

Abstract

Healthcare waste management in health facilities should include quantification of all categories to support minimisation strategies. The hazardous healthcare waste categories under study, infectious, pathological, sharps and chemical waste were weighed in the two teaching and referral institutions, Kenyatta National Hospital (KNH) and Moi Teaching Hospital (MTRH) during the wet and dry season. The comparison for the two hospitals, during the wet season was significant for infectious waste ($p = 0.0001$) but not so for pathological waste ($p = 0.7393$) and sharps waste ($p = 0.3363$). During the dry season, coefficient of variation for the two hospitals was significantly different, infectious waste ($p = 0.0027$) and pathological waste ($p = 0.0086$). Sharps waste was not significant ($p = 0.3615$). The studied hazardous healthcare waste generation rate was 0.61 kg/bed/day for KNH and 1.03 kg/bed/day for MTRH. The two institutions should practice healthcare waste minimisation and segregate their waste accurately.