



## Service Priorities and Programmes Electronic Presentations

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**Submitting author:** Ms Cheng Karen

**Post title:** Ward Manager, Tung Wah Hospital, HKWC

**To promote staff compliance on clinical waste management at workplace**

*Karen CHENG (1,4) , LN WONG (2,4) & Joseph YEUNG (3,4)*

*(1) Ward Manager, (2) Advance Practice Nurse, (3) DOM(S), (4) Department of Surgery, Tung Wah Hospital*

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**Introduction**

According to the consultancy report on the ACHS gap analysis on 4-7 September 2012 Tung Wah Hospital, there showed deficit on the waste management process throughout the hospital be undertaken to determine its effectiveness in meeting the needs of the hospital. In the previous waste management audit annual report 2012, data showed us that staff did not aware of the waste classification in waste disposal process and general knowledge deficit on the precaution action towards infectious disease substances; patient data privacy and needle prick injury during waste disposal.

**Objectives**

What does it mean the waste management process at workplace is our main focuses on the quality improvement program on at the clinical setting? How can we improve staff behavioral action and to ensure staff compliance in our daily routine pattern?

**Methodology**

Using PDCA model for dealing with the mal practice in waste management at workplace, it mainly focuses on 7 handling process of waste management at workplace that involves handling, sealing, segregation, packing, collection, storage and disposal process in a pre and post assessment site inspection and staff performance ongoing assessment in the daily practice.

**Result**

It showed a positive improvement in Pre & Post environmental audit at ward environment and outcome evaluation about Staff compliance on staff performance indicators showed  $\geq 80\%$  compliance at workplace. Conclusion: In light of biological hazard and health risk associated with clinical waste, frontline staff should know about the process of waste management in handling, packaging, storage and transportation of clinical waste to minimize any potential risk by proper waste disposal at workplace. The success of the program depends on staff compliance, staff knowledge and skills at work and the organization support to promote better work safety for frontline staff. It is not difficult for the audit team to carry out the ongoing evaluation for frontline staff with regular reviewing and re enforcement. However, it is difficult to ensure staff

change of attitude and belief for better workplace safety, it depends very much for value and belief of the organization and the individual needs and concerns for the frontline staff. Regular monitoring is therefore a necessity until the adaptation of behavioral change of malpractice that may enhance risk and quality of caring service. Organization support is therefore the most important ingredient for the changing process.