



Service Priorities and Programmes
Electronic Presentations

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An Environmentally Sustainable Model for PMH Waste Management
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Introduction

In recent years, hospital waste management has become a hot topic in HA hospitals. Wastes (both clinical and municipal) generated by hospital can be infectious, contain toxic chemicals and pose contamination risks to both people and the environment. If patients are to receive medical treatment and recover 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, Block EF and Block G was initiated by the Foreman Office in 2012 to suggest better waste collection points and provide solutions of minimizing environmental degradation and potential risks for public health.

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 at Main Block of lift lobbies and staircase of Block EF and Block G.

Methodology

The improvement plan on waste management in the Prince Margret Hospital was a joint initiative between clinical departments and hospital administrative department. There were 38 wards and 18 departments involved in the plan. The plan was implemented in two phases between 2012 and 2013. 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. 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 Foreman Office. 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 at sluice rooms and staircase of Block EF was not found.