



Hipocrates (460-370 sM) telah meletakkan prinsip lingkungan sebagai konsep dasar kesehatan manusia. Ratusan tahun kemudian konsep tersebut digantikan dengan konsep penyakit sebagai obyek studi kedokteran. Dua ribu tahun berselang konsep lingkungan baru dikenalkan secara formal dan global lewat konvensi Stockholm (1972). Disayangkan apabila kesehatan jarang dianggap penting dalam program-program lingkungan (WHO, 1989). Internalisasi limbah cair rumah sakit secara *ad hoc* dengan teknologi *end-of pipe* lewat pembangunan bioreaktor dalam wujudkan IPAL merupakan salah satu bukti aktual. Implementasi kebijakan internalisasi limbah cair tersebut telah menimbulkan dampak dan di komplain oleh tetangga, sehingga perlu dipertanyakan: Seberapa jauh implementasi kebijakan IPAL rumah sakit itu menjamin keselamatan dan kesehatan civitas hospitalia. Pertanyaan itu perlu diurai menjadi: (1) Bagaimana respon civitas hospitalia. (2) Bagaimana hasil evaluasi dampak kebijakan IPAL rumah sakit berkaitan dengan bahaya dan risiko bagi civitas hospitalia. (3) Apakah kebijakan limbah cair rumah sakit itu ergonomis.

Disertasi ini bertujuan untuk mendapatkan kebijakan lingkungan yang lebih komprehensif dengan mengungkapkan adanya kebijakan yang tidak diarahkan secara tepat (*policy misguidance*) sehingga merugikan kesehatan dan pembangunan yang berkelanjutan. Disertasi ini akan bermanfaat dalam meningkatkan kebijakan lingkungan yang lebih komprehensif, berwawasan pembangunan dan humanistik.

Metode yang dipakai adalah diskriptif kualitatif melalui penelitian triangulasi lewat observasi, kuisioner pada karyawan dan wawancara pada direksi. Analisis difokuskan pada evaluasi dampak kebijakan, dengan *Hazard identification and risk assessment* sesuai panduan OHSAS 18001.

Hasil penelitian menunjukkan bahwa dengan dibangun IPAL didalam rumah sakit, sebagai implementasi dari kebijakan limbah cair rumah sakit, ternyata berbahaya, mempunyai tingkatan risiko substantial dan tidak ergonomis.

Kesimpulan: kebijakan limbah cair rumah sakit tidak komprehensif dalam pembuatannya sehingga menimbulkan *unsafe policy* yang dalam implementasinya dapat mengganggu kesehatan dan pembangunan yang berkelanjutan.

Saran: kebijakan limbah cair rumah sakit harus ditingkatkan dalam substansi, proses maupun pengarahannya.

Teknologi *end-of-pipe*, respons, bahaya, risiko.  
Ergonomi.

## ABSTRACT

A tight relationship between healthiness and environment is actually not a new problem, because the father of medical science Hipocrates (460-370 SM) had put environment principal as an object of medical study, and understanding of environment be an object of environment science. Healthiness is rarely achieve a high priority in environment policy and rarely considered as an important thing in environment programs. (WHO, 1989). Even, it's been asked, is there any conflict or incompatibility between "protecting and upgrade environment" and "protecting and upgrade healthiness (Veill, 2001).

The internalization policy of hospital liquid waste that implemented in Ad hoc way with end-of-pipe technology by the development of bioreactor have been result internalization paradox, because there are some complain from neighbors, but there's no complain from *civitas hospitalia*. That entire make the waste water treatment plant (WWTP) policy of hospital is interesting to be research, by asking: How far the implementation of WWTP hospital's policy guarantee the safety and healthiness of *civitas hospitalia*. The questions which operationally simplified are: (1) How about the analysis of policy of development WWTP status quo, especially related with the responses of the *civitas hospitalia*. (2) What's the result of evaluation of the impact of WWTP hospital policy related with the potential hazard and risks for *civitas hospitalia*. (3) Based on the analysis for policy of hospital's WWTP, is it ergonomic?

**Aims.** Discovery the damage, *civitas hospitalia*'s responses, and the risk from policy of hospital's liquid waste which have been implemented in bioreactor, and also to knowing is the policy of WWTP hospital is ergonomic or not.

**Methods.** Compatible with the concept of qualitative descriptive by triangulations research by observation, questioner to employee, and interview with direction. Analysis is focused on evaluating the impact of policy, with Hazard identification and risk assessment as in the guide OHSAS 18001.

**Result.** WWTP had been built in hospital, as implementation from policy of hospital's waste water, is actually danger, have a high level of substantial risk and not ergonomic.

**Conclusion.** If environment policy not accompanied with comprehensive instruction in the implementation, such as Agenda 21 and sustainable development program, it can disturbs the development's continuance.

**Suggestion.** The policy of hospital's waste water is important to be more comprehensive in substances and in its instruction.

*end-of-pipe, response, hazard risk, ergonomic*