



Service Priorities and Programmes
Electronic Presentations

Convention ID: 343

Submitting author: Mr CHIU WAI TSANG

Post title: Hospital Administrator I, Princess Margaret Hospital, KWC

An Environmentally Sustainable Model for PMH Waste Management

Tsang CW(1), Pang WK(1), Lau KC(1)

(1)Supporting Services Department, Princess Margaret Hospital

Keywords:

Environmental

Waste

Sustainable

PMH

Introduction

In recent years, hospital waste management has become a hot topic in HA hospitals. Wastes (both clinical and municipal) generated by hospitals can be infectious, contain toxic chemicals and pose contamination risks to both people and the environment. If patients are to receive medical treatment and hospital staff are to work in safe and healthy environment, wastes should be disposed and collected safely. In view of the patient safety and environmental health and safety, an improvement plan on waste management for Main Block and Block EF of PMH was initiated in 2011.

Objectives

I. to minimize environmental degradation and potential risks for public health through the relocation of waste collection points; II. to enhance waste control awareness and encourage proper handling of hospital wastes; III. to meet the hospital accreditation standards in waste management and the Clinical Waste Management Plan (CWMP); IV. to improve the hospital image and minimize the over stack of clinical wastes and municipal wastes in lift lobbies of Main Block and staircases of Block EF.

Methodology

The improvement plan on waste management in the PMH was a joint initiative between clinical departments and hospital administration department. There were 38 wards and 17 departments involved in the plan. The plan was implemented in two phases between 2011 and 2012. In phase I, wards and departments of Main Block were involved whereas the wards and departments of Block EF were involved in Phase II. In phase I, all waste collection points were relocated from lift lobbies to sluice rooms inside wards. Wastes were stored in a designated area of sluice rooms pending for collection. In phase II, waste collection points at Block EF were re-designed with maximum level of accumulation. The frequency of waste collection in phase I and phase II were enhanced from 9 times to 13 times and from 8 times to 14 times respectively.

Result

Audits on waste management for both phases were conducted by Supporting

Services Department in November 2011 and October 2012. The results showed that no clinical wastes and municipal wastes were found in lift lobbies of Main Block. As the frequency of waste collection was enhanced in both phases, over stack of clinical wastes and municipal wastes in sluice rooms and staircases of Block EF was not found. Furthermore, the results were also presented in HCE Forum on 22 November 2012; numerous positive feedbacks were received from wards and departments, all showing appreciation and gratefulness to the improvement plan. References I. Ward Improvement Plan on Waste Management for Main Block and Block EF from Supporting Services Department II. Ward Improvement Plan on Waste Management for Main Block and Block EF from ISS Mediclean (H.K.) Ltd