STUDI TENTANG PENGELOLAAN DAN PENGOLAHAN LIMBAH BAHAN BERBAHAYA DAN BERACUN (B3) DI RSUD K.R.M.T. WONGSONEGORO SEMARANG

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ABSTRAK

Latar belakang: Limbah rumah sakit adalah semua limbah baik yang berbentuk padat cair maupun gas yang berasal dari kegiatan rumah sakit baik kegiatan medis maupun kegiatan non medis yang kemungkinan besar mengandung mikroorganisme, bahan kimia beracun, dan radioaktif meliputi limbah infeksius, benda tajam, patologis, bahan kimia kedaluwarsa, tumpahan, atau sisa kemasan, radioaktif, farmasi, sitotoksik, dan peralatan medis. **Metode:** Jenis penelitian ini diskriptif dengan pendekatan *cross sectional*. **Hasil**: Petugas sanitarian di RSUD K.R.M.T Wongsonegoro Semarang memiliki pengetahuan baik sebanyak 11 responden (84,6%).Sumber limbah B3 di RSUD K.R.M.T. Wongsonegoro semarang terdapat 16 ruangan, limbah B3 terbanyak pada ruangan rawat inap dengan jenis limbah B3 yaitu bekas perban, kapas, kassa, potongan tubuh, jarum suntik, sarung tangan, botol infus, ampul, karteter, selang, plabot, masker, reagen kimia, pipet, lanset, obat-obatan kadaluwarsa, kertas, sisa tinta, oli, lampu bekas. Total jumlah keseluruhan limbah B3 yang dihasilkan sebanyak 10.177 kg/bulan atau 363 kg/hari. **Simpulan:** Berdasarkan hasil penelitian pengelolaan limbah B3 di RSUD K.R.M.T. Wongsonegoro Semarang secara umum sesuai dengan Peraturan Menteri Lingkungan Hidup Dan Kehutanan Republik Indonesia Nomor : P.56/Menlhk-Setjen/2015 tentang tata cara dan persyaratan teknis pengelolaan limbah B3 dari fasilitas pelayanan kesehatan.

Kata kunci: pengetahuan petugas sanitarian, sumber limbah B3, jenis limbah B3, jumlah limbah B3, pengelolaan dan pengolahan limbah B3.

ABSTRACT

Background: Hospital waste is all good waste in the form of liquid and gas solids that come from hospital activities both medical activities and non-medical activities which are likely to contain microorganisms, toxic chemicals, and radioactive substances including infectious waste, sharp objects, pathological chemicals expire, spill, or residual packaging, radioactive, pharmaceutical, cytotoxic, and medical equipment. **Method:** This type of research is descriptive with a cross sectional approach). **Results:** Sanitarian officers at the RSUD K.R.M.T Wongsonegoro Semarang had good knowledge of 11 respondents (84.6%). Source of B3 waste in RSUD K.R.M.T. Wongsonegoro Semarang has 16 rooms, the highest B3 waste in inpatient rooms with B3 types of waste is former bandages, cotton, gauze, body pieces, syringes, gloves, infusion bottles, ampoules, carteters, hoses, plabot, masks, chemical reagents, pipettes, lancets, drugs expired drugs, paper, ink residue, oil, used lights. The total amount of B3 waste produced is 10,177 kg / month or 363 kg / day. **Conclusion:** Based on the results of B3 waste management research at the RSUD K.R.M.T. Wongsonegoro Semarang in general in accordance with the Regulation of the Minister of Environment and Forestry of the Republic of Indonesia Number: P.56 / Menlhk-Setjen / 2015 concerning the procedures and technical requirements for the management of B3 waste from health care facilities.

Keywords: knowledge of sanitarian officers, sources of B3 waste, types of B3 waste, amount of B3 waste, management and treatment of B3 waste.