

Description of Waste Management of COVID-19 Patients without Symptoms in Self-Isolation Period Mamuju District

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ABSTRACT

Background: COVID-19 (coronavirus disease 2019) is a disease caused by a new type of coronavirus, namely Sars-CoV-2, which was first reported in Wuhan, China. In Indonesia May 2020, the death toll is continuing. Globally, there were 4,170,424 cases of COVID-19 with 287,399 deaths. Citing the recap of the COVID-19 data from the West Sulawesi Provincial Health Office, as of February 6, 2021, the cumulative number of positive COVID-19 cases was 4,380, an increase of 73%.

Purpose: This research is to find out the description of Waste Management of Covid-19 Patients Without Symptoms (OTG) During the Independent Isolation Period of Mamuju District.

The Research Method used in this research is the descriptive research method. The location of the research was carried out in Mamuju District. The number of samples in this study was 30 respondents. The data collection technique used was interviewed using a questionnaire.

Results: The results showed that there was waste management that was not by the standards. This is due to the lack of facilities in the patient's home and lack of knowledge.

Conclusion: Waste management by asymptomatic Covid-19 sufferers does not meet waste processing standards.

Keywords: Covid 19, isolation, waste

BACKGROUND

The world health problem that is currently in the spotlight and is very important to get the attention of health scientists and the general public is disease due to the coronavirus. Corona Virus Disease-19 or more popularly known as COVID-19 has been designated by WHO (World Health Organization) or the World Health Organization as a Public Health Emergency of World Concern (KMMD) on January 30, 2020, and on March 11, 2020, WHO has declared COVID-19 a pandemic[1].

In early 2020, the world was shocked by an outbreak of new pneumonia that started in Wuhan, Hubei Province, which then spread rapidly to more than 190 countries and territories. This outbreak was named coronavirus disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2). The spread of this disease has had a wide social and economic impact. There is still a lot of controversy surrounding this disease, including aspects of diagnosis, treatment, and prevention. Therefore, we conducted a review of studies related to COVID-19 which have been widely published since the beginning of 2020 and then until the end of March 2020.

The first COVID-19 reported in Indonesia on March 2, 2020, was two cases.

Data on March 31, 2020, showed that there were 1,528 confirmed cases and 136 deaths. The COVID-19 mortality rate in Indonesia is 8.9%, this figure is the highest in Southeast Asia. Indonesia is one of the countries affected by the COVID-19 pandemic. Cases of the spread of COVID-19 have spread to 350 regencies/cities in 34 provinces. A total of 12,776 people were confirmed positive, 2,381 people have recovered and 930 people have died as of May 2020 (GTPP COVID-19: 2020).

Currently, the number of asymptomatic people (OTG) is quite large, therefore the handling of medical waste for OTG patients must also be considered, for asymptomatic patients undergoing isolation in hospitals, of course, there will be no problems because the handling of medical waste has special treatment from the home. sick, but what needs to be considered is for OTG patients who are in self-isolation at home. How to handle medical waste during self-isolation at home.

MATERIALS AND METHODS

This type of research is an observational study using a descriptive approach. This study describes waste management for people with Covid 19 who have no symptoms. This research was conducted using a questionnaire. The implementation is carried out by following very strict protocol procedures

RESULTS

Table 1. Distribution of Respondents Characteristics Based on Gender And Age Group

Characteristics	Frequency	
	n	%
Gender		
Man	7	23.3
Woman	23	76.7
Age group		
17 – 25 years	22	73.3
26 – 35 years old	8	26.7

Based on table 1 above, it can be seen that the respondents who are male are 23.3%, while female respondents are 76.7%. Respondents with the age group of 17-25 years were 73.3%, while the age group of 25-35 years was 26.7%.

Table 2 Distribution of Infectious Waste Used When Doing Self-Isolation

Types of medical waste	Frequency	
	n	%
Syringe	1	3.3
Used Rapid Test	1	3.3
Tissue	19	63.3
Cotton	2	6.7
Gloves	3	10.0
Mask	30	100.0
Bandage	7	23.3
Cardboard/Plastic/Glass Food Packaging	30	100.0

Based on table 2 above, it can be seen that the most infectious waste is masks and cardboard/plastic/packaged food cups, each of which is 100%. Meanwhile, the least infectious waste was syringed and used rapid tests, which was 3.3%.

Table 3 Distribution of Infectious Waste Management When Doing Self-Isolation

Infectious Waste	Frequency			
	Yes		Not	
	n	%	n	%
Syringes, infusion kits, and used rapid test kits __insert them in one of the existing cardboard/plastic containers	2	6.7	28	93.3
Gauze, tissue, and cotton __join with other family members	22	73.3	8	26.7
Gauze, tissue, and cotton are put in a yellow bag or special bag and put in a closed trash can separate from the waste of other family members	3	10.0	27	90.0
The rest of the food ingredients and packaged food containers are put into one of the existing cardboard/plastic containers	30	100.0	0	0.0

Based on table 3 above, it can be seen that the syringe, infusion device, and former respondent's rapid test kit were put in one of the existing cardboard/plastic containers by 6.7%. while those who are not as much as 93.3%. The gauze, tissue, and

cotton of the respondents were combined with the waste of other family members, which was 73.3%, while those that were not were 26.7%. The gauze, tissue, and cotton of the respondents were put in yellow bags or special bags and put in a closed trash can

separate from the waste of other family members, which was 10.0%, while those that were not were 90.0%. The rest of the respondent's food ingredients and packaged

food containers are put in one of the existing cardboard/plastic containers, which is 100.0%.

Table 4 Distribution of Gloves and Waste Handling Methods Masks When Doing Self-Isolation

Gloves and Mask	Frequency			
	Yes		Not	
	n	%	n	%
Gloves behind after use	2	6.7	28	93.3
Gloves and masks are damaged by __scissors and then __folds	20	66.7	10	33.3
Gloves and masks are disinfected	1	3.3	29	96.7
Gloves and mask Put in a waste bag, close tightly then mark	0	0.0	30	100.0
Waste Gloves and masks combined with other family members' trash	29	96.7	1	3.3

Based on table 4 above, it can be seen that the respondent's gloves were turned over after being used, which was 6.7%, while those that were not turned over after being used were 93.3%. Respondents' gloves and masks were damaged by cutting and then folded by 66.7%, while respondents who did not damage were 33.3%. Respondents who did disinfection of gloves and masks were 3.3%, while respondents who did not disinfect were 96.7%. The respondent's gloves and masks are put in a waste bag, tightly closed then put a mark of 0.0%, while the respondent's gloves and masks are not put in a waste bag, close tightly and then put a mark of 100.0%. The respondent's gloves and masks were combined with the waste of other family members by 96.7%,

DISCUSSION

Regulation of the Minister of Environment and Forestry of the Republic of Indonesia No. 56 of 2015 concerning the management of hazardous and toxic waste, contains the reduction and sorting, storage, transportation, processing, and destruction (hoarding or burial).[2]. In waste management, several conditions must be considered so that it does not become a medium that can damage the environment or become a source of infection, especially related to waste.[3]toxic and dangerous.

Handling of waste, especially medical waste in Indonesia, has not been adequate. Apart from being caused by many sources of routine medical waste generation (Hospitals, Laboratory Clinics) it also

includes waste generated by households[4]. Another factor that influences the management of medical waste is the inadequate facilities available[5].

Knowledge is the basis that influences a person's behavior in responding to something[6]. In other words, knowledge will contribute positively to one's behavior. Likewise for waste treatment, both medical waste and household waste. Even people who have good knowledge of waste management have reached the separation stage[7].

One's knowledge and attitude towards medical waste management are very important, moreover, there is a relationship between knowledge and attitude of medical waste management to health. The factor that can contribute to one's knowledge is one's level of education. In general, someone who has a good level of knowledge will pay attention to everything around him, including keeping the environment clean and healthy.[8]. Therefore, the knowledge factor about medical waste is very important to be instilled in everyone who will carry out waste disposal[9].

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