

Analisis Pengelolaan Limbah B3 dan Limbah Non Medis di Rumah Sakit X Tahun 2025

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Abstrak

Pengelolaan limbah yang belum optimal masih menjadi tantangan di rumah sakit. Penelitian ini bertujuan untuk menganalisis sistem pengelolaan limbah B3 dan limbah non medis, mengidentifikasi ketersediaan SDM, sarana prasarana, dan SPO, menganalisis aktivitas minimisasi limbah, serta merumuskan strategi perbaikan menggunakan analisis SWOT di RS X tahun 2025. Penelitian menggunakan pendekatan kualitatif dengan desain studi kasus. Penelitian dilaksanakan bulan April 2026. Pengumpulan data dilakukan melalui wawancara kepada 5 responden. Analisis dilakukan menggunakan pendekatan sistem serta analisis SWOT. Hasil penelitian menunjukkan bahwa total timbulan limbah B3 pada tahun 2025 adalah 14.497,34 kg dan limbah non medis sebesar 74.763,55 kg. Input, RS X telah memiliki petugas pengelola limbah berlatar belakang Kesehatan Lingkungan, sarana dasar, dan SPO yang lengkap secara digital, pelatihan yang belum merata, serta beberapa sarana yang perlu perbaikan. Proses, kegiatan pemilahan, pewadahan, pengangkutan internal, penyimpanan sementara, pengangkutan dan pengolahan eksternal telah dilaksanakan. Output, pengelolaan limbah sudah memenuhi ketentuan regulasi, namun masih adanya kelemahan dan keterbatasan pada pencatatan, monitoring, dan evaluasi. Aktivitas minimisasi limbah telah dilaksanakan dengan 75% terpenuhi, dengan persentase minimisasi melalui penjualan limbah plabot rata-rata 49,73% dari total limbah B3. Hasil analisis SWOT menunjukkan posisi strategis RS X berada pada kuadran agresif (Kuadran I), strategi direkomendasikan adalah penguatan sistem manajemen limbah melalui peningkatan kompetensi SDM, penyempurnaan pencatatan digital, optimalisasi sarana prasarana, perluasan program minimisasi limbah, serta penguatan kerja sama dengan pihak pengolah limbah berizin. Kesimpulan penelitian ini adalah pengelolaan limbah B3 dan limbah non medis di RS X sudah dilaksanakan sesuai peraturan yang berlaku, dan masih memerlukan peningkatan dan perbaikan.

Suboptimal waste management remains a persistent challenge in hospital settings. This study aims to analyze the hazardous waste (B3) and non-medical waste management systems, identify the availability of human resources, infrastructure, and standard operating procedures (SOP), analyze waste minimization activities, and formulate improvement strategies using SWOT analysis at Hospital X in 2025. A qualitative approach with a case study design was employed. The study was conducted in April 2026, with data collected through in-depth interviews with five respondents. Analysis was performed using a systems approach and SWOT analysis. The results revealed that the total generation of hazardous waste (B3) in 2025 amounted to 14,497.34 kg, while non-medical waste reached 74,763.55 kg. In terms of input, Hospital X has assigned waste management personnel with an environmental health background, basic infrastructure, and comprehensive digital SOPs; however, training distribution remains uneven and several facilities require improvement. Regarding process, activities including waste segregation, containment, internal transportation, temporary storage, and external transportation and treatment have been carried out. In terms of output, waste management has complied with regulatory requirements, although weaknesses persist in recording, monitoring, and evaluation. Waste

minimization activities have been implemented with a 75% compliance rate, with minimization through the sale of plabot waste averaging 49.73% of total hazardous waste. The SWOT analysis indicated that Hospital X is strategically positioned in the aggressive quadrant (Quadrant I). The recommended strategies include strengthening the waste management system through enhanced human resource competency, improved digital record-keeping, optimized infrastructure, expanded waste minimization programs, and reinforced cooperation with licensed waste treatment providers. This study concludes that hazardous waste and non-medical waste management at Hospital X has been implemented in accordance with applicable regulations, yet continuous improvement is still required.</div>