《2005 年廢物處置(修訂)條例草案》 當局對法案委員會在二零零六年一月十日舉行的 第十次會議上委員所提要求的回應

檢討草案第 2(g)條及附表 8 第 3 組內 "practices" 一字的中譯應採用「業務」或「執業」一詞

我們會在委員會審議階段提出修正案,建議在草案中文版新加附表8第3組內以「業務」代替「執業」一詞。

考慮是否需要在草案內訂明公布機制,說明哪些廢物會列作附表 8 第 6 組的「其他廢物」,因為任何人士若未能遵守草案內規管條文的規定,可能違法

2. 經考慮委員的提議,我們已參考數條條例以便建議一個合適的機制,說明哪些廢物會列作附表 8 第 6 組的「其他廢物」。由於有需要清晰說明並具透明度,而任何人士若未能遵守草案內規管條文的規定,可能違法,我們建議環境保護署署長可以透過憲報公布,界定第 6 組廢物的類別,以處理新傳染病出現時具傳染性並可能嚴重危害健康的廢物,或爆發流行性疾病時,把某些受污染的廢物(例如來自醫院/診所的面罩)列作醫療廢物,作爲預防措施。我們會在委員會審議階段提出修正案,把上述權力列於草案中。

說明附表 8 第 5 組醫療廢物內「敷料」一詞的定義,是否與醫院管理局和香港醫學會所採用的定義相同或相近

3. 附表 8 第 5 組醫療廢物內「敷料」一詞的定義,建議爲:

「滴著血液、凝有血塊或含有自由流動血液的外科敷料、棉花球或所有其他廢物。」

建議的定義與醫院管理局和香港醫學會所採用的定義一致。現把醫院管理局及香港醫學會的有關文件(只有英文版)載於附件,供委員參考。

環境保護署 二零零六年一月

Draft



CODE OF PRACTICE FOR THE MANAGEMENT OF CLINICAL WASTE

Groups listed below:

Group 1 - Used or Contaminated Sharps

• Syringes, needles, cartridges, ampoules, and other sharp instruments which have been used or which have become contaminated with any other group of clinical waste.

Group 2 - Laboratory Waste

 Unsterilised laboratory stocks, cultures of infectious agents and potentially infectious waste with significant health risk from dental, medical, veterinary or pathology laboratories.

Group 3 - Human and Animal Tissues

 All human tissues and animal tissues, organs and body parts as well as dead animals, but excluding dead animals, animal tissues, organs and body parts arising from veterinary sources or practices.

Note: *Group* 3 clinical waste is not intended to cover small quantities of human and animal tissues which cannot be completely segregated from items such as dressings.

Group 4 – Infectious Materials

Infectious materials from patients with the following pathogens: Crimean/Congo haemorrhagic fever, Ebola, Guanarito, Hendra, Herpesvirus simiae (B virus), Junin, Kyasanur forest disease, Lassa fever, Machupo, Marburg, Omsk, Russian springsummer encephalitis, Sabia and Variola viruses. Materials contaminated by *Group* 4 waste are also classified as *Group* 4 waste.

Note: Also, the DEP may by notice published in the Gazette amend the list of pathogens under this Group.

Group 5 - Dressings

 Surgical dressings, swabs and all other waste dribbling with blood, caked with blood or containing free-flowing blood.

Group 6 - Other Wastes

- Other wastes which are likely to be contaminated with:
 - infectious materials (other than infectious materials referred to in Group 4); or
 - any clinical waste being substance, matter or thing belonging to Groups 1, 2, 3, or 5,

GUIDELINES FOR THE MANAGEMENT OF CLINICAL WASTES FOR MINOR CLINICAL WASTES PRODUCERS March 2001

The Hong Kong Medical Association

1. Introduction

Clinical wastes or medical wastes refer to wastes that are generated from clinical areas viz. hospitals, clinics and laboratories, as a result of diagnosis, treatment or immunization of human beings or animals.

Not all clinical wastes are hazardous. It is mainly the infectious wastes that pose health hazards to those involved with their handling and disposal, and nearly all reported cases of disease transmission from clinical wastes are the result of injuries by contaminated sharps.

All medical practitioners have the responsibility to ensure proper handling and disposal of clinical wastes to protect themselves and others from injuries and disease transmission.

2. Definitions

- 2.1 Hospital wastes refer to all wastes. biological or non-biological, that are discarded from hospitals, clinics or laboratories.
- 2.2 Medical wastes or Clinical wastes. which is a subset of 2.1, refer to materials generated as a result of patient diagnosis, treatment, or immunization of human beings or animals.
- 2.3 Infectious waste, which is subset of 2.2, refers to that portion of clinical wastes that could transmit an infectious disease.

Categories of wastes

Hospital wastes are divided into municipal wastes and clinical wastes. Only certain categories of clinical wastes require special treatment before disposal, and the types are given below.

Types of clinical wastes requiring special treatment:

- 3.1 Contaminated sharps, e.g. used syringes and needles, surgical blades, broken ampoules, and lancets.
- 3.2 Laboratory stocks and cultures of infectious agents.
- 3.3 Human tissues and organs, e.g. placenta, amputated limbs, and animal carcasses.

- 3.4 Infectious material from patients under strict isolation. (NOTE 1)
- 3.5 Dressings or other wastes dribbling with blood, caked with blood, or containing free flowing blood.
- 3.6 Other contaminated wastes assessed to be of significant risk by health care

Note 1: Infectious wastes from patients under other types of Isolation, e.g., conteminated sharps and blood associated with Hepatitis or AIDS, have already been captured in other categories, e.g., 3.1 and 3.5.

Exemptions

The following wastes are not classified as clinical wastes:

- 4.1 Clinical-type wastes arising from domestic premises;
- 4.2 Radioactive wastes, whether arising from medical sources or not, as defined under the Radiation (Control of Radioactive Substances) Regulations (Cap. 303);
- 4.3 Chemical wastes as defined under the Waste Disposal Ordinance (Cap. 354) including cytotoxic drugs; (NOTE 2)
- 4.4 Animal carcasses, animal blood, or its products arising from sources other than medical or veterinary practices or research laboratories:
- 4.5 Human cadavers (corpses), unless deemed otherwise on medical grounds; and
- 4.6 Clinical waste produced by institutions exempted by the Enforcement Authority, i.e, the EPD.

Note 2: Cytotoxic drugs in bulk or significant residual volume in container (e.g. unused or partially used drugs in ampoules or syringes) are chemical wastes controlled by the Chemical Wastes Control Scheme.

5. Management of clinical wastes that need special treatment

Segregation

Clinical wastes should be segregated at the point of arising and packaged correctly for dispatch to storage in a safe and secure manner pending transportation to final disposal.

5.2 Packaging

Packaging must be leak resistant to ensure that wastes handlers and the public will be protected from exposure to the wastes.

Containers for clinical wastes:

- Clinical wastes requiring special treatment should be disposed of in Red Bags. It is recommended that wastes for municipal disposal be disposed of in Black Bags.
- 5.2.2 The bags should be of minimum gauge 200 microns of low density polyethylene or 100 microns of high density polyethylene.

5.2.3 Sharps Box

- (a) All sharps should be put into sharps box. These boxes should be puncture resistant and waterproof. They should be yellow or white in colour or a combination of the two. Warning logos of biohazard should appear on the boxes.
- (b) Sharp boxes should not be filled to over 75% of their capacity and should be sealed to ensure complete security of the aperture cover. They may be disposal of in Red Bags and should not be mixed together with other clinical wastes.

5.3 Sealing of packaging

All bags should be sealed by tying the neck security. No bags should be filled to over 75% of their capacity before sealing. No clinical waste should adhere to the external surface of the bags. Staples must not be used as they may cause injury to the handler.

5.4 Labeling of wastes

Red Bags should be labelled with label tags for identification of the clinic of origin. The label should be tied securely to the neck of the Red Bag. Printed warning logos of biohazard should appear on the label tags or the Red Bags.

5.5 Collection

Wastes in clinics should be transported regularly to designated clinical wastes collection sites by persons with full knowledge of the correct methods of handling the waste. Such persons include doctors of the clinics. No clinical wastes should be kept for more than 12 months.

5.6. Storage

Storage area should be designed to prevent unauthorized access and to maintain proper sanitary conditions free of pests and vermins. If storage of human or animal tissues would be needed, the objects should be preserved in a suitable medium. No clinical wastes should be kept for more than 12 months.

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