A case study of Istanbul. Waste Management 29, 445-448.

Blenkarn, J.I. (2006). *Standards of clinical waste management in UK hospitals*. Journal of Hospital Infection 62, 300-303.

Blenkharn, J.I. (1995). Waste disposal-what rubbish? The disposal of clinical waste. Journal of Hospital Infection 30, 514–520

Blenkarn, J.I. (2008). Clinical wastes in the community: Local authority management of clinical wastes from domestic premises. Public Health 122, 526-531.

Blenkarn, J.I. (2007). *Standards of clinical waste management in hospitals — A second look*. Public Health 121, 540-545.

Blenkharn, J.I. (2005). *Safe disposal and effective destruction of clinical wastes*. Journal of Hospital Infection 60, 295–297.

Blenkharn, J.I., Oakland, D. (1989). *Emission of viable bacteria in the exhaust flue gases for a hospital incinerator*. Journal of Hospital Infection 14, 73–78.

But, T.E., Lockley, E., Oduyemi, K.O.K. (2008). *Risk assessment of landfill disposal site-state of art*. Waste Management 28, 952–964.

Cheng Y.W., Sung, F.C., Yang, Y., Lo, Y.H., Chung, Y.T., Li, K.C. (2009). *Medical waste production at hospitals and associated factors*. Waste Management 29, 440-444.

Coker, A., Sangoyodin, A., Sridhar, M., Booth, C., Olomolaiye, P., Hammond, F. (2009). *Medical waste management in Ibadan, Nigeria: Obstacles and prospects.* Waste Management 29, 804-811.

Couto, N., Silva, V., Monteiro, E., Rouboa, A. (2013). *Hazardous waste management in Portugal: An overview*. Energy Procedia 36, 607-611.

Da Silva, C.E., Hoppe, A.E., Ravanello, M.M., Mello, N. (2005). *Medical wastes management in the south of Brazil*. Waste Management 25, 600–605.

Dasimah, O., Siti Nurshahida, N., Subramaniam, K. (2012). *Clinical Waste Management in District Hospitals of Tumpat, Batu Pahat and Taiping*. Procedia - Social and Behavioral Sciences 68, 134-145.

DenBos, A., Izadpanah, A. (2002). Building capacity for comprehensive medical waste management in Asia. EM The Urban Environment 18, 20.

Dugenest, S., Combrission, J., Casabianca, H., Grenier-Loustalot, M.F. (1999). *Municipal solid waste incinerator bottom ash: characterization kinetic studies of organic matter*. Environmental Science and Technology 33, 1110–1115.

Hamadan, N., Sapri, M., Hakim, A. (2012) *The Implementation of Clinical Waste Handling in Hospital Sultanah Aminah Johor Bahru (HSAJB)*. Procedia – Social and Behaviour Science 65 (ICIBSoS), 802-807.

Harsh, K., Trivedi, H.K., Pattison, N.A., Neto, L.B. (2010). *Pediatric medical home:* foundations, challenges and future directions. Child and Adolescent Psychiatric Clinics of North America 19, 183–197.

Hassan, M.M., Ahmed, S.A., Rahman, K.A., Biswas, T.K. (2008). *Pattern of medical waste management: existing scenario in Dhaka City, Bangladesh*. BMC Public Health, 2008.

Hossain, M.S., Santhanam, A., Nik Norulani, N.A., Mohd Omar, A.K. (2011). *Clinical solid waste management practices and its impact on human health and environment – A review.* Waste Management 31(4), 754-766.

Kumar, S., Gupta, S. (2017). *Healthcare waste management scenario: A case of Himachal Pradesh (India)*. Clinical Epidemiology and Global Health 5(4), 169-172.

Jang, Y.-C., Lee, C., Yoon, O.-S., Kim, H. (2006). *Medical waste management in Korea*. Journal of Environmental Management 80, 107–115.

Lee, B.K., Ellenbecker, M.J., Moure-Eraso, R. (2002). *Analyses of the recycling potential of medical plastic wastes*. Waste Management 22, 461–470.

Lee, B.K., Ellenbecker, M.J., Moure-Eraso, R. (2004). *Alternatives for treatment and disposal cost reduction of regulated medical waste*. Waste Management 24, 143–151.

Manga, V.E., Forton, O.T., Mofor, L.A., Woodard, R. (2011). *Health care waste management in Cameroon: A case study from the Southwestern Region*. Resources, Conservation and Recycling 57, 108-116.

Moreira, A.M.M., Gunther, W.M.R. (2013). Assessment of medical waste management at a primary health-care center in São Paulo, Brazil. Waste Management 33(1), 162-167.

Mohamed, L.F., Ebrahim, S.A., Al-Thukair, A.A. (2009). *Hazardous healthcare waste management in the Kingdom of Bahrain*. Waste Management 29, 2404–2409.

Mohee, R. (2005). *Medical wastes characterization in healthcare institutions in Mauritius*. Waste Management 25, 575–581.

Moritz, J.M. (1995). *Current legislation governing clinical waste disposal*. Journal of Hospital Infection 30, 521–530.

Miyazaki, M., Une, H. (2005). Infectious waste management in Japan: a revised regulation and management process in medical institutions. Waste Management 25, 616–621.

Narayana, T. (2009). Municipal solid waste management in India: from waste disposal to recovery resources? Waste Management 29, 1163–1166.

Nema, S.K., Ganeshprasad, K.S. (2002). *Plasma pyrolysis of medical waste*. Current Science 83, 271–278.

Nemathaga, F., Maringa, S., Chimuka, L. (2008). *Hospital solid waste management practices in Limpopo Province, South Africa: a case study of two hospitals*. Waste Management 28, 1236–1245.

Patwary, M.A., O'Hare, W.T., Street, G., Elahi, K.M., Hossain, S.S., Sarke, M.H. (2009). *Country report: quantitative assessment of medical waste generation in the capital city of Bangladesh*. Waste Management 29, 2392–2397.

Pruss, A., Giroult, E., Rushbrook, P. (Eds.) (1999). *Safe Management of Wastes from Healthcare Activities*. World Health Organization, Geneva.

Pleus, R.C., Kelly, K.E. (1996). *Health effects from hazardous waste incinerator facilities: five case studies*. Toxicology and Industrial Health 12, 277–287.

Rogers, D.E.C., Brent, A.C. (2006). Small-scale medical waste incinerators – experiences and trials in South Africa. Waste Management 26, 1229–1236.

Saini, S., Das, K.B., Kapil, A., Nagargan, S., Sarma, R.K. (2004). The study of bacterial flora of different types in hospital waste: evaluation of waste treatment at aims hospital, New Delhi. Bacterial Flora of Hospital Waste 35 (4), 986–989.

Salkin, I.F. (2003). Conventional and alternative technologies for the treatment of infectious waste. Journal of Material Cycles Waste Management 5, 9–12.

Sawalem, M., Selic, E., Herbell, J.-D. (2009). *Hospital waste management in Libya: a case study*. Waste Management 29, 1370–1375.

Shaidatul Shida Razali, Mohd Bakri Ishak (2010). *Clinical Waste Handling and Obstacles in Malaysia*. Journal of Urban and Environmental Engineering 4(2), 47-54.

Shinee, E., Gombajav, E., Nishimura, A., Hamajima, N. & Ito, K. (2008). *Healthcare waste management in the capital city of Mongolia*. Waste Management 28(2), 435–444.

Tsakona, M., Anagnostopoulou, E., Gidarakos, E. (2007). *Hospital waste management and toxicity evaluation: a case study*. Waste Management 27, 912–920.

Williams, P.T. (2005). *Waste Treatment and Disposal, second ed.* John Wiley and Sons Ltd. The Atrium, Southern Gate, Chichester, West Sussex, England.

WHO (2000). Starting health care waste management in medical institutions. Health Care Waste Practical Information Series 1.

WHO (2005). Safe healthcare waste management-policy paper by the World Health Organisation. Waste Management 25, 568–569

Windfeld, E.S., Brooks, M.S. (2015). *Medical waste management – A review*. Journal of Environmental Management 163, 98-108.

Zaimastura Ibrahim (2005), *Management and Disposal of Clinical Waste*. Case Study: Hospital Universiti Kebangsaan Malaysia.