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GI learning, personalised

Summary

HOW TO RAISE AWARENESS AND FIND OUR WAY TO MORE SUSTAINABLE GI ENDOSCOPY

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A GI endoscopy unit implemented waste segregation over one month and achieved a 24% reduction in residual waste by separating plastics and paper from general waste streams.

KEY POINTS

- Prior to November 2022, the endoscopy unit did not segregate waste except dangerous medical materials, resulting in unnecessarily high volumes categorised as hazardous.
- Baseline measurements over three months (December 2022 to February 2023) recorded approximately 200 kg of unsegregated waste per month across three endoscopy rooms performing 545 to 606 procedures monthly.
- After implementing three-bin segregation in March 2023, total waste was 190.8 kg for 565 endoscopies, comprising 144.78 kg residual waste, 38.7 kg plastics, and 7.32 kg paper and cardboard, representing a 24% reduction in residual waste.
- The main challenge identified was training staff to distinguish between municipal and hospital waste categories given differing segregation policies.
- The authors plan to continue measurements for three additional months with ongoing staff training and workshops to sustain segregation practices.

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