ABSTRACT

An investigation into the methods of disposal of some certain biohazard material at some hospitals and medical laboratories.

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Biomedical waste represents a small proportion of the total volume of waste generated by health care facilities. Such waste requires proper handling and disposal because of environmental, aesthetic, and occupational concerns, as well as risks to human health. Improper management of infectious medical waste can trigger notable adverse public health impact.

This study focuses on how body parts, limbs and blood are disposed of in Kingston, St. Andrew and St. Catherine and how this differs from the standards set in the “Guidelines for the Management of Biomedical Waste in Canada.” It was conducted using the entire population (18) of medical laboratories in the selected parishes along with the entire six public hospitals also located there. Permission was granted for four hospitals and sixteen laboratories. At each hospital the head of maintenance (HOM) and a the maintenance worker that does the actual disposal of body parts and limbs were interviewed separately. At each medical laboratory the chief medical technologist and the laboratory attendant were also
interviewed separately. A different questionnaire was prepared for each group. During the interviews the data was filled in by the sole investigator.

79% of the medical laboratory formulated their own policy and procedures and the other followed the CAREC guidelines. 67% of the hospitals also formulated their own policies and procedures. Incineration was the main method (75%) practised by hospitals for the disposal of body parts and limbs. 50% of the lab attendants dispose of the blood by incineration, 44% by pouring it down the sink after decontaminating it with either bleach or autoclaving and the other 6% by burial. The above results are acceptable according to the gold standards.

Despite the fair results of the study, the government needs to formulate policies to structure the management of medical waste. This policy process should start by developing a Procedure Manual. Adherence will then need to be monitored by the relevant authority.