CONHECIMENTOS E PRÁTICAS DA ENFERMAGEM SOBRE OS RESÍDUOS DE SAÚDE NAS UNIDADES PEDIÁTRICAS: REVISÃO INTEGRATIVA

Nursing knowledge and practices related to medical waste in pediatric units: integrative review

Conocimientos y prácticas de enfermería relacionados con los residuos sanitarios en unidades pediátricas: revisión integrativa

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ABSTRACT

Objectives: identifying the current scientific production in relation to Nursing knowledge and practices on medical waste in pediatric units. Method: integrative review in the Scielo, Cinahl, Web of Science, Pubmed, Scopus and Embase databases, between the years 2016 to 2021, totalizing 13 articles. Results: the findings pointed to three main categories: knowledge and practices in relation to Medical Waste, permanent education like a tool for the disposal of Medical Waste; and sustainability in the context of Medical Waste and its relationship with social responsibility. Conclusion: it is necessary to provide the opportunity for periodic training, as well as the use of self-explanatory instruments that can help all health professionals, especially the Nursing professionals, at the time of practice. It was checked the presence of gaps was verified with studies showing Medical Waste and Pediatric Nursing.

DESCRIPTORS: Health knowledge, attitudes and practice; Knowledge; Nursing; Pediatric nursing; Medical waste.

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RESUMO

DESCRITORES: Morte súbita do lactente; Prevenção; Educação em saúde.

INTRODUCTION

The management of Medical Waste (MW) is of vital importance for the cleaning and organization of residential environments, urban streets, commercial buildings, companies, and healthcare environments such as clinics and hospitals. The latter becomes more complex and costly in relation to solid urban and construction wastes, since they require prior treatment, in accordance with the legislation in force, to minimize the risks for the cleaning professionals who collect the wastes and for the population, if they are disposed of in an inappropriate place.

In 2020, with the advent of the pandemic COVID-19, there was an increase in hospital admissions and care in screening centers, about 290 thousand tons of MW were collected by Brazilian municipalities in the year, which brings an index of 1.4kg of this waste per inhabitant. The Southeast alone produced more than 190 thousand tons of the total, which brought the emphasis beyond its population, its commitment to care, research and technology, fundamental in this atypical year.

Infectious waste (IW), chemical waste (CW), radioactive waste (RW), general waste (GW), including recyclable waste, and sharps waste (SW) are the MW that deal with the main legislation, such as the Resolution of the Collegiate Council (RDC) No. 22/2018 and the Resolution of the National Environment Council (CONAMA) No. 358/2005. These will follow the process of MW management according to the steps of segregation, packaging, internal storage, internal transport, external storage, external collection and transport, treatment and environmentally adequate final disposal.

Waste segregation is the first stage of MW management process, because it involves the knowledge and daily practice of health professionals in the act of separating each residue, which includes the identification and disposal in the appropriate container. This stage is considered the most important for the success of the whole process because of the need to identify the waste.

The nursing team ends up getting involved in this process due to its presence in all health services, in addition to being the largest in the number of professionals whose main function is related to the direct care for the patient 24 hours, in which their doing, consequently, makes them the largest producer of MW in the health environment.

According to the Resolution COFEN-303/2005, the nurse, when appointed, is qualified to exercise the function of responsible for the elaboration and implementation of the Medical Waste Management Plan (MWMP), due to its integration in all health units, as well as its capacity to develop actions of prevention, promotion, protection and rehabilitation of health, individually and collectively, which contributes to the management actions of the MW, actively participating in their daily life in the orientation of their care team.

Considering the pediatric units as unique scenarios, since they require specialized knowledge and practices and a differentiated approach to the care of the child and accompanying family from the nursing team, it is noted the relevance of taking such scenarios as a focus for the study of an extremely frequent and important work process in daily life, which is the separation of MW. An important theme emerges in this context, which is the family, that generates the parents, as a care unit, whose presence requires the nursing team to encourage their participation in the care of the hospitalized child, the support and trust of the child, guidance and explanations about
the clinical picture, in addition to preparing the child for hospital discharge with home care.6

In the day-to-day care of pediatric units, there is an intense interaction between the nursing team and the accompanying family member for the care of the child. In this process, in which the separation of MW happens routinely, it can be the target of improvements for the safety and quality of health care to hospitalized children.

This uniqueness highlights the importance of a safe and hygienic environment that offers a minimum of risk to both the care team and the children, who remain secluded in the hospital environment, even under the eyes of parents or accompanying family members.7 Therefore, good MW separation practices are required in this scenario.

The concern revolves around the knowledge of MW of the nursing professionals in a way that allows to perform the separation process correctly and safely, understanding how the whole process happens and the factors involved in it.

The object of the study is the knowledge of nursing in the management of MW, inserting as target audience the nursing professionals of higher education and technicians of health units, especially of pediatric units.

The study aimed to identify the current scientific production in relation to the knowledge and practices of the nursing team in relation to the MW, primarily in the pediatric hospitalization units.

METHOD

The integrative review8 was conducted in six steps: (1) formulation of the guiding question; (2) literature search or sampling; (3) data collection; (4) critical appraisal of the included studies; (5) discussion of the results; (6) presentation of the integrative review.

Thus, the guiding question elaborated was: "What is the participation of the nursing team regarding knowledge and practices on medical waste in the neonatal and pediatric units of a hospital?". The acronym PICo was used9, in which P is the population (nursing team); I is the phenomenon of interest (knowledge and practices); C is the context (medical waste in neonatal and pediatric units of hospitals or health units).

The search was performed in Scielo, Cinahl, Web of Science, Pubmed, Scopus and Embase databases, through the descriptors and their synonyms, ("Nursing Pediatric" OR "Nursing" OR "Enfermagem Pediátrica" OR "Enfermagem") AND ("Medical Waste" OR "Resíduos de Serviços de Saúde") AND (Conhecimento OR "Conhecimentos, Atitudes e Prática em saúde" OR "Knowledge" OR "Health Knowledge, Attitudes, Practice"), from July 1st to September 30th, 2021, with a total of 13 articles.

To select the articles (Figure 1), after combining the descriptors, the titles and abstracts were read, taking into account the following inclusion criteria: articles published between 2016 and 2021, in Portuguese, English or Spanish, with at least one nurse as author, in addition to the topic in question.

The exclusion criteria included studies that had nursing students as participants, due to their inexperience in the field of work, as well as other professional categories that were not nursing; studies that worked only with a specific type of waste that is not usually applied in the pediatric context, or not practiced in it anymore; with knowledge and/or practices of MW in pediatric units as central theme; studies that did not present a health unit as a scenario, and unavailable and duplicated texts.

The level of evidence was categorized into six levels: level 1, evidence from meta-analysis of multiple randomized controlled clinical trials; level 2, evidence from individual studies with experimental design; level 3, evidence from quasi-experimental studies; level 4, evidence from descriptive (non-experimental) studies or with a qualitative approach; level 5, evidence from case reports or experience; and level 6, evidence based on expert opinion.10

RESULTS

Of the 13 articles selected, the countries of origin of the publications included in the sample were: United Kingdom (one), Brazil (five), India (five), Egypt (one), and Qatar (one). Regarding the year of publication, four (45%) were published in 2017, two (15%) in 2018, two (15%) in 2016, two (15%) in 2020, and three (24%) in 2021.

In terms of methodological design, there was an emphasis on experimental studies, level two (three), descriptive and/or qualitative studies, level four (six), evidence of quasi-experimental studies, level three (four).

The authors are nurses, specialists, masters, master’s students, doctoral students and doctors in nursing; and others involved in one paper, mathematics, and two articles, doctors. They developed studies on the work of nurses, culminating in three articles that relate the MW with the pediatric issues, but the others were chosen because they contain contexts that can be related to the pediatric universe, such as knowledge and practices of MW in the pediatric context. This reflects the importance of this debate in this very specific place.

The results indicated inadequate knowledge and practices in the disposal of the MW, lack of knowledge about the institutional PGMW, and non-realization and/or participation in in-service training.

Some of the articles analyzed showed significant improvements in the knowledge level and standards in their results when post-tests were performed, with the application of a self-explanatory tool and/or training on the management of MW.

Only a qualitative study of a neonatal unit showed in its results, the awareness of hospital costs and the concern for sustainability.

From the material obtained, in order to organize and summarize the data, the researchers developed a data grouping instrument (Chart 2).

DISCUSSION

Three categories were outlined from the analysis of the results: knowledge and practices regarding medical waste, continuing education as a tool for medical waste management, and sus-
**Knowledge and practices regarding medical waste**

Studies have shown that there is a lack of knowledge about the management and disposal of medical waste (MW), especially in the main stage of separation, a crucial action for the success of other stages. The correct practice of segregation significantly reduces the amount of infectious waste (IW), preventing the contamination of other MW, which minimizes the damage to the environment, in addition to reducing costs.

Other studies have demonstrated a good level of knowledge combined with good practices, bringing concern with the exposure to infectious and puncture-cutting materials in areas of intensive care to the patient, due to the proximity of waste generated with blood and secretions in large quantities, which increases the risk of infection of these exposed professionals.

In this context, the importance of the wide dissemination of the PGMW, an institutional document that describes all the actions related to the steps associated with the management of the MW, such as the generation point, identification, segregation, packaging, collection, storage, transportation, treatment, destination and environmentally appropriate disposal of this waste, in addition to specifying each health sector of the institution, the type of waste produced and its specific actions. Sometimes the document is unknown to the caregivers and can be of great value in managing the process.

It is worth mentioning the relevance of the lack of knowledge and practice of RQ management, which are frequent in pediatric units, which continue to be discarded in inappropriate places such as sink drain, puncture-cutting box, IW bin, CW trash can and others, making the issue of their identification unfeasible. Considering the degree of toxicity and corrosiveness, QW should be disposed in containers made of rigid material, rounded due to the possibility of tipping, with opening and closing device, in their original container, in addition to their identification.

There is great concern, especially among pediatric nurses, about handling a large volume of drugs that go through several stages of dilution and redilution before reaching the correct dosage for the child, increasing their exposure, and the appropriate container is crucial.

**Continuing education as a tool for medical waste management**

International studies of the quasi-experimental type have shown satisfactory results, despite an insufficient level of knowledge, with the application of post-tests combined with differentiated teaching methods, such as the implementation of an in-service training program, instruction through the preparation of a Standard Operating Procedure (SOP), and the preparation of a self-instructional module on the management of MW.
Sustainability in the context of medical waste and its relationship to social responsibility

Studies\textsuperscript{19,28} have shown concern with the issue of social responsibility, linking the issue of MW with environmental issues in terms of sustainability and unnecessary costs. Affirm that there needs to be a change in practice, as well as feedback to all professionals involved.

A study carried out in an intensive pediatric unit\textsuperscript{28} attempted to understand the nursing professionals thinking on the management of the unit’s MW considering sustainability, identifying opportunities for intervention. It showed awareness of environmental problems and perspectives for adopting behavioral changes both to reduce institutional costs and to transform their practice in a more sustainable way, which confirms the idea of sustainability within the health unit, going against the Sustainable Development Goals of the 2030 Agenda for Sustainable Development.\textsuperscript{29}

According to the analysis of the studies, most of the nurses do not put into practice the philosophy of recycling within the health unit, either due to lack of knowledge, availability of adequate equipment and supplies, lack of guidance or even encouragement from the institution. Recyclable waste must be donated to a cooperative or association of recyclable waste collectors, through a commitment with the institution, which generates employment and income, reduces institutional costs and contributes to the cleaning of the site by reducing the storage time of the waste, in addition to optimizing space within the unit.

### Chart 2 – Overview of studies included in the review by author/year, type of study, main results. Rio de Janeiro, RJ, Brazil, 2021

<table>
<thead>
<tr>
<th>Author/ Year</th>
<th>Study type</th>
<th>Main Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bento\textsuperscript{15} 2017</td>
<td>Mixed exploratory and descriptive</td>
<td>Lack of knowledge about MW and the PGMW, in addition to the lack of training on the subject.</td>
</tr>
<tr>
<td>Sanchez\textsuperscript{16} 2018</td>
<td>Exploratory and descriptive</td>
<td>Lack of knowledge about the segregation and packaging of MW, especially the QW.</td>
</tr>
<tr>
<td>Matos\textsuperscript{17} 2018</td>
<td>Mixed and descriptive</td>
<td>Evidenced the inadequate disposition of the MW.</td>
</tr>
<tr>
<td>Mamantha\textsuperscript{18} 2020</td>
<td>Nearly experimental</td>
<td>Considerable increase in knowledge about MW, after training performed.</td>
</tr>
<tr>
<td>Nichols\textsuperscript{19} 2017</td>
<td>Qualitative</td>
<td>The neonatal unit showed awareness of the problems.</td>
</tr>
<tr>
<td>Dash\textsuperscript{20} 2021</td>
<td>Experimental</td>
<td>Of the 100 nursing professionals, 48 (48%) have excellent knowledge about the MW. All had at least one training.</td>
</tr>
<tr>
<td>Musi\textsuperscript{21} 2020</td>
<td>Experimental</td>
<td>Great segregation at the point of generation of MW. The obstacle was the inevitable exposure related to the MW in intensive care units.</td>
</tr>
<tr>
<td>Vallegalli\textsuperscript{22} 2017</td>
<td>Experimental</td>
<td>Of the 165 nursing professionals, 157 (95%) have good knowledge about the MW.</td>
</tr>
<tr>
<td>Patidar\textsuperscript{23} 2016</td>
<td>Nearly experimental</td>
<td>Of the 150 nurses, 100% do not have knowledge, attitude and practice. After applying an SOP, these parameters scores increased.</td>
</tr>
<tr>
<td>Gomes\textsuperscript{24} 2021</td>
<td>Quantitative, exploratory and descriptive</td>
<td>Of the 15 nursing professionals, 11 (65%) had never taken a course or similar and denied receiving information about the QW.</td>
</tr>
<tr>
<td>Sonopant\textsuperscript{25} 2017</td>
<td>Nearly experimental</td>
<td>Of the 120 nursing professionals, 76 (63%) have insufficient knowledge about the MW. After implementation of an Instructional Module (ISM), it was observed Excellent knowledge.</td>
</tr>
<tr>
<td>Mohamed\textsuperscript{26} 2018</td>
<td>Nearly experimental</td>
<td>Of the 120 nursing professionals, 76 (63%) have inadequate knowledge about the MW; which improved after the test.</td>
</tr>
<tr>
<td>Almeida\textsuperscript{27} 2016</td>
<td>Quantitative, descriptive and observational</td>
<td>It was observed that the recommended did not comply with the legislation in relation to the QW.</td>
</tr>
</tbody>
</table>

CONCLUSION

It is concluded that it is necessary to carry out periodic training on the management of MW, encouraged both by direct activities and at the level of decision, being an opportune moment to provide feedback on the results achieved and expected to nursing professionals, leading to reflection on the benefits to the health of the community beyond environmental issues.

It was verified the presence of gaps regarding studies evidencing the MW and pediatric nursing. It was necessary to have a greater breadth of databases covering the subject, even if in a more generalized way, but without losing the essence of the results of nursing knowledge and practices brought by the field research presented.

In the international scenario, interesting quasi-experimental studies have been carried out, addressing issues of sustainability, costs and awareness of caring for others. In addition, good results have been demonstrated in terms of knowledge and practices after training and/or education on MW, including experiences with the use of self-explanatory teaching tools, which can be of great value for the proposed knowledge and practices.

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REFERENCES


