

## Pengelolaan limbah cair di rumah sakit Ulin Banjarmasin Kalimantan Selatan 2001

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### Abstrak

Rumah Sakit merupakan penghasil limbah medik atau klinis terbesar dan mempunyai potensi bahaya bagi kesehatan masyarakat dan lingkungan karena mengandung bahan infeksius, toksik dan radio aktif. Bahan-bahan ini mempunyai resiko bagi kesehatan manusia disekitarnya serta sumber pencemaran bagi lingkungannya. Untuk itu maka perlu dilakukan suatu terobosan yaitu dengan menyusun suatu perencanaan yang baik untuk menerapkan Sistem Manajemen Lingkungan Rumah Sakit (SMLRS) dan Program Pencegahan Pencemaran Rumah Sakit (P2RS) di Rumah Sakit Ulin Banjarmasin.

Penelitian ini bertujuan untuk mengetahui manajemen pengelolaan limbah cair di Rumah Sakit Ulin Banjarmasin, khususnya penelitian ini adalah untuk mengetahui hubungan yang bermakna antara komitmen manajer terhadap kebijakan lingkungan, unsur-unsur manajemen, diharapkan akan hasil pengelolaan limbah cair (efluen) yang sesuai baku mutu yang berlaku.

Hasil penelitian ini menunjukkan hubungan bermakna antara komitmen manajer terhadap pemahaman kebijakan, serta hubungan komitmen manajer terhadap unsur-unsur manajemen.

Data primer diperoleh dengan cara mengumpulkan kuesioner dan wawancara dengan manajer atau wakil manajer dan petugas pengelola sanitasi Rumah Sakit serta pengamatan langsung di lapangan. Data sekunder diperoleh dari Dinas Kesehatan Tk I Banjarmasin dan Badan Pengendalian Dampak Lingkungan Daerah (BAPEDALDA) Tk I Banjarmasin.

Penelitian yang dilakukan secara kualitatif dan kuantitatif untuk mendukung adanya korelasi variabel komitmen manajer terhadap pemahaman peraturan perundang-undangan, membuat kebijakan kesehatan lingkungan, juknis, perencanaan, pelaksanaan, monitor dan tindakan perbaikan, pengawasan, evaluasi, audit dan unsur-unsur manajemen dengan variabel limbah cair yang telah diolah (efluen) yang sesuai dengan baku mutu lingkungan yang berlaku. Hasil analisa limbah cair (efluen) bila dibanding dengan baku mutu lingkungan, untuk parameter pH, suhu, BOD, COD, TSS, P04, Coli. menunjukkan dibawah baku mutu yang berlaku, sedang untuk Amoniak masih diatas baku mutu yang ditetapkan oleh Keputusan Menteri Negara Lingkungan Hidup No 58 tahun 1995 lampiran B yang berlaku pada tahun 2000.

Efisiensi unit pengelolaan limbah cair (IPAL) dalam pengambilan bahan pencemar mencapai 80 -90 % untuk kadar pH, suhu, BOD, COD, TSS, P04, Coli dan mampu mereduksi/memusnahkan kandungan bakteriologis sesuai baku mutu limbah cair yang berlaku tahun 2000. Rumah Sakit Ulin Banjarmasin belum melakukan pengawasan terhadap parameter hasil pengelolaan limbahnya baik secara fisika maupun kimiawi setiap 3 bulan, serta pengawasan oleh instansi yang berwenang belum memadai.

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Hospital waste water Treatment in Ulin Hospital, Banjarmasin, South Kalimantan

Hospitals produce the largest quantity of medical waste or clinic disposal, and resulting potential hazard to the public health and the natural environment by its infections, toxic and radioactive materials it carries. There are important causes of pollution of the environment and a great risk for the people's health in its vicinity.

As such, it is considered necessary in taking a major breakthrough by setting up good planning in the implementing Hospital Environmental Management System (SMLRS) and Hospital Pollution Prevention Program (P2RS) in Ulin Hospital, Banjarmasin.

The research is aimed for facts finding on Waste Water Management in Ulin Hospital, in particular the correlation between the manager's commitment against the company's policy, technical directions, planning, execution, monitoring and implementation, control, evaluation, auditing, management principles as well as its law enforcement and the result of waste water treatment in accordance to its standardization. The hypothesis to be proved is based on the reason that wastewater treatment only when the entire management is good.

Primary data is obtained by means of questionnaire forms and interviews with managers or assistant managers, hospital sanitary officials, field survey. Secondary data is obtained from The District Health office of Banjarmasin and from Environmental Control Board in Banjarmasin and Medical Record of Ulin Hospital Banjarmasin.

The thesis put forward is based on qualitative and quantitative research method in support to the fact of the existence of variable correlation commitment of the manager against the variable policy ; acceptance, technical clues, planning, execution, monitoring and maintaining actions, control, evaluation, auditing and management principles as well as Law enforcement which is in accordance to its standardization.

Results show a relation between the committed manager in regard to policy knowledge, technical clues, planning, execution, monitoring and maintenance action, control, evaluation, auditing and management principles, Law enforcement in order to achieve the standard waste water treatment.

The Final analysis, Liquid waste if compared with the environmental standardization within the parameter of pH, temperature, BOD, COD, TSS, and Coll result shows below the standard, instead for ammoniac, it is still about the standard by the decree of the Minister of Environment No 58 1995 supplement B with validation year 2000 The treatment efficiently removed 80-90 % for pH, temperature, BOD, COD, TSS, P04, Coll and is capable in reducing/destroy bacterial content in accordance to the environmental quality standard validation year 2000.

The Hospital Ulin in Banjarmasin, has so far not practice control toward the parameter of results on its waste treatment in term of physics also chemically every 3 months and control by the office in charge has

not been satisfying.

Result of this survey should be accepted as a suggestive idea for the office concerned in waste water treatment in Hospital.