Background: A health facility is a house for the sick and provides diagnostic services; treatment as well as emergency care. The Bible clearly points out in Leviticus 15:1 that "Hygiene is next to Godliness" which conforms that a supreme health care facility is one that is free from infection and does not make healthy individuals fall sick. Therefore efficient skills need to be advanced to guarantee proper medical waste management.

Objectives: The aim of the study was to establish factors influencing the management of medical waste in Kabale regional referral hospital.

Methods: A cross-sectional study was used in the study. A total of 155 hospital staff was included in the study using convenience sampling method. A researcher administered questionnaire, observational checklist and Key informant Interview guide was used to collect data. Data was entered and analysed using SPSS Version 16.0.

Results: The majority, 61.3% of respondents were females, 53.5% were aged between 31-40 years old, 88.4% had tertiary education and 51% held at least a diploma. With regards to profession, most respondents 62.6% were nurses and 61.3% had worked for 3-6 years and 23.9% worked on medical ward. Level of education ($X2= 41.318$, p-value=0.000), Qualification ($X2 = 28.708$, p-value= 0.000) and profession ($X2= 33.071$, p-value=0.000) were statistically significant among the general information of the respondents.

Majority of the respondents 58.7% stated that established policy guidelines on medical waste management existed, 65.2% had not received training on medical waste management and 97.4% received orientation prior to work. All the respondents 100% stated that they were being provided with PPE's and 87.7% with colour coded containers for medical waste management.

Most of the respondents 87.7% reported that the hospital had a placenta pit and 80.6% functional incinerator. Established policy guidelines ($X2= 9.631$, p-value=0.000), provision of PPE ($X2= 4.801$, p-value=0.028), availability of functional placenta pit ($X2 = 42.277$, p-value= 0.000) and functional incinerator ($X2 = 54.412$, p-value= 0.000) were statistically significant among the measures in place that were influencing the management of medical waste.

Results specified that knowledge of guidelines on medical waste management ($X2 = 9.645$, p- value= 0.002) was significantly associated with the management of medical waste as far as knowledge of the hospital staff was concerned.

Findings from the study indicated that Responsibility in cleanliness of the working area (X2= 52.286, p-value=0.000), Segregation of medical waste according to colour coding system (X2 = 56.327, p-value= 0.000), Disposal of sharps (safety boxes) (X2= 10.578, p-value=0.032), Use of PPE (X2= 6.580, p-value=0.037), and the type of PPE used (Gloves) (X2= 18.292, p- value=0.000) were statistically significant among the practices influencing the management of medical waste.

Conclusions: Kabale Regional Referral Hospital had the recommendable mechanisms in place for the management of medical waste though they were not at satisfactory levels. Training of the hospital staff on medical waste management was not regularly conducted. The placenta pit and incinerator were not in good operating condition.

The staffs of Kabale Regional Referral Hospital were aware of the mechanisms in place and policies regarding medical waste management. Despite the awareness, their knowledge and practices were constrained by inadequate mechanisms in place to serve the intended purpose.

Recommendations: Kabale Regional Referral Hospital should put in place mechanisms especially the incinerator and placenta pit to allow proper medical waste disposal.

Continuous medical education of hospital staff on medical waste management should be held regularly to equip the hospital staff with knowledge and skills.

The hospital administration should lobby for funds to construct a new incinerator and placenta pit that serves the purpose.