

## **ABSTRACT**

This study was to determine the Knowledge, Attitude and Practice of health workers towards health care waste management at Kamuli General Hospital, Kamuli District. HCWM involves all activities necessary in generation, handling, segregation, storage, treatment and final disposal of health care waste. Poor management of health care waste has exposed health workers, patients' attendants and the community to infections, toxic effects and injuries. Despite various trainings carried out, HCWM was still very poor.

This was a descriptive cross sectional study with a study population of Health workers of Kamuli General Hospital and a sample population selected from only those cadres of health workers who directly generate or come into contact with health care waste in the process of executing their duties, they were 103 in total. Stratified sampling according to cadre was done, random sampling for the Nursing Assistants/Cleaners, and the managers were purposively sampled. HCWM was used as the dependent variable, while Knowledge, Attitude and Practice were the independent variables.

Data was collected using observational checklist, self-administered questionnaires for the managers and interviewer administered questionnaires for the medical workers and Nursing Assistants/Cleaners. Data was then filtered, coded, cleaned, analyzed using SPSS statistics version 22 and presented in bar graphs, frequency tables and in narrative form. Some pictorials were added to back up the researcher's observation. The research questions were addressed according to the set objectives whereby the respondents answered questions related to the assessment of Knowledge, Attitude and Practice; the observational check list was basically related to practice.

The findings were that the majority of health workers were trained in HCWM at least 2 years prior to the study, though they could not relate their knowledge to practice. The majority of health workers

lacked about knowledge of segregation of waste using colour coded bins, management process of effluents (liquid waste), plastics and pharmaceutical waste. The hospital did not have a functional HCWMC, no budget for health care waste management and the departments did not have National policy guidelines on HCWM. The Cleaners were not aware of the PEP services in the hospital. There was inadequate supply of waste collection materials and the Cleaners did not have protective gear.

It was recommended that HCWM could be prioritized; Health workers be oriented every six months, burning of HCW be in a restricted to avoid endangering the patients and the nearby community and all health workers be provided with PPE.